

ManuEnrich
Medical
Top-up Plan
倍康醫療加保計劃



ManuEnrich Medical Top-up Plan

We understand the certainty of receiving quality healthcare in times of illness is key to your peace of mind both before and after retirement. However, longer life expectancy, breakthroughs in medical technology and new medications cause medical expenses increase substantially over time. You may find your existing medical coverage insufficient, just when you need it most.

Manulife's **ManuEnrich Medical Top-up Plan** ('ManuEnrich') is designed to supplement the life insured's existing coverage, providing an extra safety net against the financial burden on rising medical costs. The plan provides comprehensive worldwide coverage, reimbursing up to 90% of eligible medical expenses that are in excess of the life insured's existing coverage or deductible. With guaranteed lifetime renewal and guaranteed conversion to a designated medical plan at retirement, you can rest assured that you and your loved ones will be protected every step of the way.

ManuEnrich Medical Top-up Plan is an indemnity hospital insurance product 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 provisions for the exact terms and conditions that apply to this product. You can ask us for a copy.

Features highlights



Extra safety net for your peace of mind



Simple plan structure for additional protection



Guaranteed renewal for lifetime protection



Guaranteed conversion option for hassle-free retirement





Extra safety net for your peace of mind

ManuEnrich is designed for those who already have medical coverage, easily acting as an add-on to the life insured's existing group or individual medical plan, whether it is a Manulife plan or not (see note 1).

The plan offers 3 levels of protection – Private, Semi-private and Ward, formulating the best protection with life insured's coverage on hand.



Simple plan structure for additional protection

The plan provides up to HK\$1,000,000 Annual Limit on hospital benefits (see Benefit Schedule) with no breakdown benefit limits (see note 10). This way, the life insured can enjoy additional medical protection, concentrating on the road to recovery without worrying about the reimbursement limit for different benefits.

The life insured will also be entitled to worldwide coverage plus international medical assistance (see note 2) when medical attention is needed while abroad.



Guaranteed renewal for lifetime protection (see note 3)

The best kind of protection is the kind that you can always count on. That's why the plan offers guaranteed lifetime renewal regardless of the life insured's health conditions at the time of renewal. As long as you want to have it renewed, it is.



Guaranteed conversion option for hassle-free retirement (see note 4)

At the time of retirement, the life insured may no longer be covered by a group medical plan. In that case, you may consider converting the plan to a designated medical plan as primary medical coverage when the life insured reaches age 55, 60 or 65 without medical underwriting. No waiting period will be applied to such designated medical plan upon conversion. The protection is portable, covering you continuously regardless of your life stage.



Optional supplementary benefit to enhance your coverage

As you go through different stages of life, your needs will change. ManuEnrich gives you an option to add a supplementary benefit, giving you the flexibility to adjust your cover.

How to calculate the hospital benefit?

The hospital benefit will be calculated using the following formula for each incident (see note 5):

$$\left(\begin{array}{l} \text{Eligible medical} \\ \text{expenses} \\ \text{(see note 6)} \end{array} - \begin{array}{l} \text{Higher of:} \\ \text{a) Deductible, or} \\ \text{b) Actual amount} \\ \text{reimbursed by} \\ \text{other insurance} \\ \text{coverage} \\ \text{(see note 7, 8)} \end{array} \right) \times \begin{array}{l} \mathbf{90\%} \\ \text{Reimbursement} \\ \text{percentage} \end{array} \times \begin{array}{l} \text{Room adjustment} \\ \text{factor (if applicable)} \\ \text{(see note 9)} \end{array}$$

The total benefit will be up to the Annual Limit and Lifetime Limit as shown in the Benefit Schedule (see note 10).

Example (see note 11)

Mr Lee purchased **ManuEnrich Medical Top-up Plan (Ward Plan)** when he was 43 to top up his existing insurance coverage. Unfortunately, he was diagnosed with coronary artery disease at age 45 and admitted to the hospital for coronary angioplasty and stents insertion surgery.

Medical expenses reimbursement summary:

Total hospital and surgery expenses incurred	HK\$206,000
Actual amount reimbursed by another insurance coverage that Mr Lee already has	HK\$80,000 (which is higher than HK\$50,000 deductible under ManuEnrich)
Amount that cannot be reimbursed by another insurance coverage that Mr Lee already has	HK\$126,000
Benefit paid by ManuEnrich	(HK\$206,000 – HK\$80,000) X 90% = HK\$113,400 (which is within HK\$300,000 Annual Limit under ManuEnrich)
Mr Lee's out-of-pocket expenses	(HK\$206,000 – HK\$80,000 – HK\$113,400) = HK\$12,600

Thanks to ManuEnrich, with an average monthly premium of less than HK\$100, Mr Lee is entitled to up to HK\$300,000 hospital benefits each year. **He only needed to pay HK\$12,600 out of pocket instead of HK\$126,000 (10 times less) when misfortune struck.**

Mr Lee converted the ManuEnrich to a designated medical plan using the guaranteed conversion option at age 60. He can rest assured that his heart disease will still be covered if it ever strikes again. If Mr Lee purchases another medical plan instead of using the guaranteed conversion option of the plan at age 60, his heart disease may not be covered or he will likely need to pay a higher premium.



Plan at a glance

ManuEnrich Medical Top-up Plan

**Product objective & nature**

An indemnity hospital insurance product to supplement customer's existing insurance coverage

**Product type**

Basic plan

**Policy term**

The coverage period is 1 year. Guaranteed lifetime renewal upon payment of premium (see note 3)

**Premium payment period**

Premiums are payable for each policy year during the life insured's lifetime. Premiums are not guaranteed (see note 3)

**Issue age**

15 days – age 65

**Policy currency**

Hong Kong Dollar (HK\$)

**Premium payment mode**

Annually / Semi-annually / Quarterly / Monthly

**Premium schedule**

Available upon request

Benefit Schedule

Plan level			
Benefits (in HK\$) (per year)	Private	Semi-private	Ward
Deductible (per incident)	HK\$120,000	HK\$80,000	HK\$50,000
Lifetime Limit (applicable to the life insured since age 75)	HK\$3,000,000	HK\$1,800,000	HK\$900,000
Hospital Benefits			
I. Confinement Benefits	Up to Annual Limit of HK\$1,000,000 (90% reimbursement for all eligible medical expenses after deducting the higher of: a) the deductible or b) actual amount reimbursed by any other insurance coverage for the eligible medical expenses under this plan)	Up to Annual Limit of HK\$600,000 (90% reimbursement for all eligible medical expenses after deducting the higher of: a) the deductible or b) actual amount reimbursed by any other insurance coverage for the eligible medical expenses under this plan)	Up to Annual Limit of HK\$300,000 (90% reimbursement for all eligible medical expenses after deducting the higher of: a) the deductible or b) actual amount reimbursed by any other insurance coverage for the eligible medical expenses under this plan)
Hospital Room & Board			
Doctor’s Visit			
Specialist’s Fee			
Hospital Services			
Intensive Care			
Hospital Companion Bed			
II. Surgical Benefits			
Surgeon’s Fee			
Anesthetist’s Fee			
Operation Theatre Fee			
III. Pre- & Post-Hospitalization Benefits (per hospitalization / outpatient surgery)			
Pre-hospitalization / Outpatient Surgery Outpatient (1 visit per day for a maximum of 1 visit within 31 days before hospitalization / outpatient surgeries)			
Post-hospitalization / Outpatient Surgery Outpatient (1 visit per day for a maximum of 3 visits within 60 days after discharge from hospital / outpatient surgeries)			
Post-hospitalization Home Nursing (1 visit per day for a maximum of 15 visits within 90 days after discharge from hospital)			
Post-Hospitalization Ancillary Service (1 visit per day for a maximum of 10 visits for registered chiropractor / physiotherapist within 90 days after discharge from hospital)			
IV. Emergency Treatment Benefit			
Emergency Outpatient			
Death Benefit			
Compassionate Death Benefit	HK\$10,000		
Other Service			
International Medical Assistance (see note 2)	Included		

Notes

1. All eligible medical expenses must first be claimed under any other available insurance coverage of the life insured. In such cases, the claim under this plan will only be handled after the claim has been requested to and settled by any other insurance coverage.
2. International Medical Assistance is provided by a third party service provider which is an independent contractor and is not our agent. We shall make no representation, warranty or undertaking as to the availability of any medical opinions given by the medical service provider or any services given by the service providers. The service may change from time to time. Please visit our website (www.manulife.com.hk) for the latest Emergency Assistance Benefits Provisions for the Terms and Conditions of the services.
3. 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 premiums when you renew your plan. The premiums are not guaranteed and we may adjust them from time to time. Please see the 'Renewal' and 'Premium adjustment' paragraphs under the 'Important Information' section below.
4. The policyowner may convert the plan into another designated medical plan that is offered by us at the time of conversion. The plan level of the designated medical plan must be of same or lower level than the plan. The conversion option can only be exercised at age 55, 60 or 65 of the life insured when the plan has been in force for at least one year and there should be no outstanding premium under the plan when exercising the conversion option. Any special terms and conditions (if any) including but not limited to pre-existing conditions of the plan will also apply to the designated medical plan upon conversion. Upon approval by us, the plan will be terminated upon conversion, a new premium based on the latest premium rate as determined by us for the designated medical plan will apply. This conversion option can only be exercised once and the life insured is not covered by such designated medical plan before conversion. Please see 'Conversion Option' clause in the policy provision for details.
5. It is regarded as one 'incident' if a) one or more confinements that are caused by same or directly related injury or illness and these confinements are not separated from each other for more than 90 days; or b) the life insured undergoes surgical operation or procedure by a doctor at a day medical clinic or a day surgery centre, or in the outpatient department or emergency treatment room of a hospital, together with any other confinement(s) (if any) caused by same or directly related injury or illness and are not separated from each other for more than 90 days. Please see 'Benefit Calculations' clause in the policy provision for details.
6. Eligible medical expenses refer to reasonable and customary expenses under hospital benefits as listed in the Benefit Schedule. Please see the policy provision for the definition of 'reasonable and customary' as well as each benefit item.
7. Deductible refers to the amount of eligible medical expense which will be borne by the life insured for each incident. Please see Benefit Schedule for the deductible amount.
8. Other insurance coverage refers to any individual or group policies, any supplementary benefits of your policy or any other means of reimbursement arrangement, whether issued or provided by us or any other insurance companies or parties.
9. Room adjustment factor refers to an adjustment percentage to be applied if the life insured's confinement is of a higher level than the plan level under your policy.

Applicable to all hospitals (except designated hospitals in Macau)

Plan level of the Policy	Confinement	Room adjustment factor
Ward	Standard Semi-Private Room	50%
Ward	Standard Private Room or above	25%
Semi-private	Standard Private Room or above	50%
Private	Above Standard Private Room	50%

Applicable to designated hospitals in Macau

Plan level of the Policy	Confinement	Room adjustment factor
Ward	Standard Private Room	50%
Ward	Above Standard Private Room	25%
Semi-private	Above Standard Private Room	50%
Private	Above Standard Private Room	50%

10. 'Annual Limit' means the maximum aggregate amount of hospital benefits that can be reimbursed in any one policy year. 'Lifetime Limit' means the maximum aggregate amount of hospital benefits under your policy, that can be reimbursed by us per life since the life insured attaining age of 75.
11. Figures in the example assume Mr Lee is age 43, currently lives in Hong Kong and has chosen a 'ward plan' for the policy. We also assume that Mr Lee makes the claim at age 45 and all premiums are paid in full when due, and no claim had been made previously under this plan before Mr Lee's diagnosis of the above disability. The premium in the example is based on the current premium level, it is not guaranteed and will be reviewed from time to time. It is for illustrative and example purposes only. This example is only a reference. Please see the 'premium adjustment' paragraph under the 'Important Information' section below.

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 to supplement their existing insurance coverage 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

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. 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.

7. Condition for ending the policy

The policy will end if:

- i. you fail to pay the premium within 31 days after the due date;
 - ii. you have exercised the conversion option;
 - iii. the life insured dies;
 - iv. the aggregate benefits being paid under the policy after the life insured attaining age of 75 reach the lifetime limit;
 - v. we approve your written request to end your policy;
- whichever happens first.

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

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 policy by a written notice within 30 days after the renewal takes effect in which case the policy 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 or the effective date of reinstatement (whichever is later) of this plan.

10. Claims procedure

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

11. Reasonable and customary and medically necessary

We will not cover confinement, 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' in respect of a charge shall mean a charge for medical care which does not exceed the general level of charges being made by medical service providers of similar standing in the locality where the charge 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 a charge 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 the benefit insured; and/or
- v. other pertinent sources of reference.

'Medically necessary' shall mean a medical service which is:

- i. consistent with the diagnosis and customary medical treatment for the condition in Hong Kong or Macau,
- ii. in accordance with standards of good medical practice in Hong Kong or Macau, and
- iii. not for the convenience of the life insured or the doctor.

12. 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; or
- ii. 30 days after the effective date of reinstatement;

Please also refer to 'Effective Date of Benefits' in the policy provision for detailed terms and conditions.

Except for death benefit and accidental injury, any additional coverage and/or benefit of hospital benefits due to plan upgrade will begin 30 days after the date of endorsement or the effective date of change of the upgrade, whichever is later.

13. Exclusions and limitations

We will not pay any benefit if:

- i. the life insured's injury or illness is a pre-existing condition ; or
- ii. the life insured's diagnosed injury or illness is diagnosed by a doctor or any signs or symptoms which appeared before the commencement of the hospital benefits of the policy; or
- iii. the confinement, 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, birth control, infertility or human assisted reproduction, or sterilisation of either sexes; or
 - b) war, hostilities (whether war is declared or not), rebellion, insurrection, riot, civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or
 - c) the life insured's participation in any criminal offence; or attempted suicide or self-inflicted injuries while sane or insane; or
 - d) a cosmetic treatment performed on the life insured unless necessitated by injury caused by an accident and the life insured receives the cosmetic treatment within 90 days of the accident; or
 - 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; or
 - 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 ; or
 - 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 on the life insured; or
 - 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; or
 - 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; or
 - j) dental treatment or surgery performed on the life insured except for emergency treatment due to accident and such treatment is performed during confinement and cannot be done on an outpatient basis; or
 - k) the life insured engaging in, taking part in or otherwise involving himself or herself in (i) scuba diving; or (ii) any kind of race on motorized vehicles or on horse; or (iii) mountaineering involving the use of ropes or guides, in the course of performing his or her duties under a contract of employment or a contract for service or a partnership or as a sole proprietor; or
 - l) treatment or test performed on the life insured that relate to Acquired Immunization Deficiency Syndrome (AIDS) any Human Immunodeficiency Virus or any related or associated condition or AIDS Related Complex (ARC); or
 - m) mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder of the life insured; or
 - n) 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; or
 - o) any confinement primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - p) any treatment, investigation, services or supplies which are not medically necessary; or any charges which exceed the reasonable and customary charges; or
 - q) non-medical services, including but not limited to guest meals, radio, telephone, photocopy, personal items, medical report charges and the like; or
 - r) 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; or
 - s) sleep disorders (except for the treatment of sleep apnoea which is life-threatening as confirmed by a specialist and approved by us in advance); or
 - t) 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); or
 - u) 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; or
 - v) treatment of sexually transmitted diseases; or sexual problems, such as impotence, whatever the cause, gender issues or sex changes or gender re-assignments; or
 - w) any services/treatment in beauty centre, whether or not being medically necessary or performed by a doctor; or
 - 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 your policy.

The above is only a general description of the exclusions. Please see the policy provision 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 provision 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' and 'pre-existing conditions', and the definitions of 'confinement', 'incident', '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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