

Manulife First VHIS Flexi Plan

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Manulife First VHIS Flexi Plan

Illness and injury often strike without warning and leave you unprepared. Would you be willing to lose a large portion of your savings as a result of the medical expenses incurred? Given the rising medical costs and the strain on public healthcare resources, you might also find your group medical coverage not sufficient to meet your needs. That's why you need to plan ahead and protect your financial stability. The Voluntary Health Insurance Scheme ('VHIS') can help take care of the protection needs for yourself and your family.

In addition to the VHIS Standard Plan, Manulife offers the VHIS Flexi Plan to bring you enhanced protection. **Manulife First VHIS Flexi Plan** ('Manulife First' or the plan) is an indemnity hospital insurance product designed for medical expenses reimbursements. It is a VHIS Flexi Plan certified by Health Bureau of the Government of the Hong Kong Special Administrative Region ('HKB'). The plan is guaranteed renewable annually throughout the lifetime of the insured person. On top of dedicated protection, the plan gives you the flexibility to choose the coverage that best suits your needs. You may also enjoy premium discounts as a reward for living a healthy lifestyle. What's more, you can apply for tax deduction for the premiums paid.

Manulife First VHIS Flexi 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. To view the policy provisions, please visit our website www.manulife.com.hk. You can ask us for a copy.

Features highlights



**Dedicated protection
along the way**



**Flexibility to suit
your needs**



**Claimable amount
estimate to help you
plan better**



**Up to 100% coverage
with preliminary
assessment**



**Rewards for
staying healthy**



**Tax deduction offers
extra savings**





Dedicated protection along the way

Manulife First is a lifelong renewable medical plan offering reimbursements for the medical expenses incurred as a result of an illness or injury. A wide range of benefits, covering diagnostic tests to post-treatment care, are provided under the plan to support you through your recovery journey:

1. Hospitalization benefits

Charges for room and board, doctor's visit, specialist's fee, intensive care, etc.

2. Diagnostic benefits

Advanced diagnostic imaging tests on inpatient and outpatient basis (see note 1), including CT scan, MRI scan, PET scan, etc.

3. Surgical benefits

Surgeries on inpatient and outpatient basis

4. Pre- and post-treatment benefits

Outpatient visit, including physiotherapy, occupational therapy, etc.

5. Non-surgical cancer treatments benefits

Chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy

6. Enhanced benefit coverage

Isolation room, hospital companion bed, outpatient kidney dialysis, post-confinement home nursing and emergency outpatient care

The above is a highlight of the benefits offered under the plan. Please refer to the Benefit Schedule below and the policy provisions for more details.



Flexibility to suit your needs

We understand protection needs vary from person to person. So we provide you with the flexibility to choose the coverage that best meets your needs and budget.

Under Manulife First, there are 3 ward classes for you to choose from:

Ward

Semi-private Room

Private Room

Each ward class offers you different level of coverage.

Besides, you can opt for additional reimbursements by choosing the following supplementary medical benefit:

- **Major Medical**
- **Major Medical Plus**

In case the eligible medical expenses incurred exceed the respective benefit limits of the designated benefits stated in the Benefit Schedule, the above supplementary medical benefit will provide additional reimbursements for the part in excess ('eligible excess expenses'), giving you extra safety net against the financial burden.

For details of the benefits under different ward classes and supplementary medical benefit, please refer to the Benefit Schedule below.



Claimable amount estimate to help you plan better

In the event of an unexpected illness or injury, you would understandably be concerned about its financial impact and whether your medical insurance would be sufficient to cover the medical expenses. With Manulife First, in case the insured person needs to undergo a non-emergency surgical procedure, you can send us the estimated charges from the medical provider. We will then give you an upfront claimable amount estimate with reference to your coverage under Manulife First (see note 2), so you can make the necessary financial preparations, then focus on your treatment and recovery.



Up to 100% coverage with preliminary assessment

To give you real peace of mind, if you have a Manulife First policy with supplementary medical benefit and have obtained a preliminary assessment from us before receiving medical services, you may be reimbursed up to 100% of the eligible excess expenses where the 20% supplementary medical coinsurance will be waived (see note 3). This applies to the medical treatments and services received at any Hong Kong medical providers of your choice.



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 on the premium due and payable in the following policy year after the no claim period (excluding premiums for any supplementary benefit(s)) (see notes 4 and 5). Please refer to the following table for the health discount you will receive:

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



Tax deduction offers extra savings

(see notes 5 and 6)

Hong Kong residents can apply for tax deduction on the premiums paid for Manulife First. The relevant premiums paid by the policy holder for the coverage for himself/herself and his/her specified family member(s) (see note 6) can be applied 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 estimation on your tax savings with our Tax Savings Calculator!





Coverage on unknown pre-existing conditions starts after 30 days

Any unknown pre-existing conditions (see note 7) of the insured person 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	Protection for unknown pre-existing conditions (% of eligible medical expenses incurred)
First 30 days	0%
31st day onwards	100%

Besides, the 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 8).



Extend your protection for added peace of mind

You can attach Outpatient Benefit (see note 9), a supplementary benefit to Manulife First to complement your coverage. For details, please refer to the relevant product leaflet.

Migration to Manulife's VHIS plan

If you are a policyholder of a designated Manulife medical protection insurance plan/benefit, you may choose to migrate your existing plan/benefit to our 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.

Other value-added services

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

Cashless day surgery eService

If you take up a Manulife First with supplementary medical benefit, you can select a suitable doctor from our specialist network for a consultation and apply for pre-approval for designated day surgeries. We will then pay the approved medical expenses on your behalf (see note 10).






International medical assistance

You may opt for the international medical assistance services (see note 11) without incurring additional premium. In the event of an emergency when travelling abroad, you can simply call the 24-hour alarm centre hotline for assistance.

Join ManulifeMOVE for free and enjoy a premium discount of up to 10%!

As the insured person of Manulife First, 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% (see notes 5 and 12) on Manulife First 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.

Plan at a glance

Manulife First VHIS Flexi Plan



Product objective & nature

An indemnity hospital insurance product for customers with medical insurance needs. A VHIS Flexi Plan certified by the HHB.



Product type

Standalone basic plan



Plan choice

1. Manulife First VHIS Flexi Plan (Ward)
2. Manulife First VHIS Flexi Plan (Ward) with Major Medical
3. Manulife First VHIS Flexi Plan (Ward) with Major Medical Plus
4. Manulife First VHIS Flexi Plan (Semi-private Room)
5. Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical
6. Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical Plus
7. Manulife First VHIS Flexi Plan (Private Room)
8. Manulife First VHIS Flexi Plan (Private Room) with Major Medical
9. Manulife First VHIS Flexi Plan (Private Room) with Major Medical Plus



Product coverage

Coverage is limited to reasonable and customary expenses for medically necessary services. Please refer to the Benefit Schedule below and policy provisions for details.



Annual benefit limit

Nil



Lifetime benefit limit

Nil



Geographical coverage

Worldwide (except psychiatric treatment (see remark 5 under the Benefit Schedule) and supplementary medical benefit (see remarks 14 and 15 under the Benefit Schedule))



Choice of medical provider

No restriction



Choice of ward class

No restriction (except supplementary medical benefit (see remarks 13 and 15 under the Benefit Schedule))



Coinsurance

- 30% coinsurance applies to prescribed diagnostic imaging tests (see note 1)
- 20% coinsurance applies to supplementary medical benefit (see note 1, and remarks 15 and 16 under the Benefit Schedule), except for medical services received in Hong Kong with preliminary assessment issued by the Company.



Benefit term

The coverage period is 1 year. Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium (see note 13).



Premium payment period

Premiums are payable for each policy year throughout the lifetime of the insured person. Premiums are not guaranteed (see note 13).



Premium payment mode

Annually / Semi-annually / Quarterly / Monthly



Issue age

15 days – 80 years old (attained age)



Policy currency

HKD



Premium information

Please visit manulife.com.hk or contact our insurance advisor for a copy of the standard premium schedule.



Optional service / supplementary benefit

- Free international medical assistance service (see note 11)
- Outpatient Benefit (see note 9)

Benefit Schedule — Ward

Plan	Manulife First VHIS Flexi Plan (Ward)	Manulife First VHIS Flexi Plan (Ward) with Major Medical	Manulife First VHIS Flexi Plan (Ward) with Major Medical Plus
	(certification no.: F00019-01-000-03)	(certification no.: F00019-01-001-03)	(certification no.: F00019-01-002-03)
Designated ward class	Ward		
Benefit items ⁽¹⁾	Benefit limit (in HK\$)		
I. Basic benefits			
(a) Room and board	HK\$1,200 per day (Maximum 180 days per policy year)		
(b) Miscellaneous charges	HK\$15,000 per policy year		
(c) Attending doctor’s visit fee	HK\$900 per day (Maximum 180 days per policy year)		
(d) Specialist’s fee ⁽²⁾	HK\$4,300 per policy year		
(e) Intensive care	HK\$4,200 per day (Maximum 25 days per policy year)		
(f) Surgeon’s fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures: Complex HK\$52,500 Major HK\$26,250 Intermediate HK\$13,125 Minor HK\$5,250		
(g) Anaesthetist’s fee	35% of surgeon’s fee payable ⁽⁶⁾		
(h) Operating theatre charges	35% of surgeon’s fee payable ⁽⁶⁾		
(i) Prescribed diagnostic imaging tests ^{(2) (3)}	HK\$25,000 per policy year (Subject to 30% coinsurance)		
(j) Prescribed non-surgical cancer treatments ⁽⁴⁾	HK\$100,000 per policy year		
(k) Pre- and post- confinement/day case procedure outpatient care ⁽²⁾	HK\$1,100 per visit (up to HK\$16,000 per policy year) • 1 prior outpatient visit or emergency consultation per confinement/day case procedure • 10 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		
(l) Psychiatric treatments ⁽⁵⁾	HK\$30,000 per policy year		
II. Other benefits			
(a) Special bonus ⁽⁷⁾	HK\$300 per day of confinement (Maximum 180 days per policy year)		
(b) Compassionate death benefit	HK\$10,000		
(c) Accidental death benefit	HK\$10,000		
(d) Medical negligence benefit ⁽⁸⁾	HK\$100,000		
III. Enhanced benefits			
(a) Isolation room ⁽⁹⁾	HK\$1,100 per day (Maximum 180 days per policy year)		
(b) Hospital companion bed ⁽¹⁰⁾	Full cover per day (Maximum 180 days per policy year)		
(c) Outpatient kidney dialysis	HK\$90,000 per policy year		
(d) Post-confinement home nursing ⁽²⁾	HK\$660 per visit (up to HK\$13,000 per policy year) • 15 follow-up nursing visits at home per confinement (within 90 days after discharge from hospital)		
(e) Emergency outpatient care	HK\$6,600 per policy year		

Plan	Manulife First VHIS Flexi Plan (Ward) (certification no.: F00019-01-000-03)	Manulife First VHIS Flexi Plan (Ward) with Major Medical (certification no.: F00019-01-001-03)	Manulife First VHIS Flexi Plan (Ward) with Major Medical Plus (certification no.: F00019-01-002-03)
(f) Supplementary medical benefit ^{(11) (12) (13) (14)}	Nil	Supplementary medical benefit shall be payable for the eligible excess expenses of the following benefit items – <ul style="list-style-type: none"> I. Basic benefits (a) – (h); and III. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical coinsurance ⁽¹⁵⁾ and <ul style="list-style-type: none"> up to – <ul style="list-style-type: none"> Before age 76: HK\$100,000 per disability ⁽¹⁶⁾ per policy year On or after age 76: HK\$105,000 per disability ⁽¹⁶⁾ per policy year 	Supplementary medical benefit shall be payable for the eligible excess expenses of the following benefit items – <ul style="list-style-type: none"> I. Basic benefits (a) – (h); and III. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical coinsurance ⁽¹⁵⁾ and <ul style="list-style-type: none"> up to – <ul style="list-style-type: none"> Before age 76: HK\$175,000 per disability ⁽¹⁶⁾ per policy year On or after age 76: HK\$183,750 per disability ⁽¹⁶⁾ per policy year
(i) Miscellaneous charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (b)	
(ii) Specialist's fee ⁽²⁾	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (d)	
(iii) Surgeon's fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (f)	
(iv) Anaesthetist's fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (g)	
(v) Operating theatre charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (h)	
(vi) Emergency outpatient care	Nil	Payable after exceeding the benefit limit as stated under III. Enhanced benefits (e)	
(vii) Room and board	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (a), subject to HK\$1,200 per day	
(viii) Attending doctor's visit fee	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (c), subject to HK\$900 per day	
(ix) Intensive care	Nil	Payable after exceeding the limit on the number of days (i.e. 25 days per policy year) as stated under I. Basic benefits (e), subject to HK\$4,200 per day	

Other limits

Annual benefit limit for benefit items Nil
I. Basic benefits (a) – (l),
II. Other benefits (a) – (d) and
III. Enhanced benefits (a) – (f)

Lifetime benefit limit for benefit items Nil
I. Basic benefits (a) – (l),
II. Other benefits (a) – (d) and
III. Enhanced benefits (a) – (f)

Please refer to page 15 for the remarks of the Benefit Schedule.

Benefit Schedule — Semi-private Room

Plan	Manulife First VHIS Flexi Plan (Semi-private Room) (certification no.: F00019-02-000-03)	Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical (certification no.: F00019-02-001-03)	Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical Plus (certification no.: F00019-02-002-03)
Designated ward class	Semi-private room		
Benefit items ⁽¹⁾	Benefit limit (in HK\$)		
I. Basic benefits			
(a) Room and board	HK\$2,500 per day (Maximum 180 days per policy year)		
(b) Miscellaneous charges	HK\$21,000 per policy year		
(c) Attending doctor's visit fee	HK\$1,900 per day (Maximum 180 days per policy year)		
(d) Specialist's fee ⁽²⁾	HK\$6,000 per policy year		
(e) Intensive care	HK\$5,600 per day (Maximum 25 days per policy year)		
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures: <div><div>Complex</div><div>HK\$73,500</div><div>Major</div><div>HK\$36,750</div><div>Intermediate</div><div>HK\$18,375</div><div>Minor</div><div>HK\$7,350</div></div>		
(g) Anaesthetist's fee	35% of surgeon's fee payable ⁽⁶⁾		
(h) Operating theatre charges	35% of surgeon's fee payable ⁽⁶⁾		
(i) Prescribed diagnostic imaging tests ⁽²⁾ ⁽³⁾	HK\$30,000 per policy year (Subject to 30% coinsurance)		
(j) Prescribed non-surgical cancer treatments ⁽⁴⁾	HK\$150,000 per policy year		
(k) Pre- and post- confinement/day case procedure outpatient care ⁽²⁾	HK\$1,400 per visit (up to HK\$20,000 per policy year) <ul style="list-style-type: none">• 1 prior outpatient visit or emergency consultation per confinement/day case procedure• 10 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		
(l) Psychiatric treatments ⁽⁵⁾	HK\$35,000 per policy year		
II. Other benefits			
(a) Special bonus ⁽⁷⁾	HK\$600 per day of confinement (Maximum 180 days per policy year)		
(b) Compassionate death benefit	HK\$10,000		
(c) Accidental death benefit	HK\$10,000		
(d) Medical negligence benefit ⁽⁸⁾	HK\$100,000		
III. Enhanced benefits			
(a) Isolation room ⁽⁹⁾	HK\$2,300 per day (Maximum 180 days per policy year)		
(b) Hospital companion bed ⁽¹⁰⁾	Full cover per day (Maximum 180 days per policy year)		
(c) Outpatient kidney dialysis	HK\$135,000 per policy year		
(d) Post-confinement home nursing ⁽²⁾	HK\$960 per visit (up to HK\$19,000 per policy year) <ul style="list-style-type: none">• 15 follow-up nursing visits at home per confinement (within 90 days after discharge from hospital)		
(e) Emergency outpatient care	HK\$11,000 per policy year		

Plan	Manulife First VHIS Flexi Plan (Semi-private Room) (certification no.: F00019-02-000-03)	Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical (certification no.: F00019-02-001-03)	Manulife First VHIS Flexi Plan (Semi-private Room) with Major Medical Plus (certification no.: F00019-02-002-03)
(f) Supplementary medical benefit ^{(11) (12) (13) (14)}	Nil	Supplementary medical benefit shall be payable for the eligible excess expenses of the following benefit items – <ul style="list-style-type: none"> I. Basic benefits (a) – (h); and III. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical coinsurance ⁽¹⁵⁾ and up to – <ul style="list-style-type: none"> Before age 76: HK\$160,000 per disability ⁽¹⁶⁾ per policy year On or after age 76: HK\$168,000 per disability ⁽¹⁶⁾ per policy year 	Supplementary medical benefit shall be payable for the eligible excess expenses of the following benefit items – <ul style="list-style-type: none"> I. Basic benefits (a) – (h); and III. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical coinsurance ⁽¹⁵⁾ and up to – <ul style="list-style-type: none"> Before age 76: HK\$305,000 per disability ⁽¹⁶⁾ per policy year On or after age 76: HK\$320,250 per disability ⁽¹⁶⁾ per policy year
(i) Miscellaneous charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (b)	
(ii) Specialist's fee ⁽²⁾	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (d)	
(iii) Surgeon's fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (f)	
(iv) Anaesthetist's fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (g)	
(v) Operating theatre charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (h)	
(vi) Emergency outpatient care	Nil	Payable after exceeding the benefit limit as stated under III. Enhanced benefits (e)	
(vii) Room and board	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (a), subject to HK\$2,500 per day	
(viii) Attending doctor's visit fee	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (c), subject to HK\$1,900 per day	
(ix) Intensive care	Nil	Payable after exceeding the limit on the number of days (i.e. 25 days per policy year) as stated under I. Basic benefits (e), subject to HK\$5,600 per day	

Other limits

Annual benefit limit for benefit items	Nil
I. Basic benefits (a) – (l),	
II. Other benefits (a) – (d) and	
III. Enhanced benefits (a) – (f)	

Lifetime benefit limit for benefit items	Nil
I. Basic benefits (a) – (l),	
II. Other benefits (a) – (d) and	
III. Enhanced benefits (a) – (f)	

Please refer to page 15 for the remarks of the Benefit Schedule.

Benefit Schedule — Private Room

Plan	Manulife First VHIS Flexi Plan (Private Room) (certification no.: F00019-03-000-03)	Manulife First VHIS Flexi Plan (Private Room) with Major Medical (certification no.: F00019-03-001-03)	Manulife First VHIS Flexi Plan (Private Room) with Major Medical Plus (certification no.: F00019-03-002-03)								
Designated ward class	Private room										
Benefit items ⁽¹⁾	Benefit limit (in HK\$)										
I. Basic benefits											
(a) Room and board	HK\$4,500 per day (Maximum 180 days per policy year)										
(b) Miscellaneous charges	HK\$35,000 per policy year										
(c) Attending doctor’s visit fee	HK\$3,900 per day (Maximum 180 days per policy year)										
(d) Specialist’s fee ⁽²⁾	HK\$12,000 per policy year										
(e) Intensive care	HK\$10,000 per day (Maximum 25 days per policy year)										
(f) Surgeon’s fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures: <table><tr><td>Complex</td><td>HK\$105,000</td><td>Major</td><td>HK\$52,500</td></tr><tr><td>Intermediate</td><td>HK\$26,250</td><td>Minor</td><td>HK\$10,500</td></tr></table>			Complex	HK\$105,000	Major	HK\$52,500	Intermediate	HK\$26,250	Minor	HK\$10,500
Complex	HK\$105,000	Major	HK\$52,500								
Intermediate	HK\$26,250	Minor	HK\$10,500								
(g) Anaesthetist’s fee	35% of surgeon’s fee payable ⁽⁶⁾										
(h) Operating theatre charges	35% of surgeon’s fee payable ⁽⁶⁾										
(i) Prescribed diagnostic imaging tests ^{(2) (3)}	HK\$35,000 per policy year (Subject to 30% coinsurance)										
(j) Prescribed non-surgical cancer treatments ⁽⁴⁾	HK\$225,000 per policy year										
(k) Pre- and post- confinement/day case procedure outpatient care ⁽²⁾	HK\$2,000 per visit (up to HK\$29,000 per policy year) • 1 prior outpatient visit or emergency consultation per confinement/day case procedure • 10 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)										
(l) Psychiatric treatments ⁽⁵⁾	HK\$40,000 per policy year										
II. Other benefits											
(a) Special bonus ⁽⁷⁾	HK\$1,200 per day of confinement (Maximum 180 days per policy year)										
(b) Compassionate death benefit	HK\$10,000										
(c) Accidental death benefit	HK\$10,000										
(d) Medical negligence benefit ⁽⁸⁾	HK\$100,000										
III. Enhanced benefits											
(a) Isolation room ⁽⁹⁾	HK\$4,000 per day (Maximum 180 days per policy year)										
(b) Hospital companion bed ⁽¹⁰⁾	Full cover per day (Maximum 180 days per policy year)										
(c) Outpatient kidney dialysis	HK\$200,000 per policy year										
(d) Post-confinement home nursing ⁽²⁾	HK\$1,760 per visit (up to HK\$35,000 per policy year) • 15 follow-up nursing visits at home per confinement (within 90 days after discharge from hospital)										
(e) Emergency outpatient care	HK\$15,000 per policy year										

Plan	Manulife First VHIS Flexi Plan (Private Room) (certification no.: F00019-03-000-03)	Manulife First VHIS Flexi Plan (Private Room) with Major Medical (certification no.: F00019-03-001-03)	Manulife First VHIS Flexi Plan (Private Room) with Major Medical Plus (certification no.: F00019-03-002-03)
(f) Supplementary medical benefit ^{(11) (12) (13) (14)}	Nil	Supplementary medical benefit shall be payable for the eligible excess expenses of the following benefit items – <ul style="list-style-type: none">I. Basic benefits (a) – (h); andIII. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical coinsurance ⁽¹⁵⁾ and up to – <ul style="list-style-type: none">Before age 76: HK\$250,000 per disability ⁽¹⁶⁾ per policy yearOn or after age 76: HK\$262,500 per disability ⁽¹⁶⁾ per policy year	
(i) Miscellaneous charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (b)	
(ii) Specialist’s fee ⁽²⁾	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (d)	
(iii) Surgeon’s fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (f)	
(iv) Anaesthetist’s fee	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (g)	
(v) Operating theatre charges	Nil	Payable after exceeding the benefit limit as stated under I. Basic benefits (h)	
(vi) Emergency outpatient care	Nil	Payable after exceeding the benefit limit as stated under III. Enhanced benefits (e)	
(vii) Room and board	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (a), subject to HK\$4,500 per day	
(viii) Attending doctor’s visit fee	Nil	Payable after exceeding the limit on the number of days (i.e. 180 days per policy year) as stated under I. Basic benefits (c), subject to HK\$3,900 per day	
(ix) Intensive care	Nil	Payable after exceeding the limit on the number of days (i.e. 25 days per policy year) as stated under I. Basic benefits (e), subject to HK\$10,000 per day	

Other limits

Annual benefit limit for benefit items	Nil
I. Basic benefits (a) – (l),	
II. Other benefits (a) – (d) and	
III. Enhanced benefits (a) – (f)	

Lifetime benefit limit for benefit items	Nil
I. Basic benefits (a) – (l),	
II. Other benefits (a) – (d) and	
III. Enhanced benefits (a) – (f)	

Remarks:

- (1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, except the excess amount eligible under supplementary medical benefit (if applicable) and isolation room.
- (2) 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.
- (3) 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.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) This benefit shall be payable for the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist.
- (6) The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorization, whichever is the lower.
- (7) This benefit shall be payable as an extra cash bonus if a claim in respect of the eligible expenses incurred during a confinement is payable under the terms and benefits, and either (a) such eligible expenses have been fully reimbursed under any other hospital reimbursement plans provided by any insurance company(ies) other than the Company; or (b) the Company reimburses such eligible expenses after any reimbursement has been paid under any other hospital reimbursement plans provided by any insurance company(ies) other than the Company.
- (8) The medical negligence benefit is payable in addition to compassionate death benefit. For details of the conditions of medical negligence benefit, please see the policy provisions.
- (9) Provided that room and board under I. Basic benefits (a) is payable.
- (10) Provided that room and board or intensive care under I. Basic benefits (a) or (e) is payable.
- (11) For details, please refer to the 'Supplementary medical benefit' section in the Supplement for Enhanced Benefits.
- (12) The ward class adjustment factor shall be applied to the calculation of the benefit when the ward class of the confinement is of a class higher than the designated ward class.

Designated ward class	Ward class of the confinement	Ward class adjustment factor
Ward	Private room or above	25%
Ward	Semi-private room	50%
Semi-private room	Private room or above	50%
Private room	Above private room	50%

If the reason of the confinement in a higher ward class does not involve personal preference of the policy holder and/or the insured person, the ward class adjustment factor shall not be applied.

- (13) The location adjustment factor shall be applied to the calculation of the benefit for any eligible excess expenses incurred outside Asia.
 - Eligible excess expenses incurred outside Asia (excluding the United States of America): 75%
 - Eligible excess expenses incurred in the United States of America: 50%
- (14) This benefit shall be payable according to the following formula, subject to the limit of this benefit for each disability in a policy year (subject to 'Benefit limits for supplementary medical benefit' section) as stated in the Benefit Schedule:

$$\left(\begin{array}{c} \text{Eligible excess} \\ \text{expenses} \end{array} \times \begin{array}{c} (1 - \text{Supplementary} \\ \text{medical coinsurance}) \\ \text{(if applicable)} \end{array} \times \begin{array}{c} \text{Ward class} \\ \text{adjustment factor} \\ \text{(if applicable)} \end{array} \times \begin{array}{c} \text{Location} \\ \text{adjustment factor} \\ \text{(if applicable)} \end{array} \right)$$

- (15) No supplementary medical coinsurance shall be applied if the medical services are received in Hong Kong and preliminary assessment is issued by the Company.
- (16) Any medical service involving more than 1 disability within the same policy year shall be subject to 1 benefit limit for supplementary medical benefit. The benefit limit shall be counted anew for each medical service concerning the same disability in the same policy year provided that the relevant medical service performed on the insured person does not occur within 90 consecutive days following the last date of the previous medical service in relation to the same disability. For details, please refer to 'Benefit limits for supplementary medical benefit' section in the Supplement for Enhanced Benefits.

Enhanced benefits of Manulife First VHIS Flexi Plan compared to Manulife Shelter VHIS Standard Plan



Higher benefit limit

Benefits with higher benefit limit include:

- I. Basic benefits (a) – (l) under the Benefit Schedule*; and
- II. Other benefits (a) under the Benefit Schedule

* Not applicable to I. Basic benefits (d), (j) and (l) under the ward level.



Enhanced benefit items

Newly-added benefit items include:

- III. Enhanced Benefits (a) isolation room, (b) hospital companion bed, (c) outpatient kidney dialysis, (d) post-confinement home nursing, (e) emergency outpatient care and (f) supplementary medical benefit (optional – with choices of Major Medical and Major Medical Plus) under the Benefit Schedule



No annual benefit limit

- For benefit items (a) – (l) under I. Basic Benefits in the Benefit Schedule, no overall annual benefit limit other than their itemized benefit limits



Coverage on unknown pre-existing conditions starts 30 days after policy commences



1

Illustrative example

How does supplementary medical benefit work on Manulife First?

Mr Lee, age 50, is a restaurant owner. He purchased **Manulife First VHIS Flexi Plan (Ward) with Major Medical** to safeguard his health.

Two years later, he experienced serious headache and was referred to take a magnetic resonance imaging (MRI) scan. He was diagnosed with a brain tumour and was advised to undergo craniotomy (complex surgery) to remove the tumour.

Later in the same policy year, Mr Lee suffered from upper abdominal pain. He was diagnosed with gall stones and was advised to receive laparoscopic cholecystectomy (major surgery).

Medical services to be received	Benefit limit (as stated in the Benefit Schedule)	Actual medical expenses Disability 1 (Brain tumour)	Actual medical expenses Disability 2 (Gall stones)
1. Prescribed diagnostic imaging tests	HK\$25,000 per policy year (subject to 30% coinsurance)	HK\$20,000 (MRI scan)	—
2. Room and board	HK\$1,200 per day (Max. 180 days per policy year)	HK\$7,200 (HK\$1,200 x 6 days)	HK\$3,600 (HK\$1,200 x 3 days)
3. Miscellaneous charges	HK\$15,000 per policy year	HK\$45,500	HK\$24,811
4. Attending doctor's visit fee	HK\$900 per day (Max. 180 days per policy year)	HK\$6,300 (HK\$900 x 7 days)	HK\$3,600 (HK\$900 x 4 days)
5. Surgeon's fee	HK\$52,500 (complex surgery) HK\$26,250 (major surgery)	HK\$89,700 (complex surgery)	HK\$35,000 (major surgery)
6. Anaesthetist's fee	35% of surgeon's fee payable	HK\$35,000	HK\$10,500
7. Operating theatre charges	35% of surgeon's fee payable	HK\$34,050	HK\$7,834
Total		HK\$237,750	HK\$85,345
		HK\$323,095 (disabilities 1 & 2)	
Medical expenses reimbursable under the basic benefits (subject to the respective benefit limits)		HK\$131,750 Item 1: HK\$14,000 after deduction of 30% coinsurance (HK\$6,000) + Item 2-7: HK\$117,750	HK\$50,471.5
Eligible excess expenses (under supplementary medical benefit)		Item 2-7: HK\$100,000	HK\$34,873.5

(The above example is hypothetical and is made under the assumption that no claim had been made previously under this plan before Mr Lee's diagnoses of the above disabilities. The example is for illustrative purpose only.)

With Manulife First VHIS Flexi Plan (Ward) with Major Medical, the total medical expenses that can be reimbursed are:

Scenario 1 — without preliminary assessment

	Reimbursable amount			Total reimbursable amount
	Under basic benefits	Under supplementary medical benefits		
	Medical expenses	Eligible excess expenses	$(1 - \text{coinsurance \% (i.e. 20\%)})$	
Disability 1 (Brain tumour)	HK\$131,750	HK\$100,000	80%	= HK\$211,750
Disability 2 (Gall stones)	HK\$50,471.5	HK\$34,873.5	80%	= HK\$78,370.3

The sum of HK\$290,120.3 (HK\$211,750 + HK\$78,370.3) can be reimbursed under the plan.

Scenario 2 – with preliminary assessment

Mr Lee has obtained preliminary assessment from the Company before receiving medical services.

	Reimbursable amount			Total reimbursable amount
	Under basic benefits	Under supplementary medical benefits		
	Medical expenses	+	$\left(\begin{array}{l} \text{Eligible excess} \\ \text{expenses} \end{array} \times \begin{array}{l} (1 - \text{coinsurance \%} \\ \text{(i.e. 0\%)}) \end{array} \right)$	
Disability 1 (Brain tumour)	HK\$131,750		HK\$100,000100%	= HK\$231,750
Disability 2 (Gall stones)	HK\$50,471.5		HK\$34,873.5100%	= HK\$85,345

The sum of HK\$317,095 (HK\$231,750 + HK\$85,345) can be reimbursed under the plan.

As Mr Lee has obtained preliminary assessment from the Company before receiving medical services, the **eligible excess expenses will be fully reimbursed** under the supplementary medical benefit.







As his Manulife First policy is attached with supplementary medical benefit that offered protection **for each disability per policy year**, each disability is subject to an independent supplementary medical benefit limit in each policy year. In Mr Lee's case, even if the HK\$100,000 supplementary medical benefit limit has been exhausted on the treatment of brain tumour, it will be counted anew for treatment of gall stones.

2

Illustrative example

How is the tax deduction calculated?

Mr Wong, a Hong Kong resident, purchased a total of 6 Manulife First 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 (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 5 and 6)!



Get an estimation on your tax savings with our Tax Savings Calculator!

Note: The above figures are for illustrative and example purposes only. We assume each insured person 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 2018/19 as published by the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ('IRD'). The marginal tax rates for the year of assessment 2018/19 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.

Notes

1. Eligible expenses charged on prescribed diagnostic imaging tests shall be payable subject to 30% coinsurance to be contributed by the policy holder. Coinsurance shall mean a percentage of eligible expenses the policy holder must contribute after paying the deductible (if any) in a policy year. Coinsurance does not refer to any amount that the policy holder is required to pay if the actual expenses exceed the applicable benefit limit.
2. The claimable amount estimates are estimates only. Claim decision will depend on the submission of all supporting documents as required for claim assessment in accordance with the policy terms and conditions and benefit entitlement in the policy year. The final claimable amounts will be subject to the actual bill amounts and breakdowns as stated in the invoices or receipts issued by medical providers.
3. The policy holder should complete and submit the prescribed form for preliminary assessment to the Company at least 5 working days before the insured person receives the medical services. In the event of any variations on the medical services before the insured person receives the medical services, the policy holder should resubmit the revised prescribed form for preliminary assessment to the Company before the insured person receives the medical services. If the revised prescribed form for preliminary assessment is not submitted or approved, or if the medical services are not received in Hong Kong, 20% supplementary medical coinsurance on the eligible excess expenses will be applied. Please refer to the policy provisions for the full terms and conditions.
4. In the event that any benefit under the policy 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.
5. 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).
6. 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 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.
7. 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.
8. The benefits actually paid are subject to your policy terms and conditions, including but not limited to the case-based exclusion(s).
9. Outpatient Benefit does not form part of this VHIS certified plan. The relevant premium is not eligible for tax deduction.
10. The cashless day surgery eService does not form part of this VHIS certified plan. Eligible customers can select a suitable doctor from Manulife's specialist network for a consultation and apply for pre-approval for designated day surgeries. 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. The service is only available after the policy has been effective for 180 consecutive days. For policy issued under the VHIS migration programs offered by Manulife, this service is only available after the original coverage before migration has been effective for 180 consecutive days. This service is an administrative arrangement and is not part of the product features. Manulife reserves the right to terminate this service at any time without prior notice.
11. International medical assistance does not form part of this VHIS certified plan. This 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 providers including hospitals or any services given by the service provider. We shall not be liable for any fault, negligence and/or default in the services provided by the service provider. This service may be subject to service charges payable to and determined by the third party service provider 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 provider. The service may change from time to time. Please visit our company website (www.manulife.com.hk) for the latest emergency assistance benefits provisions for the terms and conditions of this service.
12. Manulife**MOVE** does not form part of this VHIS certified plan. Manulife**MOVE** premium discount will automatically be applied to Manulife First 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. 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.
13. The period of coverage of your policy is one 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. 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 and the 'Manulife First VHIS Flexi Plan - Standard Premium Schedule'.

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

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 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. 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 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 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'.

12. Exclusions and limitations

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 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 these terms and benefits 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 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 these terms and benefits 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
 - (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 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. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
- 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.
- 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, 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.

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 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 policy holder. '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.

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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