

Cancer Treatment Benefit

癌症治療附加保障



In Hong Kong, more than 29,000 men and women are newly diagnosed with cancer each year which means a new case on average is recorded every 20 minutes. Currently approximately 1 in 4 men and 1 in 5 women in Hong Kong will develop some forms of cancer before they reach age 75 (see note 1).

The road to recovery can be difficult for cancer patients and continuous treatments may bring long-term financial burden. At an affordable premium, **Cancer Treatment Benefit** gives the peace of mind by providing reimbursement of cancer-related treatment costs, so that the life insured can focus on treatment and recovery without financial worries.



Reimbursement of cancer-related treatment costs

Comprehensive financial protection against cancer

Cancer Treatment Benefit

Three options of coverage level

Lifelong partner throughout recovery

Reimbursement of cancer-related treatment costs

Cancer treatment expenses could be higher than expected. The plan can help by reimbursing all eligible cancer-related medical expenses up to the limits shown in the benefit schedule (see note 2). With Cancer Treatment Benefit to take care of the treatment expenses, the life insured can receive the most suitable treatment without the worry of financial burden (see notes 3, 4, 5 & 6).

Comprehensive financial protection against cancer

The treatment cost for all stages of cancer, from carcinoma-in-situ to late stage cancer (where cancer has spread to other organs), will be covered with Cancer Treatment Benefit as shown in the benefit schedule (see note 2). Because there are various kinds of treatments a cancer patient may need to go through at different stages during recovery, the plan covers:

- diagnostic investigation;
- monitoring investigation;
- non-surgical cancer treatment;
- palliative treatment; and
- reconstructive surgery

You may refer to the benefit schedule for the coverage summary.

Cancer Treatment Benefit is a cancer-focused indemnity medical insurance product and is a supplementary benefit provided and underwritten by Manulife. This product leaflet provides only general information on this product. It does not form part of the policy and does not contain full terms of the policy. You should read the policy documents for the exact terms and conditions that apply to this product. You can ask us for a copy.

Three options of coverage level

There are three options of coverage level – private plan, semi-private plan and ward plan – to fit different insurance needs.

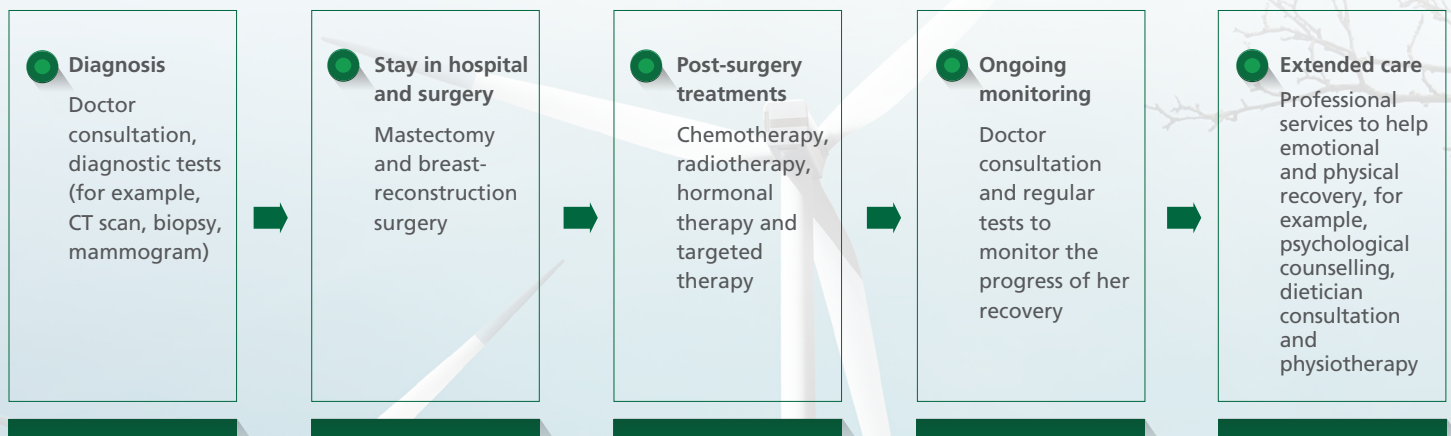
You can further enhance your coverage by adding on the optional 'hospitalization and surgery benefits' which cover extra hospital expenses like daily room and board and surgeon's fees.

Lifelong partner throughout recovery

Despite the health condition of the life insured, you can be reassured that Cancer Treatment Benefit offers a guaranteed renewal annually throughout the lifetime of the life insured upon payment of premium (see note 7), so the life insured can enjoy lifelong cover for cancer treatment and recovery costs.

How does the plan provide protection during treatment and recovery?

Julie Ho buys Cancer Treatment Benefit with hospitalization and surgery benefits this year. Unfortunately, she is diagnosed with breast cancer three years later. Cancer Treatment Benefit takes care of her cancer treatment expenses, which helps to make her recovery easier.



Even though Julie has received reimbursement for her cancer treatments expenses, her Cancer Treatment Benefit continues because she has not reached her 'lifetime' limit. Julie can still renew her Cancer Treatment Benefit on her next policy anniversary and continues to be protected against cancer treatment costs in the future.

Plan at a glance	
Product objective & nature	A cancer-focused indemnity medical insurance product providing reimbursement of cancer-related treatment costs
Product type	Supplementary benefit
Benefit term	The coverage period is 1 year. Guaranteed lifetime renewal upon payment of premium (see note 7)
Premium payment period	Premiums are payable for each policy year during the life insured's lifetime. Premiums are not guaranteed (see note 7)
Issue age	15 days – age 65
Policy currency	Follow basic plan — Hong Kong Dollar (HK\$) / United States Dollar (US\$)
Premium payment mode	Annually / Semi-annually / Quarterly / Monthly
Premium schedule	Available upon request

Benefit schedule (see notes 2, 3 and 4)				
Plan Level (see note 5)	Private (see note 6)	Semi-private (see note 6)	Ward (see note 6)	
	Maximum benefit limit (HK\$/US\$)			Coverage Summary (Please see the policy provisions for complete terms and conditions.)
PER COVERED CANCER AND LIFETIME LIMITS				
Per covered cancer limit (see note 8)	HK\$2,000,000 / US\$250,000	HK\$1,500,000 / US\$187,500	HK\$600,000 / US\$75,000	The maximum aggregate amount of diagnostic benefits, treatment benefits and hospitalization and surgery (if any) paid or payable for a covered cancer.
Lifetime limit (see note 9)	HK\$6,000,000 / US\$750,000	HK\$4,500,000 / US\$562,500	HK\$1,800,000 / US\$225,000	The maximum aggregate amount of diagnostic benefits, treatment benefits and hospitalization and surgery (if any) paid or payable for all covered cancers.
CANCER BENEFITS				
1. DIAGNOSTIC BENEFITS				
(a) Diagnostic investigation	Full cover (see note 10)			Covers inpatient or outpatient expenses for consultation and diagnostic tests such as laboratory testing, X-rays, computerized tomography (CT), magnetic resonance imaging (MRI) and any other diagnostic tests required to directly confirm that the life insured is suffering from a covered cancer.
(b) Monitoring investigation	Full cover (see note 10)			Covers inpatient or outpatient expenses of consultation and diagnostic tests after completion of treatment performed for a covered cancer for monitoring the progress of recovery for up to 5 years after the active treatment is completed.
2. TREATMENT BENEFITS				
(a) Non-surgical cancer treatment	Full cover (see note 10)			Covers inpatient or outpatient expenses for consultation and/or active treatments including targeted therapy, radiotherapy, proton therapy, chemotherapy and hormonal therapy for a covered cancer. Covers medication including anti-nausea drugs, anti-rejection drugs, anti-vertigo drugs and anti-anodynes, which are required for the treatment of a covered cancer.
(b) Reconstructive surgery (see note 11)	Full cover (see note 10)			Covers charges incurred for reconstructive surgery due to a covered cancer, including hospital room and board fees, doctor and specialist visit fee during confinement, intensive care unit (ICU) charges, surgical expenses, cost of implants, nursing charges and miscellaneous hospital charges.
(c) Palliative treatment	Full cover (see note 10)			Covers inpatient or outpatient expenses for consultation and/or treatment for palliative treatment of a covered cancer

Benefit schedule (see notes 2, 3 and 4)

Plan Level (see note 5)	Private (see note 6)	Semi-private (see note 6)	Ward (see note 6)	Coverage Summary (Please see the policy provisions for complete terms and conditions.)
	Maximum benefit limit (HK\$/US\$)			
3. EXTENDED BENEFITS				
(a) Inpatient traditional Chinese medicines treatment Limit per day Maximum number of days per covered cancer	HK\$800 / US\$100 60	HK\$800 / US\$100 60	HK\$800 / US\$100 60	Covers expenses on daily visit, acupuncture treatment and prescribed Chinese medicines incurred with a Chinese medical practitioner on an inpatient basis.
(b) Outpatient traditional Chinese medicines consultation Limit per visit Maximum number of visits per covered cancer, maximum one visit per day	HK\$650/ US\$82 30	HK\$650/ US\$82 25	HK\$650/ US\$82 20	Covers expenses incurred for consultation with Chinese medicines prescribed by a Chinese medical practitioner on an outpatient basis.
(c) Physiotherapist consultation (see note 11) Limit per visit Maximum number of visits per covered cancer, maximum one visit per day	HK\$650/ US\$82 30	HK\$650/ US\$82 20	HK\$650/ US\$82 10	Covers expenses incurred for consultation with a registered physiotherapist as part of recovery care during or after active treatment or when undergoing palliative treatment.
(d) Psychological counselling Limit per visit Maximum number of visits per covered cancer, maximum one visit per day for the life insured and each of his/her immediate family member	HK\$1,100 / US\$138 30	HK\$1,100 / US\$138 20	HK\$1,100 / US\$138 10	Covers expenses incurred for necessary psychological counselling for life insured and/or his/her immediate family members in relation to the life insured's covered cancer
(e) Dietician consultation (see note 11) Limit per visit Maximum number of visits per covered cancer, maximum one visit per day	HK\$650/ US\$82 30	HK\$650/ US\$82 20	HK\$650/ US\$82 10	Covers expenses incurred for consultation with a registered dietician as part of recovery care during or after active treatment or undergoing palliative treatment.
(f) Home nursing (see note 11) Limit per day Maximum number of days per covered cancer, maximum of 1 nurse during any given time slot	HK\$1,100 / US\$138 90	HK\$1,100 / US\$138 60	HK\$1,100 / US\$138 30	Covers expenses incurred for home nursing services provided by a registered nurse at home during or after active treatment or undergoing palliative treatment.
(g) Complementary therapy (see note 12) Limit per visit Maximum number of visits per covered cancer, maximum one visit per day	HK\$650/ US\$82 20	HK\$650/ US\$82 15	HK\$650/ US\$82 10	Covers expenses incurred for chiropractic therapy, aromatherapy, homeopathic therapy or art therapy during active treatment or when undergoing palliative treatment for a cancer (excluding carcinoma-in-situ).
(h) Rehabilitation (see note 11) Limit per covered cancer	HK\$40,000 / US\$5,000	HK\$30,000 / US\$3,750	HK\$20,000 / US\$2,500	Covers expenses incurred for rehabilitation treatment including occupational therapy and speech therapy as part of recovery care during or after active treatment or when undergoing palliative treatment.
(i) Medical appliances (see note 11) Limit per covered cancer	HK\$10,000 / US\$1,250	HK\$7,500 / US\$938	HK\$5,000 / US\$625	Covers expenses incurred for purchasing or renting necessary medical appliances.
(j) Donor expenses for transplantation surgery Limit per covered cancer	HK\$40,000 / US\$5,000	HK\$30,000 / US\$3,750	HK\$20,000 / US\$2,500	Covers expenses incurred by the donor in a hospital for organ donation to the life insured.

Benefit schedule (see notes 2, 3 and 4)

Plan Level (see note 5)	Private (see note 6)	Semi-private (see note 6)	Ward (see note 6)	
Maximum benefit limit (HK\$/US\$)			Coverage Summary (Please see the policy provisions for complete terms and conditions.)	
4. DEATH BENEFIT				
(a) Compassionate death benefit	HK\$40,000 / US\$5,000	HK\$30,000 / US\$3,750	HK\$20,000 / US\$2,500	Will be paid to the designated beneficiary upon death of the life insured.
5. OTHER SERVICES				
(a) Second medical opinion referral services (see notes 12 and 13)	Once per cancer			Obtain second medical opinion from leading medical experts.
OPTIONAL BENEFITS – HOSPITALIZATION AND SURGERY BENEFITS				
(a) Hospitalization and surgery	Full cover (see note 10)			For active treatment or palliative treatment of a covered cancer - Covers hospital expenses incurred such as hospital room and board, doctor and specialist visit fee during confinement, intensive care unit (ICU) charges, hospital companion bed and charges for hospital services - Covers surgical expenses for surgeons, anaesthetists and operating theatre. Also covers any confinement after being discharged due to complication arise during active treatment solely and directly due to the same covered cancer.
(b) Hospital cash for confinement in a general ward of a government hospital (see note 14) Amount per day Maximum number of days per covered cancer	HK\$1,000 / US\$125 90	HK\$750 / US\$94 90	HK\$520 / US\$65 90	A daily cash benefit is payable if the life insured stays in a general ward of a government hospital in Hong Kong or Macau for medically necessary treatment.
(c) Hospital cash for confinement in a lower room level of a private hospital (see note 15) Amount per day Maximum number of days per covered cancer	HK\$600 / US\$75 90 (confined in a semi-private room or below)	HK\$300 / US\$38 90 (confined in a general ward)	Not applicable	A daily cash benefit is payable if the life insured stays in a room of a lower level than the eligible room level of the selected plan in a private hospital in Hong Kong or Macau.
(d) Hospital cash for intensive care unit (see note 11) Amount per day Maximum number of days per covered cancer	HK\$2,000 / US\$250 15	HK\$1,000 / US\$125 15	HK\$520 / US\$65 15	A daily cash benefit is payable if the life insured is confined to an intensive care unit (ICU) of a hospital.

Notes:

1. This information comes from the Hong Kong Cancer Registry, Hospital Authority — 'Cancer of All Sites in 2014'.
2. The effective date of coverage will be the later of (i) the issue date or the policy year date; (ii) the effective date of reinstatement; or (iii) the date of endorsement or the effective date of change (if it is added after the policy has been issued). However, no benefit will be payable in respect of a covered cancer that is diagnosed; or treated; or for which a doctor was consulted; or for which the existence or onset of signs or symptoms of any illness or disease were present, during the period of 90 days since the coverage becomes effective. Please see the 'eligibility and coverage of benefits' clause in the policy provision for details.
3. All treatments, services, surgical operations and procedures for which we provide under this plan must be medically necessary and their charges should not be more than reasonable and customary charges.
4. For coverage in China, we will only recognize a hospital located in Mainland China (not including Taiwan, Hong Kong and Macau) if it is included in the list of designated hospitals in Mainland China we publish. We may revise the list of designated hospitals in Mainland China from time to time without giving you notice. Please see the latest list of designated hospitals in Mainland China on our Company website (<http://www.manulife.com.hk>) or call our customer service hotline for details.
5. If the life insured is confined in a room of a higher room level than the selected plan level in this plan, we will reduce the amount of benefits payable under diagnostic benefits, treatment benefits and optional benefits (if any and except the hospital cash for intensive care unit) by multiplying an adjustment factor (as shown in the tables below) to the amount of benefits which would be payable during the period of confinement.
 - (a) If the confinement is in a hospital other than any of the designated hospitals in Macau, the following adjustment factors will be applied.

Plan level of the plan	Room level during the confinement	Adjustment factor
Ward plan	Standard private room or above	25%
Ward plan	Standard semi-private room	50%
Semi-private plan	Standard private room	50%
Private plan	Above standard private room	50%

- (b) If the confinement is in one of the designated hospitals in Macau, the following adjustment factors will be applied.

Plan level of the plan	Room level during the confinement	Adjustment factor
Ward plan	Standard private room	50%
Ward plan	Above standard private room	25%
Semi-private plan	Above standard private room	50%
Private plan	Above standard private room	50%

6. None of the diagnostic benefits, treatment benefits and hospitalization and surgery benefits (if any) for any confinement due to a covered cancer in the United States of America (USA) shall be payable unless the life insured is confined in a room of the class at or below standard semi-private room.
7. The period of coverage of the plan is one year and is renewable annually at each policy anniversary. We have the right to revise the benefits, terms and conditions and premium when you renew your plan. Please see the 'Renewal' paragraph under the 'Important Information' section below.
8. 'Per covered cancer limit' means the maximum aggregate amount of diagnostic benefits, treatment benefits and hospitalization and surgery (if any) paid or payable for any one covered cancer.

Where a covered cancer in respect of which benefit has been paid under this plan ('Preceding Covered Cancer') is followed by another covered cancer ('Later Covered Cancer'), the Later Covered Cancer shall, except provided in the next paragraph below, be treated as the single and same covered cancer as the Preceding Covered Cancer for the purpose of calculating the benefits payable and determining the benefit limits applicable under this plan.

For the avoidance of doubt, all benefits payable and benefit limits applicable in respect of the Later Covered Cancer and Preceding Covered Cancer as the single and same Covered Cancer shall be subject to the single and same Per Covered Cancer Limit of the Preceding Covered Cancer and the single and same limit on the maximum number of visits or days and the maximum amount per visit/day/covered cancer as the Preceding Covered Cancer.

A Later Covered Cancer shall not be treated as the single and same covered cancer as the Preceding Covered Cancer for the purpose as referred to in the last paragraph if:

 - (1) the Later Covered Cancer and the Preceding Covered Cancer are of different histopathology, and the date of first diagnosis of the Preceding Covered Cancer and that of the Later Covered Cancer are separated by at least one year; or
 - (2) the Later Covered Cancer and the Preceding Covered Cancer are of the same histopathology,
 - (a) the Later Covered Cancer is a recurrence or metastasis of the Preceding Covered Cancer, and
 - (b) the date of first diagnosis of the Preceding Covered Cancer and that of the Later Covered Cancer are separated by at least five years ('Specified Period'), and
 - (c) the Preceding Covered Cancer was once in complete remission within the Specified Period (such state is verified by a specialist and supported by clinical, imaging or other laboratory investigations).
9. 'Lifetime limit' means maximum aggregate amount of (1) diagnostic benefits, treatment benefits and hospitalization and surgery (if any) paid or payable for all covered cancers under this plan and (2) medical expenses of covered cancer reimbursed and reimbursable under all insurance policies covering the life insured for similar benefits as this plan and issued by us from time to time, whether or not the policies are still in force, which are made specifically and expressly subject to a lifetime limit in accordance with their respective terms and conditions.
10. The benefits payable shall not exceed the 'per covered cancer limit' and 'lifetime limit' as shown in this benefit schedule.
11. Recommendation by a doctor in writing is required.
12. This benefit is only applicable to the life insured diagnosed with a cancer (excluding carcinoma-in-situ).
13. Second medical opinion is provided by a third party service provider which is an independent contractor and is not our agent. We make no representation, warranty or undertaking as to any medical opinions given by the medical service provider and hospitals. The designated hospital list may change from time to time. Please visit our Company website (<http://www.manulife.com.hk>) for the latest medical referral services provisions for the terms and conditions of this service.
14. This benefit is only applicable to the life insured with 1) a Hong Kong identity card and is confined as a public patient in a general ward of a government hospital in Hong Kong; or 2) a Macau resident identity card and is confined as a bed patient in a general ward of a government hospital in Macau.
15. This benefit is only applicable if the life insured is confined in a room of the class lower than the plan level in a private hospital in Hong Kong or Macau.

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Important Information

1. Nature of the product

The product is a cancer-focused indemnity medical insurance product and is a supplementary benefit without a savings element. There is no cash value for the product. The product is aimed at customers who want a reimbursement of cancer-related treatment costs and can pay the premium as long as they want financial protection against the life insured suffering from cancer. As a result, you are advised to save enough money to cover the premiums in the future. The premium pays for the insurance and related costs.

2. Premium adjustment

The premiums will vary depending on the age of the life insured and are not guaranteed. We will regularly review our products, including the premium rates, to make sure we can continue to provide cover. When reviewing the premium rates, we will consider our claims experience and other factors. We can change the premium rates on each policy anniversary.

3. Premium term and result of not paying the premium

You should continue to pay the premium (or premiums) on time throughout the benefit term. We will collect the premium for this supplementary benefit together with the premium for your basic plan. If you do not pay these premiums together on time, you have 31 days from the due date to pay them, during which the policy and the supplementary benefits will continue in force. If we do not receive the premium after the 31-day period ends, the policy and the supplementary benefits will end without further notice and the life insured will not be covered.

4. Credit risk

Any premiums you paid would become part of our assets and so you will be exposed to our credit risk. Our financial strength may affect our ability to meet the ongoing obligations under the insurance policy.

5. Currency risk

This supplementary benefit is available in foreign currency. You should consider the potential currency risks when deciding which policy currency you should take. The foreign-currency exchange rate may fall as well as rise. Any change in the exchange rate will have a direct effect on the amount of premium you need to pay and the value of your benefits in your local currency. The risk of changes in the exchange rate may cause a financial loss to you. This potential loss from the currency conversion may wipe out the value of your benefits under the policy or even be more than the value of benefits under your policy.

6. Inflation risk

The cost of living in the future is likely to be higher than it is today due to inflation. As a result, your current planned benefits may not be enough to meet your future needs.

7. Condition for ending the supplementary benefit

This supplementary benefit will end if:

- i. you fail to pay the premium within 31 days after the due date and there is no cash value in the basic plan of the policy to which this supplementary benefit is attached, if this applies;
- ii. the policy ends or matures;
- iii. you cash in the policy or we apply the non-forfeiture benefit (if any) to your policy;
- iv. the life insured dies;
- v. the aggregate benefits paid under the relevant insurance policies reach the lifetime limit; or
- vi. we approve your written request to end the policy; whichever happens first.

This supplementary benefit shall be terminated upon receipt by us of such request within 31 days before the due date for payment of any premium, at the policyowner's written request and accompanied by the policy for appropriate endorsement. Under such circumstances, the supplementary benefit will terminate as of such premium due date.

Once terminated, this supplementary benefit shall cease to have effect. Where this supplementary benefit is terminated during the policy year, no part of the premium will be refunded, irrespective whether a claim has or has not been made in that policy year.

8. Renewal

We reserve the right to revise the benefits, terms and conditions and premiums under the plan upon renewal subject to the availability of the supplementary benefit provided by the Company at the time of renewal. Any such revision and adjustment will apply to the renewed plan automatically unless you cancel the plan by a written notice within 30 days after the renewal takes effect in which case the plan will end.

9. Suicide

No death benefit will be payable if the life insured commits suicide, whether sane or insane, within 1 year of the issue date or the policy year date; the effective date of reinstatement; or the date of endorsement or the effective date of change of this supplementary benefit (if it is added after the policy to which it is attached has been issued) (whichever is later).

10. Claims procedure

For claims procedure, please refer to the 'Claims Procedures' and 'Limitations' section in the benefit provisions and visit www.manulife.com.hk for details.

If the life insured is entitled to have expenses (incurred as a result or in respect of covered cancer) reimbursed under another insurance policy or policies, whether issued by us or other insurance company or companies, or through any other means, the cancer benefits (except the benefits payable under hospital cash for confinement in a general ward of a government hospital, hospital cash for confinement in a lower room level of a private hospital and hospital cash for intensive care unit) shall be limited to the lesser of

- i. the balance of such expenses not reimbursed under such other insurance policy or policies, or any other means; and
- ii. the maximum benefit limit specified in the benefit schedule.

11. Reasonable and customary and medically necessary

We will not cover the confinement, treatment, surgery and/or charges relating to or caused directly or indirectly, wholly or partly, by any treatments, tests, services or supplies which are not medically necessary or any charges which exceed the reasonable and customary charges.

A fee, charge or expense is 'reasonable and customary' if:

- i. it is charged for treatment, supplies (inclusive of medication) or medical services that are medically necessary and in accordance with standards of good practice; and
- ii. it does not exceed the usual level of charges being charged for similar treatment, services or supplies (inclusive of medication) in the locality where the expense is incurred and to individuals of the same sex and similar age.

The 'reasonable and customary' charges shall not in any event exceed the actual charges incurred. In determining whether a charge is 'reasonable and customary', the determination of what is reasonable and customary shall be at our sole discretion who may make reference to the followings (if applicable):

- i. schedule of fees by the government, relevant authorities and recognized medical association in the locality, such as the gazette issued by the Hong Kong government which sets out the fees for the private patient services in public hospitals in Hong Kong;
- ii. industrial medical fee survey;
- iii. internal claim statistics;
- iv. extent or level of benefit insured; and/or
- v. other pertinent source of reference.

A health service is 'medically necessary' if the service in our opinion is:-

- i. provided by a healthcare provider exercising prudent clinical judgment, for the purpose of evaluating, diagnosing or treating a covered cancer or its symptoms;
- ii. provided in accordance with the generally accepted standards of medical practice;
- iii. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for a covered cancer; and
- iv. not primarily for the convenience of the patient or healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

Experimental, screening and preventive services or supplies are not considered medically necessary.

'Reasonable and customary hospital confinement' shall mean a confinement in hospital for a covered cancer which is medically necessary, where the admission of the life insured, length of confinement, and medical services and treatment received during confinement:

- i. are all in accordance with standards of good medical practice; and
- ii. do not exceed the usual standard for the treatment of such covered cancer at the location where such confinement takes place.

Please refer to the policy provisions for the detailed definitions of 'Medically Necessary', 'Reasonable and Customary' and 'Reasonable and Customary Hospital Confinement'.

12. Exclusions and limitations

We will not pay any benefit for diagnosis of the following:

- i. any tumour which is histologically classified as pre-malignant, benign, dysplasia, borderline malignant, low or suspicious malignant potential;
- ii. cervical dysplasia, low grade and high grade squamous epithelial lesions, cervical intra-epithelial neoplasia grade I and grade II (CIN I and CIN II);
- iii. non-invasive melanoma histologically described as 'in-situ';
- iv. hyperkeratosis, basal cell and squamous cell skin cancers of AJCC stage 0;
- v. any tumour in the presence of any Human Immunodeficiency Virus (HIV) Infection.

We will not pay any benefit for any covered cancer results directly or indirectly from any of the following.

- i. Any drug or alcohol abuse;
- ii. Any pre-existing conditions;
- iii. Nuclear, biological or chemical contamination;

- iv. The confinement, treatment, surgery and/or charges relating to or caused directly or indirectly, wholly or partly, by any of the following:
 - a) general check-up (with or without any positive findings on the life insured); convalescence, custodial or rest care not related to the covered cancer; screening or checkups looking for the presence of covered cancer on a preventative basis or where there are no symptoms or history of covered cancer; vaccines for the prevention of covered cancer;
 - b) disease or infection with any human immunodeficiency virus (HIV) and/or any HIV-related illness;
 - c) any treatments, tests, services or supplies which are not medically necessary or any charges which exceed the reasonable and customary charges;
 - d) narcotics used by the life insured unless taken as prescribed by a doctor;
 - e) mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder unless such occurrence is covered by psychological counselling;
 - f) any congenital or inherited covered cancer if it was diagnosed or its signs or symptoms manifested themselves before the life insured attains sixteen years of age;
 - g) any services primarily for physiotherapy or for investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures unless they are covered by diagnostic benefits;
 - h) non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, personal items, medical report charges and the like;
 - i) any experimental, unproven or unconventional medical technology or procedure or therapy, or novel drugs or medicines or stem cell therapy not yet approved by the government, relevant authorities and/or recognized medical association of the country or region where the treatment is sought;
 - j) genetic testing undertaken to test for a genetic predisposition to covered cancer;
 - k) any treatment modality undergone without a definite diagnosis of the presence of covered cancer in the life insured's body;
 - l) over-the-counter medication and nutrient supplement;
 - m) vaccination and immunisation injections received by the life insured for the prevention of a covered cancer.
- v. Irrespective of the plan level of the plan selected by you or the life insured, confinement in a room of the class above standard semi-private room where the confinement was in the USA.

What we have said above is an outline of the circumstances under which we will not pay the benefits. You should see the benefit provision as well as the policy provision for the exact terms and conditions and pay particular attention to those terms including but not limited to the clauses on 'eligibility and coverage of benefits', 'pre-existing conditions', 'limitations', and 'suicide', and the definitions of 'cancer', 'carcinoma-in-situ', 'covered cancer', 'lifetime limit', 'medically necessary', 'reasonable and customary' and 'reasonable and customary hospital confinement'.

In this product leaflet, 'you' and 'your' refer to the policyowner. 'Manulife', 'we', 'us' and 'our' refer to Manulife (International) Limited (incorporated in Bermuda with limited liability).

You should not buy this product unless you fully understand the product features and risks. For more information, please contact your Manulife insurance advisor or call our customer service hotline on (852) 2510 3383 (if you are in Hong Kong) or (853) 8398 0383 (if you are in Macau). If you have any doubts, please get professional advice from independent advisors.

From January 1, 2018, the Insurance Authority starts collecting levy on insurance premiums from policyowners for policies issued in Hong Kong. For details of the levy and its collection arrangement, please visit our website at www.manulife.com.hk/link/levy-en.

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