

ManuShine Healthcare Series/Benefit

活亮人生醫療
保障系列/附加保障



ManuShine Healthcare Series/Benefit

As life progresses, we reach different milestones involving career development and greater family responsibilities. Through these phases, medical protection becomes more essential to provide assurance that you and your family are protected with the right treatment when you need it most.

ManuShine Healthcare Series/ ManuShine Healthcare Benefit

(‘ManuShine’ or the plan) each comes with three options – Classic, Premier and Elite and you may also choose among three levels of annual deductible amounts – Nil, HK\$8,000/US\$1,000, or HK\$22,800/US\$2,850 to fit your needs. The premium is lower when you choose a higher deductible.

ManuShine is an indemnity hospital insurance product provided and underwritten by Manulife, and is available as a basic plan (ManuShine Healthcare Series) or as a supplementary benefit (ManuShine Healthcare Benefit). 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 provisions of ManuShine Healthcare Series (‘Policy Provisions’) or benefit provisions of ManuShine Healthcare Benefit (‘Benefit Provisions’) for the exact terms and conditions that apply to this product. You can ask us for a copy.



Well-rounded medical coverage and service

ManuShine is guaranteed renewable annually throughout the lifetime of the life insured (see note 1) regardless of the health condition of the life insured. The plan provides full coverage for a wide range of major benefits with no sub-limits applied (see note 2). In addition, outpatient day-case procedures are covered for greater flexibility.

- **All-round confinement and surgical benefits**, including full coverage (see note 2) on hospital room and board, surgeon’s fees, doctor’s visit, specialist’s fees, hospital services, intensive care, anaesthetist’s fee, operation theatre fee, day-case surgeries and designated medical appliances (see note 3).
- **Pre- and post-hospitalization benefits** to safeguard you through your healthcare journey. We will cover the costs of outpatient services before and after a hospital stay/day-case surgery, as well as ancillary services (such as registered chiropractor, physiotherapist and registered dietician consultations, etc.) after a hospital stay/day-case surgery. Extended medical care for home nursing and rehabilitation are also available.
- **Substantial cancer recovery support** provides full coverage on cancer treatments, including radiotherapy, chemotherapy, immunotherapy, proton therapy, hormonal therapy and targeted therapy inclusive of genetic tests for targeted therapy (see notes 2 and 4). Named patient imported cancer drugs (see note 5) which are not yet registered in Hong Kong and reconstructive surgery for cancer (see note 6) are also covered.
- **Other extended benefits** for your greater peace of mind are available, such as full coverage on kidney dialysis treatment and pregnancy complications (see notes 2 and 7). Traditional Chinese medicine treatment during a hospital stay/after a hospital stay or day-case surgery are also covered.

The benefits we will pay under the plan depend on the annual limit and lifetime limit applicable to the plan. Please see the benefit schedule for details.



Various cash benefits

The plan offers various cash benefits as financial support to the life insured without affecting the annual deductible (if applicable):

- Hospital cash benefit for confinement in a general ward of a government hospital, even if no charges have been incurred for treatment during confinement.
- Hospital cash benefit for confinement in a room level lower than the room level entitled under the plan in private hospitals.
- Cash benefit for selected surgical procedures (i.e. OGD and Colonoscopy) in an outpatient setting. This cash benefit paid does not affect the no-claim period (see note 8).

Please see the benefit schedule for details.



Cashless arrangement for hospital stay

If hospitalization and in-patient treatment are required, it can be a challenge to come up with enough cash for unexpected medical expenses. You can apply for a credit arrangement before admission. Upon approval, we will pay the estimated credit amount of your eligible hospital and surgical expenses directly on your behalf (see note 9), so you can focus on your recovery knowing that your hospital bills will be taken care of.



Medical green passage service (see note 10)

ManuShine offers a medical green passage service which provides the life insured with a privileged medical referral service. In a few simple steps, the life insured can book outpatient and inpatient medical consultations with medical specialists under a list of designated network hospitals in mainland China. The service provides extra convenience to the life insured without worrying about booking and queuing.



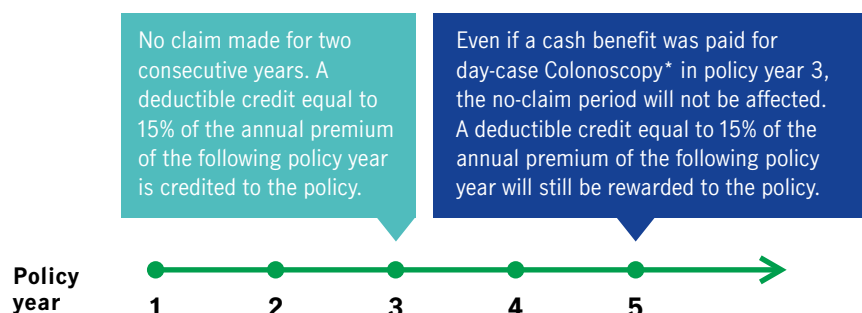
Extensive hospital networks

The plan offers extensive coverage of a designated hospital network throughout cities in **mainland China including 3A government hospitals** (see remark (a) under the benefit schedule) which ensures better medical coverage for the life insured.



No-claim deductible credit

If the plan fulfills the 2-year no-claim period (see note 8), ManuShine will provide a reward to your plan with a deductible credit (see note 11) equal to 15% of the annual premium of the following policy year. This credit can be used to offset any deductible when a claim is made.



*The above illustrative example assumes that no claim other than those made for this cash benefit has been submitted under this plan.

Other features



Take care of the life insured's well-being round the clock and around the world

(see note 12)

The life insured can get a second medical opinion from a network of leading specialist doctors in the United States through our second medical opinion services once a successful claim on a disability (as defined in the Policy Provisions or Benefit Provisions) has been made. They can also enjoy a discounted rate for receiving medical treatment from selected hospitals in the US. With the emergency medical assistance, the life insured will receive prompt medical care in case of an emergency while traveling outside their home country.



Flexible option to reduce the annual deductible once, regardless of your medical condition, either at age 55, 60 or 65

To offer you more flexibility and get prepared for your retirement, you can apply to lower the annual deductible of your plan without providing further evidence of insurability once only, either at age 55, 60 or 65 of the life insured (see note 14).



Stay healthy with wellness checkpoint










(see note 13)


To encourage the life insured to stay healthy, ManuShine offers a free health assessment at the end of every two consecutive policy years as long as the plan has been effective for two consecutive policy years and the life insured has reached the age of 30 at the beginning of the second consecutive year. Health assessment packages are tailored to meet one's changing needs as the life insured moves through different stages of life.



Plan at a glance

ManuShine Healthcare Series/Benefit




	Product objective & nature	An indemnity hospital insurance product for non-Hong Kong and non-Macau customers with medical insurance needs
	Product type	Basic plan/ Supplementary benefit
	Policy/ Benefit term	The coverage period is 1 year. Guaranteed lifetime renewal upon payment of premium (see note 1).
	Premium payment period	Premiums are payable for each policy year during the life insured's lifetime. Premiums are not guaranteed (see note 1).
	Issue age	15 days – age 70
	Policy currency	Hong Kong Dollar (HK\$)/ United States Dollar (US\$)
	Premium payment mode	Annually/Semi-annually/ Quarterly/Monthly
	Area of cover	Worldwide (Elite)/Worldwide exclude USA (Premier)/ Asia (Classic) Please see the benefit schedule for details
	Premium schedule	Available upon request



Join Manulife**MOVE** for free
and enjoy a premium discount
of up to 10%!

Manulife**MOVE** is an innovative insurance concept that rewards customers with premium discounts for being healthier and more active.

As the life insured of ManuShine, you are eligible to be a Manulife**MOVE** member if you are aged 18 or above. Simply activate your MOVE app account and achieve the required daily step average for each MOVE reward level as shown below, and enjoy a premium discount of up to 10%# on ManuShine upon policy renewal for the next membership year.

MOVE reward level	Required daily step average	Premium discount (applicable to the premium due and payable in the following policy year)
LV 1	 5,000	5%
LV 2	 7,000	7%
LV 3	 10,000	10%

Manulife**MOVE** members will also receive regularly updated tips on how to maintain an active and healthy lifestyle.

 Manulife
MOVE

For details, please refer to www.ManulifeMOVE.hk.

The relevant premium discount is subject to terms and conditions. Manulife reserves the right to change, terminate or cancel the premium discount without prior notice. Please refer to our website www.ManulifeMOVE.hk for the terms and conditions, and the latest updates.

Enjoy full reimbursement for major items of medical expenses

Mrs Wong, age 45, purchased **ManuShine Healthcare Series (Classic Plan) with an annual deductible option of HK\$8,000** to safeguard her health.

At age 60, she experienced pain and stiffness in her right knee. She was diagnosed with right knee osteoarthritis and was advised to undergo total knee replacement surgery. She stayed in a semi-private room of a private hospital in Hong Kong for 6 days. After returning home, she continued to receive outpatient care and ancillary service.

Medical services received	Billed medical expenses	
Pre-confinement		
• Pre-hospitalization outpatient (1 visit)	HK\$1,500	
Confinement		
• Hospital room & board (6 days)	HK\$6,650	
• Doctor's visit (7 days)	HK\$8,400	
• Hospital services	HK\$65,600	
• Surgeon's fee	HK\$75,000	
• Anaesthetist's fee	HK\$25,000	
• Operating theatre fee	HK\$9,330	
Post-confinement		
• Post-hospitalization outpatient (2 visits)	HK\$3,000	
• Post-hospitalization ancillary service (6 visits) [®]	HK\$6,000	
Total	HK\$200,480	
Less: Annual deductible	(HK\$8,000)	
Medical expenses reimbursable under the plan	HK\$192,480	Full cover[^]

With ManuShine Healthcare Series, **Mrs Wong only needs to pay the annual deductible and doesn't have to worry about any other out-of-pocket payments.** In addition to the hospitalization treatment, her medical expenses from pre- to post-hospitalization are fully covered[^].

If Mrs Wong's plan also fulfills the 2-year no-claim period (see note 8), she can use the deductible credit, which is equal to 15% of the annual premium, to offset the HK\$8,000 annual deductible when the claim is made.

[^] Full coverage pertains to the above scenarios only.

[®] The benefit limit is HK\$30,000 per policy year.

(The above example is hypothetical and for illustrative purposes only. It is made under the assumptions that the respective benefit limits had not yet been reached and the post-hospitalization outpatient and ancillary services were received within 60 days and 90 days respectively after Mrs Wong was discharged from the hospital. It is also made under the assumption that no claim had been made previously under this plan when the claim was made.)

Benefit Schedule

Plan Level	Maximum Benefit Limit (HK\$/US\$)		
	Elite	Premier	Classic
Area of cover	Worldwide ^{(a) (b)}	Worldwide exclude USA ^{(a) (c)}	Asia ^{(a) (d)}
Outside Area of Cover	All areas covered	Emergency treatment only	Emergency treatment only
Annual Limit	HK\$22,000,000/ US\$2,750,000	HK\$20,000,000/ US\$2,500,000	HK\$12,000,000/ US\$1,500,000
Lifetime Limit ^(e)	HK\$66,000,000/ US\$8,250,000	HK\$60,000,000/ US\$7,500,000	HK\$36,000,000/ US\$4,500,000
Annual Deductible Options (only apply to Sections I to V of this benefit schedule)	HK\$0/US\$0 or HK\$8,000/US\$1,000 or HK\$22,800/US\$2,850		

Hospital Benefits

I. Confinement Benefits

(1) Hospital Room & Board ^(f)		Full Cover	
(2) Doctor's Visit		Full Cover	
(3) Specialist's Fee		Full Cover	
(4) Hospital Services		Full Cover	
(5) Intensive Care		Full Cover	
(6) Hospital Companion Bed		Full Cover	
(7) Private Nurse's Fee (Maximum number of days per policy year)	Full Cover (up to 90 days)	Full Cover (up to 60 days)	Full Cover (up to 30 days)
(8) Hospital Cash for Confinement in a General Ward of Government Hospital (per day) ^(g)	HK\$1,800/US\$225	HK\$1,200/US\$150	HK\$1,000/US\$125
(9) Psychiatric Treatment (per policy year)	HK\$66,000/US\$8,250	HK\$55,000/US\$6,875	HK\$44,000/US\$5,500
(10) Hospital Cash for Confinement in a Lower Room Level of a Private Hospital (per day) ^(h)	HK\$1,800/US\$225	HK\$1,200/US\$150	HK\$1,000/US\$125

II. Surgical Benefits

(1) Surgeon's Fee		Full Cover	
(2) Anaesthetist's Fee		Full Cover	
(3) Operation Theatre Fee		Full Cover	
(4) Day Case Surgeries		Full Cover	
(5) Medical Appliances (see note 3)	Full Cover (HK\$100,000/US\$12,500 per policy year for non-designated medical appliances)		
(6) Cash Benefit for Outpatient Surgical Procedure (per surgery) (maximum 1 surgery per day) ⁽ⁱ⁾	HK\$1,800/ US\$225	HK\$1,200/ US\$150	HK\$1,000/ US\$125
(7) Reconstructive Surgery for Cancer (per covered cancer) (see note 6)	HK\$330,000/ US\$41,250	HK\$275,000/ US\$34,375	HK\$220,000/ US\$27,500

Plan Level		Maximum Benefit Limit (HK\$/US\$)		
		Elite	Premier	Classic
III. Pre- & Post-Hospitalization Benefits				
(1)	Pre-Hospitalization/Day Case Surgery Outpatient	Full Cover (within 31 days before hospitalization or from performing the surgical procedure on a day case basis and maximum 1 visit per day)		
(2)	Post-Hospitalization/Day Case Surgery Outpatient	Full Cover (within 60 days immediately after discharge from hospital or from performing the surgical procedure on a day case basis and maximum 1 visit per day)		
(3)	Post-Hospitalization Home Nursing (Maximum number of days per policy year)	Full Cover (up to 120 days)	Full Cover (up to 60 days)	Full Cover (up to 30 days)
(4)	Post-Hospitalization/Day Case Surgery Ancillary Service (per policy year) - Registered chiropractor, physiotherapist, speech therapist, occupational therapist & registered dietician consultations	HK\$60,000/ US\$7,500	HK\$45,000/ US\$5,625	HK\$30,000/ US\$3,750
		(within 90 days immediately after discharge from hospital or from performing the surgical procedure on a day case basis; maximum 1 visit per day and up to 60 visits per policy year)		
(5)	Rehabilitation (per policy year)	HK\$110,000/US\$13,750	HK\$88,000/US\$11,000	HK\$55,000/US\$6,875
IV. Extended Benefits				
(1)	Cancer Treatment	Full Cover		
(2)	Kidney Dialysis	Full Cover		
(3)	HIV/AIDS Treatment (per life) ⁽ⁱ⁾	HK\$1,000,000/ US\$125,000	HK\$900,000/ US\$112,500	HK\$800,000/ US\$100,000
(4)	Living Donor Expenses for Transplantation Surgery (per disability) ^(k)	HK\$1,056,000/ US\$132,000	HK\$880,000/ US\$110,000	HK\$704,000/ US\$88,000
(5)	Traditional Chinese Medicines	HK\$880/US\$110 per visit	HK\$770/US\$97 per visit	HK\$660/US\$83 per visit
		(During hospital confinement/within 90 days immediately after discharge from hospital or from performing the surgical procedure on a day case basis, maximum 1 visit per day and up to 20 visits per policy year)		
(6)	Hospice Care (per life)	HK\$220,000/ US\$27,500	HK\$132,000/ US\$16,500	HK\$88,000/ US\$11,000
(7)	Pregnancy Complications (see note 7)	Full Cover		
V. Emergency Treatment Benefits				
(1)	Emergency Outpatient	Full Cover		
(2)	Emergency Dental (due to accident)	Full Cover		
Death Benefits				
(1)	Compassionate Death Benefit	HK\$80,000/US\$10,000		
(2)	Accidental Death Benefit	HK\$80,000/US\$10,000		
Other Services ⁽ⁿ⁾				
(1)	Wellness Checkpoint	Included		
(2)	Second Medical Opinion	Included		
(3)	Emergency Medical Assistance	Included		
(4)	Medical Green Passage Service	Included		

Benefit Schedule – Remarks

- (a) 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 will reduce the amount of benefit we pay (except for death benefits) under this plan by 50% if:
- Asia Plan is chosen; and
 - the expenses are incurred in a hospital classified as an Elite Hospital in the hospital list maintained by us.
- We may revise the list of designated hospitals in mainland China from time to time without giving you prior notice. Please see the latest list of designated hospitals in mainland China revised and published from time to time on our website (www.manulife.com.hk) or call our customer services hotline for details.
- (b) We will reduce the amount of benefit we pay (except for death benefits) under this plan by 50% if:
- the life insured has lived in the USA for at least 183 days in the past 12 months at the time of the life insured's stay in hospital or when receiving medical treatment or a medical service in the USA; or
 - the life insured is in hospital or has a day-case surgery in the USA without obtaining pre-authorization from us beforehand, unless it was due directly to an accident or an emergency.
- (c) Worldwide exclude USA: worldwide, not including the USA and US Minor Outlying Islands.
- (d) Asia: Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- (e) Lifetime limit means the maximum aggregate amount of hospital benefits we will pay under all insurance policies covering the life insured and issued by us from time to time, whether or not still in force, which have a specific lifetime limit in line with their respective terms and conditions.
- (f) For Elite Plan, Premier Plan and Classic Plan (Asia but not including Australia, Hong Kong and New Zealand), hospital room and board shall be paid for confinement in a standard private room for the life insured's private use during their stay in hospital, with its own private facilities including a bedroom and bath or shower room (or rooms) only. It does not include any room of upper class with its own kitchen, dining or sitting room (or rooms) and so on.
- For Classic Plan, for hospital stays in Australia, Hong Kong or New Zealand, hospital room and board shall be paid for confinement in a standard semi-private room, which means a single bed with a shared bath or shower room or a room shared by two people for the life insured's use during their stay in hospital.
- In any case if the life insured is confined, whether voluntarily or involuntarily, in a room of the class
- i. upper than standard semi-private room but not upper than standard private room in Australia, Hong Kong and New Zealand for Asia Plan, we shall reduce the amount of the benefit under confinement benefits and surgical benefits incurred during the period of confinement and payable under this plan to 50% of the benefit payable; or
 - ii. upper than standard private room, we shall reduce the amount of the benefit under confinement benefits and surgical benefits incurred during the period of confinement and payable under this plan to 25% of the benefit payable.
- (g) Hospital cash for confinement in a general ward of a government hospital benefit applies, upon recommendation by a doctor, if the life insured has: 1) a Hong Kong identity card and has to stay as a bed patient in a general ward of a government hospital in Hong Kong; or 2) a Macau resident identity card and has to stay as a bed patient in a general ward of a government hospital in Macau, for medically necessary treatment of a disability regardless of whether charges have been incurred for treatment during confinement.
- (h) Hospital cash for confinement in a lower room level of a private hospital benefit applies if the life insured is confined in a room of the class lower than the applicable class the life insured is eligible for under the plan as a bed patient in a private hospital in the covered area for medically necessary treatment of a disability and has to pay charges.
- (i) Cash benefit for outpatient surgical procedure benefit applies if the selected surgical procedures (i.e. OGD and Colonoscopy) performed on the life insured on a day case, provided that the selected surgical procedures are medically necessary for treatment of a disability. The amount of the benefit payable per surgery, with a limit of one surgery per day, is subject to a maximum benefit limit specified in the benefit schedule.
- (j) HIV/AIDS treatment benefit is only payable if signs or symptoms of such HIV/AIDS illness first occur after the plan has been in force for five consecutive policy years. This benefit is only payable once and the maximum amount payable is subject to the limit as specified in the benefit schedule.
- (j) We shall reimburse the reasonable and customary charges actually incurred by the organ donor in a hospital for a living organ donation to the life insured. If the living organ donation is performed in hospitals located in mainland China (excluding Taiwan, Hong Kong and Macau), the cost to the organ donor for the living organ donation shall be paid only if the surgical procedures for the living organ donation are conducted in local organ transplant accredited institutions by organ transplant accredited surgeons and the organ procurement is in accordance with local medical and legal regulations. Please see the Policy Provisions or Benefit Provisions for details.
- (j) Services including wellness checkpoint, second medical opinion, emergency medical assistance and medical green passage service are provided by third party service providers. We may revise the details of these services from time to time without giving you prior notice.

Notes

1. 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. The premiums are not guaranteed and we may adjust them from time to time. Please see the 'renewal' paragraph under the 'Important Information' section below.
2. Full coverage shall mean the reimbursement of the actual amount of eligible expenses and/or other expenses charged after deducting the remaining annual deductible (if any), and is subject to the annual limit, lifetime limit and other limitations. Full coverage applies to selected benefit items only, while other benefit items are not fully reimbursable and subject to respective benefit item's limits. Please refer to the benefit schedule and Policy Provisions or Benefit Provisions for details.
3. Designated medical appliances include pacemaker, stents for percutaneous transluminal coronary angioplasty, intraocular lens, artificial cardiac valve, metallic or artificial joints for joint replacement, prosthetic ligaments for replacement or implantation between bones and prosthetic intervertebral disc. Non-designated medical appliances are subject to the maximum benefit limit per policy year specified in the benefit schedule, and external artificial limb and artificial ear/eye ball with surgery performed will be covered as non-designated medical appliances. Please see the Policy Provisions or Benefit Provisions for details.
4. If the life insured is diagnosed with a covered cancer, the cancer treatment benefit shall reimburse the reasonable and customary expenses charged for the genetic testing solely for the purpose of application of certain targeted therapy drugs on the life insured as prescribed in writing by the life insured's attending doctor. The genetic test prescribed is intended to confirm the presence of an appropriate gene mutation in order to determine whether the life insured will respond to such targeted therapy drugs. The life insured's prognosis must be supported by medical reports as evidence of fulfillment of particular criteria for the application of such targeted therapy drugs. The genetic test and associated targeted therapy drugs treatment protocol must be approved by the government, relevant authorities and recognized medical association in the locality where the targeted therapy drug is prescribed. If there are no relevant laws, authorities or recognized medical associations to regulate the genetic test in the locality, regulations in USA, United Kingdom or Europe shall prevail. Please see the Policy Provisions or Benefit Provisions for details.
5. If the life insured is diagnosed with a covered cancer, the cancer treatment benefit shall reimburse the reasonable and customary charges for cancer drugs not yet registered in Hong Kong for the sole use of the life insured for his/her cancer treatment to be received in Hong Kong only as recommended in writing by the life insured's attending doctor in Hong Kong. The import of such cancer drugs must be approved by the Department of Health in Hong Kong on a named patient basis in accordance with all applicable laws and regulations in Hong Kong. Such approved imported drugs and their associated treatment protocol must also be approved by, and must have obtained marketing authorization from the government, relevant authorities and the recognized medical association in the locality where the drugs have been launched in the market. The imported drugs for the life insured's conditions must be clinically appropriate and able to fulfill relevant regulator's approved indications and dosages, frequency and duration. If there are no relevant laws, authorities or recognized medical associations in the locality for the use of imported drugs, regulations in USA, UK or Europe shall prevail. Please see the Policy Provisions or Benefit Provisions for details.
6. The reconstructive surgery for cancer benefit shall reimburse the reasonable and customary charges actually incurred for reconstructive surgery for cancer performed (a) on the life insured and (b) within 12 months from the date of discharge from the hospital in which the life insured was confined for treatment for the covered cancer as recommended by the life insured's attending doctor. Please see the Policy Provisions or Benefit Provisions for details.
7. We shall reimburse the charges incurred for the life insured's confinement and surgical procedure in a hospital due to the covered pregnancy complications as recommended in writing by a doctor provided that its date of diagnosis must be after the plan has been in force for 12 consecutive policy months. Please refer to the Policy Provisions or Benefit Provisions for the details of covered pregnancy complications.
8. The no-claim period is for deductible credit calculation. Please refer to the Policy Provisions or Benefit Provisions for detailed terms and conditions for such calculation.
9. The credit service for hospitalization does not form part of this plan. This service is an administrative arrangement and is not part of the product features. It is only available after the plan has been effective for 180 consecutive days. We may terminate the service anytime without giving you prior notice. You will need to apply for this service through a prescribed form and procedures at least 5 working days before each time the insured person is admitted to hospital. If hospitalization is due to illness/disability classified under exclusion or other reasons, no pre-authorized amount will be approved. Upon approval of your application, we will issue a letter of confirmation. You will be required to provide treatment information, complete and submit the claim form prescribed by us at the time of the life insured's discharge from hospitalization. Eligibility for the credit service and the issuance of the letter of confirmation are subject to our final decision. If the hospital expenses are more than the eligible claim limit or incurred in relation to items not covered under the policy, you will have to pay for the shortfall.
10. The medical green passage service is provided by a third party service provider which is an independent contractor and is not our agent. We reserve the right to change or terminate the medical green passage service anytime by prior notice. We make no representation, warranty or undertaking as to any service of the third party service providers. We shall not be liable to you or the life insured in any respect of any loss, damage, expense, suit, action or proceedings suffered or incurred by you or the life insured, whether directly or indirectly, arising from or in connection with the services provided or advice given by such third party service providers and/or its agents, or the availability of such services. The availability of the medical green passage service shall not be regarded as acceptance by the company of any liabilities to pay any benefits and/or reimburse any medical expenses under this plan. Please visit our website (www.manulife.com.hk) for the latest medical green passage service provision for the terms and conditions of this service.
11. Deductible credits are only applicable to plans with annual deductible options. If any claim relating to any of the previous 2 consecutive policy years under this plan becomes subsequently payable after any amount of benefit payable has been increased due to the deductible credit, we shall offset such an increased amount from the amount of claim payable, failing which we shall recover such an amount from the policyowner in full as a debt. Please see the Policy Provisions or Benefit Provisions for details on how exactly the deductible credits are calculated and the terms and conditions that apply.

12. A second medical opinion and emergency medical assistance are provided by third party service providers which are independent contractors and are not our agents. We make no representation, warranty or undertaking as to any medical opinions given by the medical service provider and/or hospitals or any services given by the service providers. The third party service providers may change the list of selected hospitals from time to time. Please visit our website (www.manulife.com.hk) for the latest medical referral services provisions and emergency assistance benefits provisions for the terms and conditions of these services.
13. The wellness checkpoint is only available in Hong Kong and Macau. We reserve the right to change or terminate the wellness checkpoint anytime without giving you prior notice. The wellness checkpoint 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 the availability of any services of the third party service provider including the medical check-up service. We shall not be liable to you or the life insured in any respect of any loss, damage, expense, suit, action or proceedings suffered or incurred by you or the life insured, whether directly or indirectly, arising from or in connection with the services (including the wellness checkpoint) provided or advice given by such a third party service provider and/or its agents, or the availability of such services.
14. You may apply to lower the annual deductible of this plan either at age 55, 60 or 65 of the life insured within 31 days before or after the relevant policy anniversary without providing further evidence of good health. You can only apply for this once during the lifetime of the life insured and you cannot change it back once it has been done. Upon reduction of the annual deductible, the premium payable shall include the premium according to the prevailing premium schedule adopted by us for such an annual deductible option, and any premium loading the policyowner has agreed to for the policy.

Important Information

1. Nature of the product

The product is an indemnity hospital insurance product without a savings element. There is no cash value for the product. The product is aimed at customers who want a medical insurance product and can pay the premium as long as they want medical protection. 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. Cooling-off period (applies if this plan is a basic plan)

If you are not happy with your policy, you have a right to cancel it within the cooling-off period and get a refund of any premiums and any levy paid.

- **If your policy is issued in Hong Kong:** To do this, you must give us, within the cooling-off period, your written notice signed by you at Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong. In other words, your written notice to cancel your policy must reach us directly at the relevant address within a period of 21 calendar days immediately following the day we deliver to you or your nominated representative the policy or a notice telling you about the availability of the policy and the expiry date of the cooling-off period, whichever is the earlier.
- **If your policy is issued in Macau:** To do this, you must give us, within the cooling-off period, your written notice signed by you at Avenida De Almeida Ribeiro number 61, Circle Square, 14 andar A, Macau. In other words, your written notice to cancel your policy must reach us at the relevant address within 21 days after we have delivered the policy or sent you or your representative a notice telling you about the availability of the policy and the expiry date of the cooling-off period, whichever is the earlier.

3. 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, medical cost inflation, and other factors. We can change the premium rates on each policy anniversary.

4. Premium term and result of not paying the premium

You should continue to pay the premium (or premiums) on time throughout the benefit term. If you do not pay a premium on time, you have 31 days from the due date to pay it, during which the policy will continue in force. If we do not receive the premium after the 31-day period ends, the policy will end without further notice and the life insured will not be covered.

5. 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.

6. Currency risk

This plan 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.

7. Inflation risk

The costs of living and healthcare in the future are 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.

8. Condition for ending the plan

This plan will end if:

- i. the life insured dies;
 - ii. you fail to pay the premium within 31 days after the due date;
 - iii. the aggregate benefits paid under the relevant insurance policies reach the lifetime limit;
 - iv. we approve your written request to end this plan;
 - v. the policy to which this plan is attached ends or matures (if this plan is a supplementary benefit); or
 - vi. you cash in the policy or we apply the non-forfeiture benefit (if any) to your policy (if this plan is a supplementary benefit);
- whichever happens first.

In the case of ManuShine Healthcare Benefit, the plan 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 plan for appropriate endorsement. Under such circumstances, the plan will terminate as of such premium payment due date.

Once terminated, this plan shall cease to have effect. Where this plan 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.

9. Renewal

If the plan is no longer offered, we will endeavor to enroll you in another medical plan available at that time. We reserve the right to revise the benefits, terms and conditions and premiums under the plan upon 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.

Applicable to plan with 'worldwide' as the option of area of cover: we reserve the absolute right to change the area of cover from 'worldwide' to 'worldwide exclude USA' at any time if the life insured has taken up residence in the USA for at least 183 days in the past 12 months.

10. Suicide

No death benefit will be payable if the life insured commits suicide, whether sane or insane, within 1 year of:

- i. the policy 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 (only applicable to ManuShine Healthcare Benefit added after the policy has been issued); whichever is later.

11. Claims procedure

Please refer to the 'Claims Procedures' section in the Policy Provisions or Benefit Provisions and visit www.manulife.com.hk for details.

When the life insured is entitled to benefits payable under another insurance policy, whether issued by us or another insurance company, or reimbursed through any other means, the hospital benefits under the plan shall be limited to the lesser of

- i. the balance of expenses not covered by benefits payable under another insurance policy or any other means; and
- ii. the maximum benefit specified in the benefit schedule.

12. Reasonable and customary and medically necessary

We will not cover the confinement/stay, treatment and/or charges incurred relates to or arises as a direct or indirect result of any treatment, investigation, services or supplies which are not medically necessary; or any charges which exceed the 'reasonable and customary' charges.

'Reasonable and customary' shall mean a charge for medical care which does not exceed the general level of charges including but not limited to the length of confinement being made by medical service providers of similar standing in the locality where the charge including but not limited to the length of confinement is incurred for similar treatment, services or supplies to individuals of the same sex and age, for a similar disease or injury. The reasonable and customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense including but not limited to the length of confinement is reasonable and customary, we may make reference to the followings (if applicable):

- i. 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.

'Medically necessary' shall mean a medical service which:

- i. is consistent with the diagnosis and customary medical treatment for the condition in Hong Kong or Macau,
- ii. is in accordance with standards of good medical practice in Hong Kong or Macau,
- iii. is not for the convenience of the life insured or the doctor, and
- iv. cannot be safely delivered in a lower level of medical care.

13. Waiting period

Except for accidental injury, eligible for and coverage under the hospital benefits will commence at the later of:

- i. the issue date or 30 days after the date when the application for this plan is signed, whichever is later;
- ii. 30 days after the effective date of reinstatement; or
- iii. 30 days after the date of endorsement or the effective date of change of this plan/plan upgrade, whichever is later (only applicable to ManuShine Healthcare Benefit added after the policy has been issued).

Please also refer to 'Effective Date of Benefits' in the Policy Provisions or Benefit Provisions for detailed terms and conditions.

14. Exclusions and limitations

We will not cover condition results directly or indirectly from any of the following:

- i. The life insured's injury or illness is a pre-existing condition; or
- ii. The confinement/stay, treatment and/or charges incurred relates to or arises as a direct or indirect result of:
 - a) the life insured's pregnancy, surrogacy, childbirth or termination of pregnancy (other than the pregnancy complications which are covered by pregnancy complications under extended benefits of this plan), birth control, infertility or human assisted reproduction, or sterilisation of either sexes;
 - b) war, hostilities (whether war is declared or not), rebellion, insurrection, riot, civil commotion;
 - c) the life insured's participation in any criminal offence; or terrorist act; or attempted suicide or self-inflicted injuries while sane or insane;
 - d) a cosmetic treatment performed on the life insured unless i) necessitated by injury caused by an accident and the life insured sustains the injury and the cosmetic treatment is approved by us in advance within 90 days of the accident; or ii) such treatment is covered by reconstructive surgery for cancer benefit under this plan;
 - e) corrective aids and treatment of refractive errors performed on the life insured unless necessitated by injury caused by an accident and the life insured receives the corrective aids treatment within 90 days of the accident;
 - f) procurement or use of medical appliances and medical devices for the benefit of the life insured including but not limited to spectacles, contact lenses, hearing aids or wheelchairs (unless such medical appliances and medical devices are covered by medical appliances of the surgical benefits of this plan);
 - g) convalescence or physical examinations, or health checks (whether with or without any positive finding(s)) on the life insured; or vaccination and immunisation received by the life insured; or genetic testing or counseling (other than the genetic test for targeted therapy which is covered by cancer treatment under extended benefits of this plan) on the life insured;
 - h) treatment or tests carried out in relation to the life insured's injury or illness are not consistent with customary medical treatment or diagnosis;
 - i) narcotics used by the life insured unless taken as prescribed by a doctor, or the life insured's abuse of drugs and/or alcohol;

- j) Agaricus blazei murill, Antelope horn powder, Antler, Cordyceps, Cubilose, Donkey-hide Gelatin, Ganoderma, all kinds of ginseng, Hippocampus, Moschus, Pearl Powder and Placenta Hominis;
- k) dental treatment or surgery performed on the life insured (unless such occurrence is covered by emergency dental (due to accident) of emergency treatment benefits of this plan);
- l) scuba diving or engaging in or taking part in any kind of race other than on foot, mountaineering involving the use of ropes or guides by the life insured;
- m) AIDS or any complications associated with HIV infection except for HIV/AIDS treatment benefit;
- n) mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder of the life insured unless such occurrence is covered by psychiatric treatment of confinement benefits of the plan;
- o) any congenital or inherited disorder or developmental conditions (only applicable if the disorder gives rise to signs or symptoms or was diagnosed before the life insured reaches age 16) of the life insured;
- p) any confinement primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures;
- q) any treatment, investigation, services or supplies which are not medically necessary; or any charges which exceed the 'reasonable and customary' charges;
- r) non-medical services, including but not limited to guest meals, radio, telephone, photocopy, personal items, medical report charges and the like;
- s) experimental and/or unconventional medical technology/procedure/therapy performed on the life insured; or novel drugs/medicines/stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality;
- t) sleep disorders (except for the treatment of sleep apnoea which is life-threatening as confirmed by a specialist and approved by us in advance);
- u) treatment of obesity (including morbid obesity), weight control programmes or bariatric surgery (except when bariatric surgery is necessary as confirmed by a specialist after failure of conventional treatments and approved by us in advance);
- v) transplant service for which the cost incurred in connection with identifying and procuring a replacement organ or any costs incurred for removal of the organ from the donor, all associated transportation costs and administrative costs unless such cost incurred is covered by the living donor expenses for transplantation surgery benefit under this plan;
- w) treatment of sexually transmitted diseases; or sexual problems, such as impotence, whatever the cause, gender issues or sex changes or gender re-assignments except for HIV/AIDS treatment benefit;
- x) treatment whilst staying in hospital for more than 90 consecutive days if the life insured is in a persistent vegetative state characterised by wakefulness without awareness for more than 4 weeks; or
- y) any activity or disease which falls under the exclusion(s) as shown on the special provisions (if any) of this plan; or
- z) nuclear contamination, biological contamination or chemical contamination unless the confinement/stay, treatments and/or charges are made/performed/incurred as a direct result of such nuclear contamination, biological contamination or chemical contamination which i) is caused by terrorist act and ii) occurs while the life insured x) is travelling outside his or her residential area/home country and y) is not involved as a terrorist.

The above is only a general description of the exclusions. Please see the Policy Provisions or Benefit Provisions for the full list of the exact exclusions.

What we have said above is an outline of the circumstances under which we will not pay the policy benefits. You should see the Policy Provisions or Benefit Provisions for the exact terms and conditions and pay particular attention to those terms including but not limited to the clauses on 'effective date of benefits', 'pre-existing conditions' and 'limitation of claim', and the definitions of 'day case', 'disability', 'medically necessary' and 'reasonable and customary'.

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.

To view our Privacy Policy, you can go to our website at www.manulife.com.hk. You may also ask us not to use your personal information for direct marketing purposes by writing to us. You can find our address on our website. We will not charge you a fee for this.

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