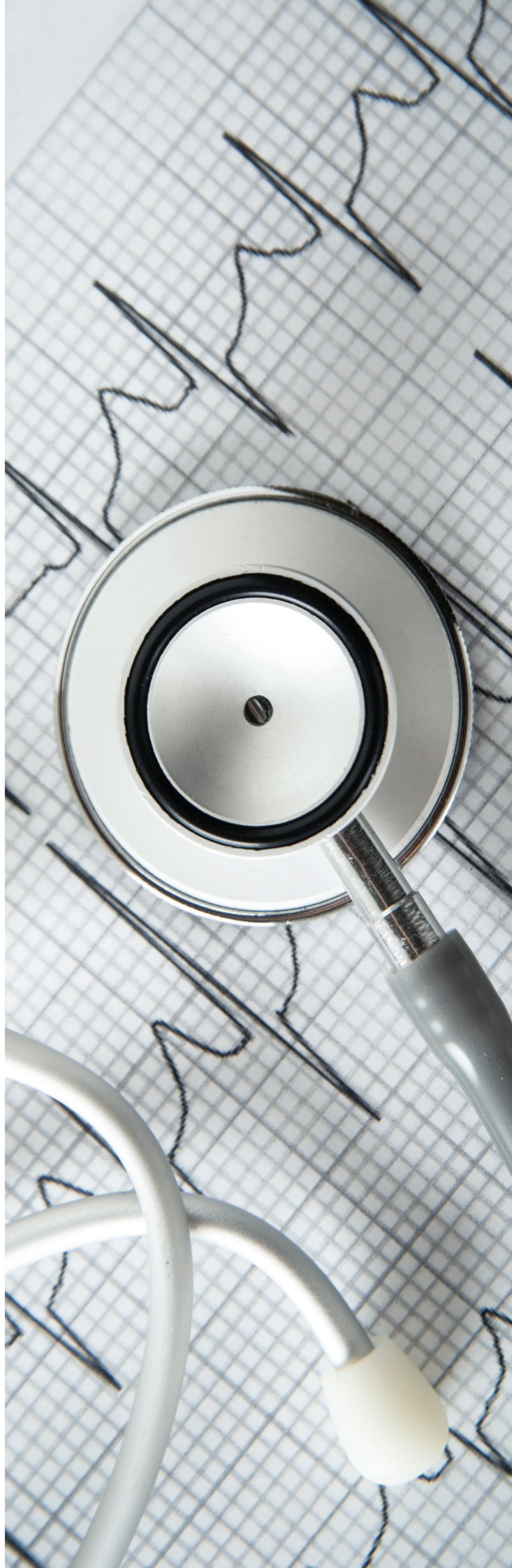


Manulife Supreme VHIS Flexi Plan

宏利晉悅自願醫保靈活計劃

Available in Hong Kong only
只適用於香港




Feature Highlights

 **2 plan levels with different ward classes**




**Well-rounded
lifetime protection**




Flexible annual deductible options

 **Coverage for unknown pre-existing conditions starts after 30 days**



Broad coverage of designated hospitals in mainland China


Rewards for staying healthy

Tax deduction offers extra savings






2 plan levels with different ward classes

Manulife Supreme offers 2 plan levels for you to choose from, each with different designated ward classes (see note 2). You can choose the plan level that best meets your budget and needs. No matter which plan level you choose, day case procedures are also covered to give you greater flexibility.

	Manulife Supreme VHIS Flexi Plan (Smart)	Manulife Supreme VHIS Flexi Plan (Advance)
	Smart Plan	Advance Plan
For Hong Kong, Australia and New Zealand	General ward	Semi-private room
For mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand) (see note 3)	Semi-private room	Standard private room
For outside Asia (Emergency treatment only)*	Semi-private room	Standard private room

* For non-emergency treatment received outside Asia and/or for non-designated hospitals in mainland China, the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the 'Limitations of benefits' section below for details.



Feature Highlights	Plan at a glance	Value-added services	Benefit Schedule	Example	Notes	Important Information
	<div><div></div><div><h2>Well-rounded lifetime protection</h2><p>Manulife Supreme is guaranteed renewable annually throughout the lifetime of the insured person (see note 4) upon payment of premium. You can enjoy the peace of mind knowing that the insured person is well-protected for treatments throughout Asia (including Australia and New Zealand) as well as emergency treatments anywhere in the world. (see note 2). It offers:</p><p>Full coverage for a wide range of benefits with no sub-limits applied (see note 1), including:</p><ul style="list-style-type: none">• Hospitalization benefits: Room and board, doctor’s visits, specialist’s fees, intensive care, etc.• Diagnostic benefits: Inpatient and outpatient advanced diagnostic imaging tests, including CT scans, MRI scans, PET scans, etc.• Surgical benefits: Inpatient and outpatient surgeries• Prescribed non-surgical cancer treatments: Radiotherapy (including proton therapy), chemotherapy, targeted therapy, immunotherapy and hormonal therapy• Other enhanced benefits: Psychiatric treatments, hospital companion bed, outpatient kidney dialysis, pregnancy complications, emergency outpatient care and emergency dental care<p>Wide coverage on pre- and post-hospitalization care to safeguard you throughout the healthcare journey, including follow-up outpatient visits, home nursing, additional outpatient ancillary benefits, Chinese medicine practitioner outpatient care, rehabilitation, etc.</p><p>The above are highlights of the benefits offered. The benefits we will pay are subject to an annual limit of HK\$5,000,000 (Smart Plan) / HK\$12,000,000 (Advance Plan) and a lifetime limit of HK\$20,000,000 (Smart Plan) / HK\$60,000,000 (Advance Plan). Please refer to the Benefit Schedule below including the benefit limits and the policy provisions for more details.</p></div></div>					

Manulife Supreme VHIS Flexi Plan

4



Flexible annual deductible options

Whether you are looking for a well-rounded coverage or a plan to supplement your other medical plans, you can choose from various annual deductible options to suit your budget and requirements.

	Smart Plan (HK\$)	Advance Plan (HK\$)
Choice of annual deductibles	0	0
	22,800	8,000
	45,000	22,800
	100,000	45,000
		100,000

Your protection needs will change as you reach different life stages. That’s why the plan gives you a one-time option to reduce the annual deductible at age 50, 55, 60, 65, 70, 75, 80 or 85 without having to provide any health information for re-underwriting (see note 5).



Coverage for unknown pre-existing conditions starts after 30 days

Any unknown pre-existing conditions (see note 6) the insured person might have at the time of application will also be covered, subject to the applicable benefit limit(s) stated in the Benefit Schedule, 30 days after your policy commences.

Days after the policy commences	Coverage for unknown pre-existing conditions (% of eligible medical expenses incurred)
First 30 days	0%
31 st day onwards	100%

Besides, any eligible medical expenses incurred as a result of congenital condition(s) that have manifested and been diagnosed after the insured person reaches age 8 will also be covered (see note 7).



Broad coverage of designated hospitals in mainland China

Whether you are residing in, or traveling to, mainland China, the insured person can have access to medical services as needed at **our designated hospitals in mainland China** including **all grade 3 public hospitals**[†], across major cities in mainland China. Please refer to the ‘Limitations of benefits’ section below for details on limitation on the choice of hospitals in mainland China.

[†] The selection of designated hospitals in mainland China is subject to change from time to time. Please refer to our website www.manulife.com.hk for the latest list.



Rewards for staying healthy

If you make no claim for at least 2 consecutive policy years, a health discount of up to 16% will automatically be applied to the premium due and payable in the policy year following the no claim period (excluding premiums for any supplementary benefit(s)) (see notes 8 and 9). Please refer to the following table for the health discount you will receive:

No claim period	Health discount percentage <small>(applicable to the premium due and payable in the policy year following the no claim period)</small>
2 to 4 consecutive policy years	8%
5 or more consecutive policy years	16%



Tax deduction offers extra savings (see notes 9 and 10)

Hong Kong taxpayers could apply for tax deduction on the premiums paid for Manulife Supreme. The relevant premiums paid by the policy holder for the coverage for himself/herself and his/her specified family member(s) (see note 10) are eligible for tax deduction up to a ceiling of HK\$8,000 per insured person per year. There is no limit on the number of specified family member(s) that are eligible for tax deduction. In other words, the more VHIS policies you purchase for your family, the higher the potential tax savings you may enjoy!



Get an estimate of your tax savings with our Tax Savings Calculator!



Extended protection for added peace of mind

You can choose to attach **Outpatient Benefit** (see note 11), a supplementary benefit, to Manulife Supreme to complement your coverage. For details, please refer to the relevant product leaflet.

Migration to Manulife’s VHIS plan

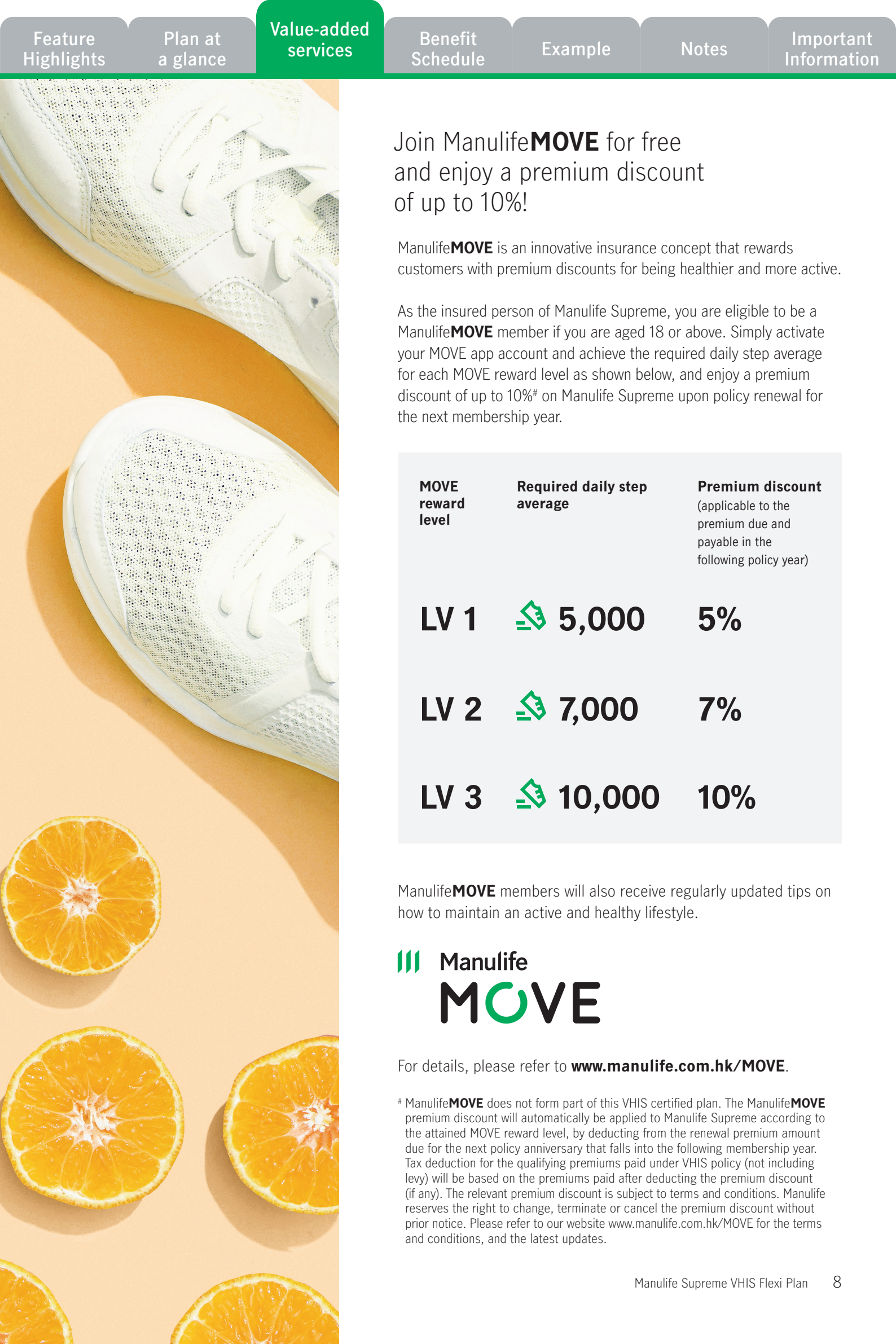
If you are a policy holder of a designated Manulife medical protection insurance plan/benefit, you may choose to migrate your existing plan/benefit to our designated VHIS certified plans by providing your latest health-related information to us for reassessment. For details on medical plans/benefits entitled for migration and the migration arrangement, please contact your Manulife insurance advisor or visit our website on www.manulife.com.hk.

Plan at a glance

Manulife Supreme VHIS Flexi Plan

Product objective & nature	An indemnity hospital insurance product for customers with medical insurance needs. A VHIS Flexi Plan certified by the Health Bureau of the Government of the Hong Kong Special Administrative Region ('HHB').			
Product type	Standalone basic plan			
Plan Choice	Manulife Supreme VHIS Flexi Plan (Smart)		Manulife Supreme VHIS Flexi Plan (Advance)	
	Deductible	Certification no.	Deductible	Certification no.
	HK\$0	F00041-06-000-01	HK\$0	F00041-01-000-04
	HK\$22,800	F00041-07-000-01	HK\$8,000	F00041-02-000-04
	HK\$45,000	F00041-08-000-01	HK\$22,800	F00041-03-000-04
	HK\$100,000	F00041-09-000-01	HK\$45,000	F00041-04-000-02
		HK\$100,000	F00041-05-000-01	
Product coverage	Coverage is limited to reasonable and customary expenses for medically necessary services. Please refer to the 'Important Information' section and Benefit Schedule below and policy provisions for details.			
Annual benefit limit	HK\$5,000,000 per policy year		HK\$12,000,000 per policy year	
Lifetime benefit limit	HK\$20,000,000		HK\$60,000,000	
Geographical coverage (see note 2)				
• Non-emergency treatment	Asia, including Australia and New Zealand (see note 3)* Cash benefit for confinement in general ward of a private hospital (applicable to Advance Plan only) and psychiatric treatments are limited to Hong Kong and Macau only.			
• Emergency treatment	Worldwide			
Choice of healthcare service providers (see note 2)	Asia (see note 3) except mainland China: No restriction Mainland China: Designated hospitals*			
Designated ward class (see note 2)				
• For Hong Kong, Australia and New Zealand	General ward		Semi-private room	
• For mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private room		Standard private room	
• For outside Asia (Emergency treatment only)*	Semi-private room		Standard private room	
Annual deductible options (per policy year)	HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000		HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000	
Benefit term	The coverage period is 1 year. Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium (see note 4).			
Premium payment period	Premiums are payable for each policy year throughout the lifetime of the insured person. Premiums are not guaranteed (see note 4).			
Premium payment modes	Annually / Semi-annually / Quarterly / Monthly			
Issue age	15 days – 80 years old (attained age)			
Policy currency	Hong Kong Dollar (HK\$)			
Premium information	Please visit manulife.com.hk or contact our insurance advisor for a copy of the standard premium schedule.			
Optional service	<ul style="list-style-type: none">Complimentary international medical assistance service / worldwide emergency assistance service (see note 12)Complimentary medical referral services (see note 12)			
Optional supplementary benefit	<ul style="list-style-type: none">Outpatient Benefit (see note 11)			




* For non-emergency treatment received outside Asia and/or for non-designated hospitals in mainland China, the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the 'Limitations of benefits' section below for details.



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 insured person of Manulife Supreme, 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 Manulife Supreme 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.



For details, please refer to www.manulife.com.hk/MOVE.

Manulife**MOVE** does not form part of this VHIS certified plan. The Manulife**MOVE** premium discount will automatically be applied to Manulife Supreme according to the attained MOVE reward level, by deducting from the renewal premium amount due for the next policy anniversary that falls into the following membership year. Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any). 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.manulife.com.hk/MOVE for the terms and conditions, and the latest updates.

Feature Highlights	Plan at a glance	Value-added services	Benefit Schedule	Example	Notes	Important Information
<div>Extended medical support</div> <div>(The following items do not form part of this VHIS certified plan)</div> <div>We offer the following extended medical support™ to take care of your different needs throughout your medical journey.</div> <div> <div>✓</div> <div>✓</div> <div>✓</div> </div>			<div> <div></div> <div>Pre-assessment service and cashless service</div> </div> <div> <div>Cashless day surgery eService</div> <div>(applicable to HK\$0 deductible)</div> <div>For designated day surgeries by designated doctors at our designated day procedure centers or hospitals. We will pay the approved medical expenses on your behalf.</div> <div>Learn more</div> <div></div> </div> <div> <div>Cashless outpatient cancer treatment service</div> <div>For chemotherapy and/or radiotherapy received at our designated medical centers by designated doctors once you have been diagnosed with cancer and successfully claimed hospitalization or surgical benefits. We will pay the service provider the pre-authorized amount on your behalf.</div> <div></div> </div> <div> <div>Credit service for hospitalization</div> <div>Apply prior to your hospital admission and upon approval, we will pay the pre-approved amount to the medical service provider directly on your behalf.</div> <div></div> </div>			



Holistic ‘Medical Professional Support Service’

We know that dealing with illness can be physically, psychologically and financially demanding. As your partner for health, we are here for you every step of the way with our team of registered nurses or professionals with health background.

Healthcare hotline

- Provides useful reference to your medical questions
- Clarifies confusions on health information and treatment plan
- Gives you healthy lifestyle coaching for chronic diseases
- Eases off your anxiety arising from medical conditions

Learn more



Personalized service from Medical Case Manager

If you are unfortunately diagnosed with cancer or planning to undergo a designated surgery such as coronary angioplasty and total knee replacement, a personalized Medical Case Manager will be assigned to support you through your treatment journey – from giving you dedicated care and support, medical service provider recommendation, to helping you with pre-approval services and following up on claims-related matters.

Other value-added services

(The following items do not form part of this VHIS certified plan)

You may opt for the following value-added services:



International medical assistance / Worldwide emergency assistance – Free 24-hour alarm centre hotline for prompt medical care in the event of an emergency when travelling aboard. (see note 12)



Medical referral services for a second medical opinion from a network of leading specialist doctors in the United States of America (‘USA’) and a privileged rate when receiving medical treatment from selected hospitals in the USA. (see note 12)

[∞] Pre-assessment service and cashless service, and Holistic ‘Medical Professional Support Service’ do not form part of this VHIS certified plan. These services are administrative arrangements and are not part of the product features. Manulife reserves the right to change our designated medical services provider(s) for each service from time to time, or terminate these services at any time without prior notice. Please note that some of these services are only available to insured persons located in designated regions only (e.g. Hong Kong), please refer to the relevant terms and conditions for details.



Benefits of Manulife Supreme VHIS Flexi Plan compared to Manulife Shelter VHIS Standard Plan:

Certified Plan	Manulife Shelter VHIS Standard Plan	Manulife Supreme VHIS Flexi Plan
Basic benefits <ul style="list-style-type: none"> Room and board Miscellaneous charges Attending doctor's visit fee Specialist's fee Intensive care Surgeon's fee Anaesthetist's fee Operating theatre charges Prescribed diagnostic imaging tests Pre- and post-confinement/day case procedure outpatient care Psychiatric treatments 	Standard VHIS coverage	Full coverage (see note 1)
<ul style="list-style-type: none"> Prescribed non-surgical cancer treatments 	HK\$80,000 per policy year	
Other benefits	<ul style="list-style-type: none"> Special bonus Medical negligence benefit Compassionate death benefit (HK\$10,000) Accidental death benefit (HK\$10,000) 	<ul style="list-style-type: none"> Cash benefit for designated day case procedures Cash benefit for confinement in general ward of a private hospital (applicable to Advance Plan only) Compassionate death benefit (HK\$80,000) Accidental death benefit (HK\$80,000)
Enhanced benefits	×	<ul style="list-style-type: none"> Medical implants Private nurse's fee Hospital companion bed Outpatient kidney dialysis Post-confinement home nursing Additional post-confinement/day case procedure outpatient ancillary benefit Post-surgical procedure/day case procedure Chinese medicine practitioner outpatient care Reconstructive surgery for specific cancer Rehabilitation Expenses for living donor surgery Hospice care Pregnancy complications Emergency outpatient care Emergency dental care
Territorial scope of cover	Worldwide	<p>Non-emergency treatment: Asia, including Australia and New Zealand (see note 3)*</p> <p>Cash benefit for confinement in general ward of a private hospital (applicable to Advance Plan only) and psychiatric treatments are limited to Hong Kong and Macau only</p> <p>Emergency treatment: Worldwide</p>

Certified Plan	Manulife Shelter VHIS Standard Plan	Manulife Supreme VHIS Flexi Plan
Designated ward class	No restriction	<p>For Hong Kong, Australia and New Zealand</p> <ul style="list-style-type: none"> Smart Plan: General ward Advance Plan: Semi-private room <p>For mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)</p> <ul style="list-style-type: none"> Smart Plan: Semi-private room Advance Plan: Standard private room <p>For outside Asia (Emergency treatment only)*</p> <ul style="list-style-type: none"> Smart Plan: Semi-private room Advance Plan: Standard private room
Annual benefit limit	HK\$420,000 per policy year	<p>Smart Plan: HK\$5,000,000 per policy year</p> <p>Advance Plan: HK\$12,000,000 per policy year</p>
Lifetime benefit limit	×	<p>Smart Plan: HK\$20,000,000</p> <p>Advance Plan: HK\$60,000,000</p>
Annual deductible options	×	<p>Smart Plan: HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000</p> <p>Advance Plan: HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000</p>
Benefit term	Guaranteed renewable annually up to age 100 of the insured person upon payment of premium	Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium
Waiting period and coverage on unknown pre-existing conditions (% of eligible medical expenses incurred)	<p>1st policy year: 0%</p> <p>2nd policy year: 25%</p> <p>3rd policy year: 50%</p> <p>4th policy year onwards: 100%</p>	<p>First 30 days after policy's commencement: 0%</p> <p>31st day onwards: 100%</p>

* For non-emergency treatment received outside Asia and/or for non-designated hospitals in mainland China, the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the 'Limitations of benefits' section below for details.

Benefit Schedule

Manulife Supreme VHIS Flexi Plan

Plan Level	Smart Plan	Advance Plan
Territorial scope of cover		
<ul style="list-style-type: none">Non-emergency treatment	Asia, including Australia and New Zealand (see note 3)* Cash benefit for confinement in general ward of a private hospital (applicable to Advance Plan only) and psychiatric treatments are limited to Hong Kong and Macau only	
<ul style="list-style-type: none">Emergency treatment	Worldwide	
Designated ward class		
<ul style="list-style-type: none">For Hong Kong, Australia and New Zealand	General ward ⁽¹⁾	Semi-private room ⁽¹⁾
<ul style="list-style-type: none">For mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private room ⁽¹⁾	Standard private room ⁽¹⁾
<ul style="list-style-type: none">For outside Asia (Emergency treatment only)*	Semi-private room ⁽¹⁾	Standard private room ⁽¹⁾
Annual benefit limit for benefit items		
I. Basic benefits (a) – (l), II. Other benefits (i) – (ii) and III. Enhanced benefits (i) – (xiv)	HK\$5,000,000 per policy year	HK\$12,000,000 per policy year
Lifetime benefit limit for benefit items		
I. Basic benefits (a) – (l), II. Other benefits (i) – (ii) and III. Enhanced benefits (i) – (xiv)	HK\$20,000,000	HK\$60,000,000
Annual deductible options for benefit items		
I. Basic benefits (a) – (l) and III. Enhanced benefits (i) – (xiv)	HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000	HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000

Benefit items ^{(2) (3)}	Benefit limit
I. Basic benefits	
(a) Room and board	Full cover ⁽¹¹⁾
(b) Miscellaneous charges	Full cover ^{(11) (12)}
(c) Attending doctor’s visit fee	Full cover ⁽¹¹⁾
(d) Specialist’s fee ⁽⁴⁾	Full cover ⁽¹¹⁾
(e) Intensive care	Full cover ⁽¹¹⁾
(f) Surgeon’s fee	Full cover ⁽¹¹⁾ regardless of the surgical category
(g) Anaesthetist’s fee	Full cover ⁽¹¹⁾
(h) Operating theatre charges	Full cover ⁽¹¹⁾
(i) Prescribed diagnostic imaging tests ^{(4) (6)}	Full cover ⁽¹¹⁾ Coinsurance: 0%
(j) Prescribed non-surgical cancer treatments ⁽⁷⁾	Full cover ⁽¹¹⁾

Plan Level	Smart Plan	Advance Plan
Benefit items ^{(2) (3)}	Benefit limit	
(k) Pre- and post-confinement/day case procedure outpatient care ⁽⁴⁾	Full cover ⁽¹¹⁾ for the following specified visits, except chiropractic treatment, physiotherapy, occupational therapy or speech therapy: <ul style="list-style-type: none"> All prior outpatient visits or emergency consultations (within 30 days before each confinement or day case procedure) 1 prior outpatient visit or emergency consultation (more than 30 days before each confinement or day case procedure) All follow-up outpatient visits per confinement or day case procedure (within 90 days after discharge from hospital or completion of day case procedure) Full cover ⁽¹¹⁾ for chiropractic treatment, physiotherapy, occupational therapy or speech therapy: <ul style="list-style-type: none"> Maximum 3 follow-up outpatient visits in total per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure) 	
(l) Psychiatric treatments	Full cover ⁽¹¹⁾	

II. Other benefits

(i) Cash benefit for designated day case procedures ⁽⁵⁾	HK\$1,000 per day	
(ii) Cash benefit for confinement in general ward of a private hospital ^{(8) (9)} (applicable to Advance Plan only)	N/A	HK\$1,000 per continuous 24 hours period
(iii) Compassionate death benefit	HK\$80,000	
(iv) Accidental death benefit	HK\$80,000	

III. Enhanced benefits

(i) Medical implants ⁽⁵⁾	Specified items ⁽¹³⁾ : HK\$800,000 per policy year Other items ⁽¹³⁾ : HK\$200,000 per policy year	
(ii) Private nurse's fee ⁽⁴⁾	Full cover ⁽¹¹⁾ (Maximum 30 days per policy year, 2 visits per day)	
(iii) Hospital companion bed ⁽¹⁰⁾	Full cover ⁽¹¹⁾	
(iv) Outpatient kidney dialysis ⁽⁴⁾	Full cover ⁽¹¹⁾	
(v) Post-confinement home nursing ⁽⁴⁾	Full cover ⁽¹¹⁾ (Maximum 30 days per policy year, 2 visits per day (within 120 days after discharge from hospital following a surgical procedure or admission to intensive care unit))	
(vi) Additional post-confinement/day case procedure outpatient ancillary benefit ⁽⁴⁾	HK\$1,000 per visit (Maximum 30 outpatient visits per policy year, 1 visit per day (within 90 days after discharge from hospital or completion of day case procedure))	
(vii) Post-surgical procedure/day case procedure Chinese medicine practitioner outpatient care	HK\$600 per visit (Maximum 20 outpatient visits per policy year, 1 visit per day (within 90 days after discharge from hospital following a surgical procedure or completion of day case procedure))	
(viii) Reconstructive surgery for specific cancer ⁽⁴⁾	HK\$200,000 per specific cancer surgery	
(ix) Rehabilitation ⁽⁴⁾	HK\$50,000 per policy year	
(x) Expenses for living donor surgery	HK\$640,000 per living donor surgery	
(xi) Hospice care ⁽⁴⁾	HK\$80,000 per policy year	
(xii) Pregnancy complications ^{(4) (14)}	Full cover ⁽¹¹⁾	
(xiii) Emergency outpatient care	Full cover ⁽¹¹⁾	
(xiv) Emergency dental care	Full cover ⁽¹¹⁾	

* For non-emergency treatment received outside Asia and/or for non-designated hospitals in mainland China, the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the ‘Limitations of benefits’ section below for details.

Benefit Schedule (Cont'd)

Remarks (In respect of the Benefit Schedule)

- (1) General ward shall mean a hospital room with more than two patient beds (not including any companion bed).
- Semi-private room shall mean a hospital room with not more than two patient beds (not including any companion bed) and a bath/shower room for sharing.
- Standard private room shall mean a hospital room for the insured person's private use with its own private facilities including a bedroom and bath/shower room(s) only, but excluding a room of any higher ward class with its own kitchen, dining or sitting room(s) or otherwise.
- Hospitals offer various accommodation options with different facilities, and the categorisation used by the hospitals may be different from the definitions above. If you are unsure of whether a particular accommodation option meets the general ward, semi-private room and standard private room definitions under these policy provisions, please contact us before confinement.**
- (2) Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- (3) Eligible expenses and/or expenses incurred shall also be subject to the limitations as specified in the 'Supplement for Limitations of Benefits' and the 'Supplement for Benefit Calculations' of the policy provisions.
- (4) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- (5) Provided that surgeon's fee under item (f) of basic benefits is payable.
- (6) Tests covered here only include computed tomography ('CT' scan), magnetic resonance imaging ('MRI' scan), positron emission tomography ('PET' scan), PET-CT combined and PET-MRI combined.
- (7) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (8) Only applicable for the confinement in a general ward of a Hong Kong and Macau private hospital.
- (9) Provided that room and board under item (a) of basic benefits is payable.
- (10) Provided that room and board or intensive care under items (a) or (e) of basic benefits respectively is payable.
- (11) Full cover shall mean no itemised benefit sublimit, and the benefit payable shall be subject to the deductible (if applicable), annual benefit limit and lifetime benefit limit.
- (12) Save and except for the benefit items listed under the 'Medical implants' section in the 'Supplement for Enhanced Benefits' of the policy provisions.
- (13) For details, please refer to the 'Medical implants' section in the 'Supplement for Enhanced Benefits' of the policy provisions.
- (14) This benefit is payable for designated eligible expenses provided that the date of first diagnosis of the covered pregnancy complications must be at least 12 months after the policy effective date. Please refer to the policy provisions for details of covered pregnancy complications and the covered eligible expenses.




1

Illustrative example

Enjoy full coverage for major items of medical expenses (see note 1)

Mr Chan, age 45, is an accountant. He purchases **Manulife Supreme VHIS Flexi Plan (Advance) with annual deductible option of HK\$22,800** to safeguard his health.

Three years later, he experiences chest discomfort and bronchoscopy is recommended by his doctor. He is then diagnosed with lung cancer and is advised to receive surgery, followed by chemotherapy and radiotherapy. He stays in a semi-private room of a private hospital in Hong Kong for 15 days. After returning home, he continues to receive outpatient care.

Medical services received	Billed medical expenses	
Pre-confinement		
• Pre-confinement outpatient care (1 visit)	HK\$2,000	
• Prescribed diagnostic imaging tests	HK\$30,000	
Confinement		
• Room & board	HK\$21,000	
• Miscellaneous charges	HK\$166,000	
• Attending doctor's visit fee	HK\$23,000	
• Specialist's fee	HK\$24,000	
• Surgeon's fee	HK\$155,000	
• Anaesthetist's fee	HK\$53,000	
• Operating theatre charges	HK\$34,000	
Cancer treatment		
• Prescribed non-surgical cancer treatments	HK\$500,000	
Post-confinement		
• Post-confinement outpatient care (3 visits)	HK\$6,000	
Total	HK\$1,014,000	
Less: Annual deductible	(HK\$22,800)	
Medical expenses reimbursable by Manulife Supreme	HK\$991,200	 Full cover^

With Manulife Supreme VHIS Flexi Plan, Mr Chan only needs to pay the annual deductible without worrying about any other out-of-pocket payment. In addition to hospitalization treatment, medical expenses from pre- to post-confinement and prescribed non-surgical cancer treatment are fully covered^.

^Full coverage pertains to the above scenarios only. The actual benefits we will pay is subject to annual benefit limit and lifetime benefit limit.







(The above example is hypothetical and for illustrative purpose only.)

2

Illustrative example

How is the tax deduction calculated?

Mr Wong, a Hong Kong taxpayer, purchases a total of 6 Manulife Supreme policies for himself and his family:

Insured person	Annual premiums paid (depending on age/ product)	Premiums eligible for tax deduction (capped at HK\$8,000 per insured person)	Potential tax savings (assuming tax rate is 15%)
 Mr Wong (Hong Kong taxpayer)	HK\$5,000	HK\$5,000	HK\$750
 Wife	HK\$6,300	HK\$6,300	HK\$945
 Grandmother	HK\$27,000	HK\$8,000	HK\$1,200
 Father	HK\$12,000	HK\$8,000	HK\$1,200
 Mother	HK\$11,000	HK\$8,000	HK\$1,200
 Daughter	HK\$2,200	HK\$2,200	HK\$330
Total	HK\$63,500	HK\$37,500	HK\$5,625

Mr Wong may **save a total of HK\$5,625 in taxes** if he applies for tax deduction.

As there is no limit on the number of specified family members that are eligible for tax deduction, the more VHIS policies Mr Wong purchases for his family, the higher the potential tax savings he may enjoy (see notes 9 and 10)!



Get an estimate of your tax savings with our Tax Savings Calculator!

Note: The above figures are for illustrative and example purposes only. We assume each insured person is a holder of Hong Kong Identity Card, and only has 1 VHIS policy. The tax rate used in the case (i.e. 15%) is the standard tax rate for the year of assessment 2022/23 as published by the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region. The marginal tax rates for the year of assessment 2022/23 are 2%, 6%, 10%, 14% and 17%. The actual amount of tax savings may be different from the amount illustrated above depending on individual tax assessment and circumstances. For more details, please consult an independent tax advisor.

(The above example is hypothetical and for illustrative purpose only.)

Feature Highlights	Plan at a glance	Value-added services	Benefit Schedule	Example	Notes	Important Information
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Notes

- Full cover / Full coverage shall mean no itemised benefit sub-limits, and the benefit payable shall be subject to the remaining deductible (if applicable), annual benefit limit, lifetime benefit limit and other limitations. Full cover / Full coverage applies to designated benefit items only, while other benefit items are not fully reimbursable and subject to respective benefit item’s limits. Please refer to Benefit Schedule and the policy provisions for details.
- The benefits are subject to the geographical limitation, the limitation on choice of hospitals and the limitation on choice of ward class. Please refer to the ‘Limitations of benefits’ section below for details.
- Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, mainland China, 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.
- The period of coverage of your policy is 1 policy year and is renewable annually at each policy anniversary. You have a guaranteed right to renew this policy subject to the terms and conditions at renewal. You can choose to renew your policy as VHIS Standard Plan at policy renewal, subject to the plan available at the time. The premiums are not guaranteed and may be adjusted depending on the age nearest birthday of the insured person at each policy anniversary. Please also see paragraph 3 - ‘Premium adjustment’ and paragraph 8 - ‘Renewal’ under the ‘Important Information’ section below and the ‘Manulife Supreme VHIS Flexi Plan - Standard Premium Schedule’.
- You may apply to lower the annual deductible of this plan to HK\$0 or any other options available at that time at age 50, 55, 60, 65, 70, 75, 80 or 85 of the insured person within 31 days before the relevant policy anniversary without providing further evidence of good health. You can only apply this once at policy renewal during the lifetime of the insured person. Upon reduction of the annual deductible, the premium payable shall include the standard premium according to the prevailing standard premium schedule adopted by the Company for such annual deductible option, and any premium loading the policy holder has agreed for the policy. For the avoidance of doubt, the policy holder still has the right to request the Company to increase the annual deductible at any policy renewal, without providing further evidence of good health on the insured person.
- Pre-existing condition(s) shall mean, in respect of the insured person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the policy issuance date or the policy effective date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a pre-existing condition, where - (a) it has been diagnosed; (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received. The Company may impose case-based exclusion(s) to the pre-existing condition(s) notified to the Company in the application for the plan and any subsequent information or document submitted to the Company for the purpose of the application.

Unknown pre-existing condition(s) refers to any pre-existing condition(s) that the policy holder and/or insured person was not aware and would not reasonably have been aware of at the time of application. Please refer to the policy provisions for the full terms and conditions.

- The benefits actually paid are subject to your policy terms and conditions, including but not limited to the case-based exclusion(s).
- In the event that any benefit under the policy provisions for a policy year that falls in the no claim period becomes payable after the health discount has been applied to the premium, the health discount shall be recalculated for all policy years subsequent to such benefit. The policy holder shall repay to the Company the difference between the health discount actually provided by the Company and the recalculated health discount to be entitled immediately upon the Company’s demand. The aforesaid description and the health discount table are for general information only. You should read the policy provisions for exactly how the health discount is calculated and given.

For the avoidance of doubt, if you are also eligible for the Manulife**MOVE** discount, the health discount will be calculated based on the premium due and payable after deducting the Manulife**MOVE** discount.

- Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any).
- Please note that this plan will not be eligible for tax deduction if the insured person is not a holder of Hong Kong Identity Card. Whether tax deduction is allowable for the qualifying premiums paid under VHIS policy (not including levy) are subject to the Inland Revenue Ordinance and the circumstances of the policy holder (as taxpayer) and the insured person(s) (as specified relative(s)). Please refer to the website of the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region (‘IRD’) or contact the IRD directly for any tax related enquiries. Manulife does not provide tax and/or legal advice. You should consult independent tax and/or legal advisor if needed.
- Outpatient Benefit does not form part of this VHIS certified plan. The relevant premium is not eligible for tax deduction. This is an optional supplementary benefit which is subject to the product’s availability. The approval of any application and issuance of Outpatient Benefit are subject to our final decision.
- International medical assistance (for Hong Kong or Macau residents) / worldwide emergency assistance (for non-Hong Kong or non-Macau residents) and second medical opinion do not form part of this VHIS certified plan. These are provided by third party service providers which are independent contractors and are not our agents. We shall make no representation, warranty or undertaking as to the availability of any medical opinions given by the medical service providers including hospitals or any services given by the service providers. We shall not be liable for any fault, negligence and/or default in the services provided by the service providers. These services may be subject to service charges payable to and determined by the third party service providers from time to time. The Company will not be liable for any transactions therein or any default in the services offered by the third party service providers. The services may change from time to time. Please visit our company website (www.manulife.com.hk) for the latest medical referral services provision and emergency assistance benefits provisions (for Hong Kong or Macau residents) / PRC and worldwide emergency assistance benefits provisions (for non-Hong Kong or non-Macau residents) for the terms and conditions of these services. For the avoidance of doubt, for international medical assistance and worldwide emergency assistance, the insured person’s place of permanent residence is based on his/ her information when the request to use the services is made.

Important Information

1. Nature of the product

The product is an indemnity hospital insurance product without 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

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. 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.

3. Premium adjustment

The premiums will vary depending on the age nearest birthday of the insured person at each policy anniversary and are not guaranteed. In addition, we will regularly review our products, including revising 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 on each policy anniversary based on the prevailing standard premium schedule.

4. Premium term and the 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 insured person 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 cost 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. the insured person dies;
 - ii. you fail to pay the premium within 31 days after the due date; or
 - iii. we have ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write this policy;
- whichever happens first.

For detailed terms and conditions relating to termination of policy, please refer to the ‘Termination of Policy’ section in the policy provisions.

After the cooling-off period, the policy holder can request cancellation of the policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under the policy during the relevant policy year.

The cancellation right shall also apply after the policy has been renewed upon expiry of its first (or subsequent) policy year.

8. Renewal

The renewal of this policy is guaranteed for each policy year throughout the lifetime of the insured person upon payment of premium. We may adjust the premium upon renewal. If the benefits, terms and conditions under the plan are revised, any such revisions will be subject to approval and/or certification by the HHB.

9. Suicide

No death benefit will be payable if the insured person commits suicide, whether sane or insane, within 1 year of the policy effective date.

10. Claims procedure

For claims procedure, please refer to the ‘Claim Provisions’ section in the policy provisions and visit www.manulife.com.hk/claims-procedure-en for details.

11. Reasonable and customary and medically necessary

We only cover the charges and/or expenses of the insured person on ‘reasonable and customary’ and ‘medically necessary’ basis.

‘Reasonable and customary’ shall mean, in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by us in utmost good faith. 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 shall make reference to the followings (if applicable):

- i. treatment or service fee statistics and surveys in the insurance or medical industry;
- ii. internal or industry claim statistics;
- iii. gazette published by the government; and/or
- iv. other pertinent source of reference in the locality where the treatments, services or supplies are provided.

‘Medically necessary’ shall mean the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must:

- i. require the expertise of, or be referred by, a registered medical practitioner;
- ii. be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- iii. be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his/her family, caretaker or the attending registered medical practitioner;
- iv. be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- v. be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

Please refer to the policy provisions for the detailed definitions of ‘Reasonable and Customary’ and ‘Medically Necessary’.

General Exclusions

We will not pay any benefits in relation to or arising from the following expenses.

- i. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
- ii. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
- iii. Expenses arising from Human Immunodeficiency Virus (‘HIV’) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by the Company) such disability shall be generally excluded from any coverage of the policy provisions if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire section (iii) shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the policy provisions shall apply.

- iv. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where section (iii) applies).
- v. Any charges in respect of services for:
 - a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident, or except to the extent covered by the reconstructive surgery for specific cancer; or
 - b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
- vi. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his/her family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this section (vi) does not apply to:
 - a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - b) removal of pre-malignant conditions; and
 - c) treatment for prevention of recurrence or complication of a previous disability.
- vii. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident or to the extent covered by the emergency dental care. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered except to the extent covered by the emergency dental care mentioned above.

- viii. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause; except to the extent covered by the pregnancy complications.
- ix. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
- x. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, except to the extent covered by the post-surgical procedure/day case procedure Chinese medicine practitioner outpatient care; and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
- xi. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
- xii. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
- xiii. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- xiv. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above is only a general description of the exclusions. Please see the policy provisions for the full list of exclusions.

Limitations of benefits

i. Geographical limitation

- a) Eligible expenses and/or other expenses incurred within Asia shall be payable in accordance with the policy provisions.
- b) The benefit payable under item (ii) of ‘other benefits’ as stated in the Benefit Schedule shall only be applicable to confinement in general ward of Hong Kong and Macau private hospitals (applicable to Advance Plan only).
- c) For any non-emergency treatment received outside Asia,
 - the eligible expenses incurred shall be payable in accordance with the VHIS Standard Plan Terms and Benefits (For details, please refer to the website of HHB’s VHIS Office - www.vhis.gov.hk) and are not subject to the ward class adjustment factor as stated in the ‘limitation on choice of ward class’ section below; and
 - no benefit shall be payable under items (i)-(xii) of ‘enhanced benefits’ and item (i) (Smart Plan) / items (i)-(ii) (Advance Plan) of ‘other benefits’ as stated in the Benefit Schedule.
- d) For any emergency treatment received outside Asia, eligible expenses and/or other expenses incurred shall be payable in accordance with the policy provisions.

ii. Limitation on choice of hospitals

- a) The benefit payable under item (ii) of ‘other benefits’ as stated in the Benefit Schedule shall only be applicable to confinement in general ward of Hong Kong and Macau private hospitals (applicable to Advance Plan only).
- b) For any eligible expenses and/or other expenses charged by any hospitals in mainland China, if such hospitals are not under the list of designated hospitals in mainland China applicable to this plan located at the Company’s website (www.manulife.com.hk),
 - the eligible expenses incurred shall be payable in accordance with the VHIS Standard Plan Terms and Benefits (For details, please refer to the website of HHB’s VHIS Office - www.vhis.gov.hk) and are not subject to the ward class adjustment factor; and
 - no benefit shall be payable under ‘enhanced benefits’ and item (i) (Smart Plan) / items (i)-(ii) (Advance Plan) of ‘other benefits’ as stated in the Benefit Schedule.
- c) For any eligible expenses and/or other expenses charged by any hospitals in mainland China, if such hospitals are elite hospitals under the list of designated hospitals in mainland China mentioned above,
 - the ‘basic benefits’ and items (i)-(ix) and (xi)-(xiv) of ‘enhanced benefits’ payable as stated in the Benefit Schedule are subject to 90% adjustment factor and the ward class adjustment factor (if applicable) as stated in ‘Limitation on choice of ward class’ section below;
 - no benefit shall be payable under item (x) of ‘enhanced benefits’ as stated in the Benefit Schedule; and
 - item (i) of ‘other benefits’ payable as stated in the Benefit Schedule shall not be subject to 90% adjustment factor as mentioned above.
- d) For the avoidance of doubt, in respect of any eligible expenses and/or other expenses charged by any hospitals in mainland China, if such hospitals are under the list of designated hospitals in mainland China mentioned above but not elite hospitals, such eligible expenses and/or other expenses shall be payable in accordance with the policy provisions.
- e) The list of designated hospitals in mainland China may be varied, updated and amended from time to time at the Company’s discretion. Any change shall be deemed as effective as of the effective date as stated on the list, and policy holder and/or insured person is recommended to refer to the Company’s website set out above for the latest list before admission to the hospital.

iii. Limitation on choice of ward class

If the ward class of the confinement (or confinement in respect of the living donor in the context under item (x) of ‘enhanced benefits’ as stated in the Benefit Schedule) is of a class higher than the designated ward class, any benefits payable under items (a)-(j) and (l) of ‘basic benefits’ and items (i)-(iii), (viii), (x) and (xii) of ‘enhanced benefits’ as stated in the Benefit Schedule are subject to the following ward class adjustment factor:

Designated ward class	Ward class of the confinement (or confinement in respect of the living donor in the context under item (x) of ‘enhanced benefits’ as stated in the Benefit Schedule)	Ward class adjustment factor
Standard private room	Above standard private room	25%
Semi-private room	Standard private room	50%
Semi-private room	Above standard private room	25%
General ward	Semi-private room	50%
General ward	Standard private room or above	25%

The ward class adjustment factor shall not be applied if the reason of the confinement in a ward class being higher than the designated ward class does not involve personal preference of the policy holder and/or the insured person, and is due to:

- the absence of available room of the designated ward class because of room shortage in case of emergency treatment;
- medical condition(s) that require a specific class of room for isolation reasons; or
- any other medically necessary reasons.

What we have said above is an outline of the circumstances under which we will not pay or we will adjust the policy benefits. You should see the policy provisions for the exact terms and conditions and pay particular attention to those terms including but not limited to the clauses on ‘pre-existing condition(s)’, ‘claim provisions’ and the definitions of ‘policy effective date’, ‘medically necessary’ and ‘reasonable and customary’ charges.

In this product leaflet, ‘you’ and ‘your’ refer to the policyholder. ‘Manulife’, ‘the Company’, ‘we’, ‘us’ and ‘our’ refer to Manulife (International) Limited (incorporated in Bermuda with limited liability), which is a VHIS provider.

You should not buy this product unless you fully understand the product features and risks. For more information, please visit our website www.manulife.com.hk or contact your Manulife insurance advisor or call our customer service hotline on (852) 2510 3383. 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 policy holders 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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