Manulife Supreme VHIS Flexi Plan & Manulife Supreme Lite VHIS Supplementary Benefit

Product Manual

Version Date: Jan 2025
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1. Introduction

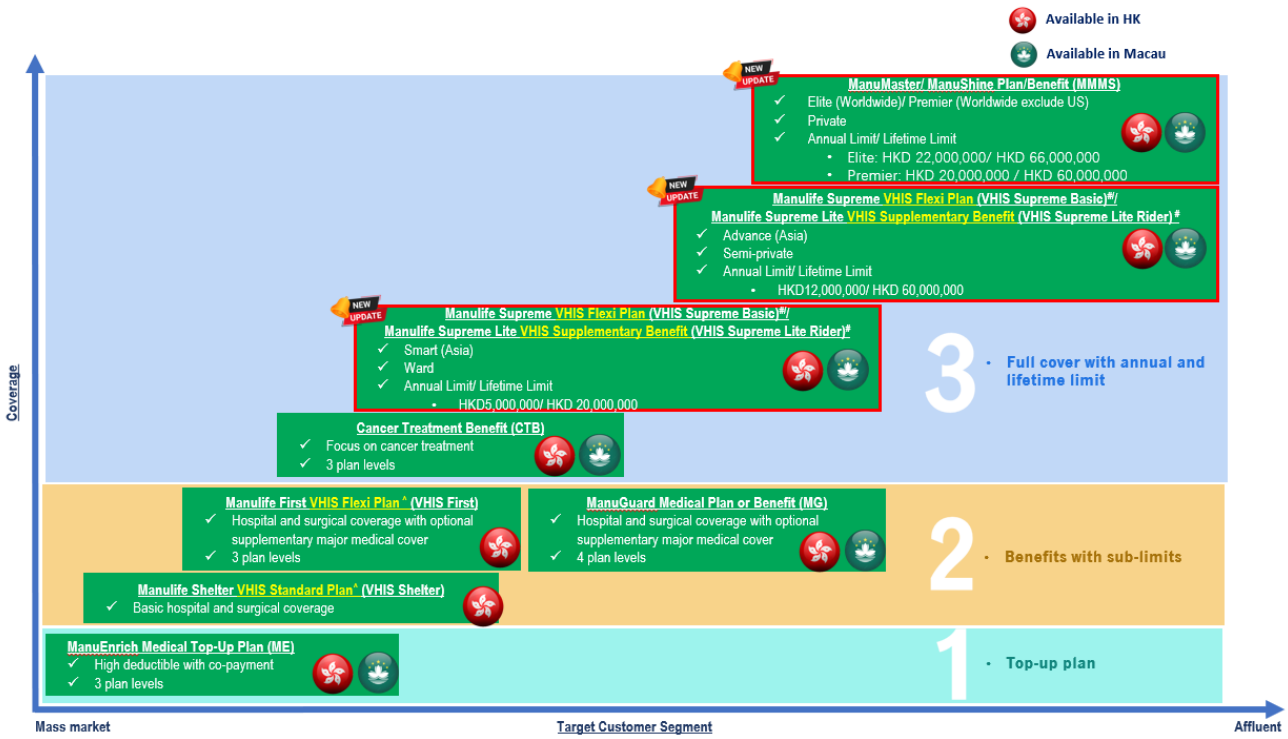
The Health Bureau of the Government of the Hong Kong Special Administrative Region ("HHB") implemented the Voluntary Health Insurance Scheme ("VHIS") with the aim to provide an alternative to public healthcare services through indemnity hospital insurance. Tax concession was also introduced to encourage purchase of VHIS products. Manulife, being the protection partner of individuals, has successfully registered as a VHIS provider and continues to provide various medical solutions to our valued customers to meet their medical needs.

The basic plan, **Manulife Supreme VHIS Flexi Plan** ("VHIS Supreme") and the new supplementary benefit, **Manulife Supreme Lite VHIS Supplementary Benefit** ("VHIS Supreme Lite") offer full coverage on major medical expenses in Asia, with 2 plan levels (i.e. Smart and Advance) and up to 5 deductible options to suit different customers' needs. Moreover, these plans offer a variety of extended medical support to take care the different needs of the insured person throughout the medical journey.

2. Target Customers

- Those who want to receive comprehensive and quality healthcare services in a timely manner when needed
- Those who have group medical insurance but are worried that the insufficient coverage or no other medical protection after leaving the company
- Those who don't have any medical insurance and are looking for a high protection medical plan with affordable premium
- For those who have accumulated certain amount of wealth, and is willing to prepare for themselves and their family members to cope with sudden and huge medical costs when misfortunes strike on them
- HK ID cardholders who can enjoy the tax deduction

3. Product Positioning [UPDATED]



Remarks:
* Hospital Income Benefit and Outpatient Benefit are not on list
^ Only applicable to HK ID cardholders
# Non-VHIS version will be provided in Macau

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4. Product Highlights

	Well-rounded lifetime protection with full cover[1] on major items • Full coverage[1] for a wide range of benefits with no sub-limits applied throughout Asia (including Australia and New Zealand) • Including but not limited to hospitalization benefits, diagnostic benefits, surgical benefits and prescribed non-surgical cancer treatments Please refer to section 5.1 for details

	Flexible options of plan levels and deductible
	• 2 plan levels: Smart and Advance
	• Up to 5 annual deductible options:
	  ○ VHIS Supreme: HK$0/8,000 (Advance only)/ 22,800/ 45,000/ 100,000
	  ○ VHIS Supreme Lite: HK$0/ 25,000/ 50,000/ 100,000 or US$0/ 3,125/ 6,250/ 12,500
	Please refer to section 5.1 for details

	Cover unknown pre-existing conditions starts after 30 days • First 30 days from the policy effective date: 0% • 31st day onwards: 100% Please refer to section 5.2 for details
	Reduction of deductible at specific age without re-underwriting • One-time option • Reduce the deductible at age 50, 55, 60, 65, 70, 75, 80 or 85 without providing any health information for re-underwriting Please refer to section 5.3 for details
	Extended Medical Support Services[2] • Claimable Amount Estimate • Cashless hospitalization, Cashless outpatient cancer treatment service, Cashless day surgery eService (HK$0/US$0 deductible only) • Holistic "Medical Professional Support Service" • International medical assistance[3]/Worldwide emergency assistance[3] services • Medical referral services Please refer to section 5.4 for details
	Rewards for staying healthy • Health Discount (VHIS Supreme only): up to 16% premium discount if no claim is made for at least 2 consecutive policy years • ManulifeMOVE[2]: up to 10% premium discount if specified activity goal is achieved Please refer to section 5.5 for details
	Tax deduction offers extra savings • Tax deduction up to a ceiling of HK$8,000 per insured person per year • No limit on the number of specified family member(s) eligible for tax deduction
	Extend the application eligibility to Macau and MCV customers • Available to Hong Kong, Macau, Mainland China or other designated place of residency

[1] 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 policy provisions for details.
[2] Cashless Hospitalization, Cashless outpatient cancer treatment service, Cashless day surgery eService (Applicable to HK$0/US$0 deductible only), Holistic "Medical Professional Support Service", International medical assistance/ Worldwide emergency assistance services, Medical referral services and ManulifeMOVE do not form part of the VHIS certified plan.
[3] For international medical assistance/ worldwide emergency assistance services, the insured person's place of permanent residence is based on his/her information when the request to use the services is made.

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5. Product Details

5.1 Benefit Schedule

Product		Manulife Supreme VHIS Flexi Plan		Manulife Supreme Lite VHIS Supplementary Benefit	
Plan Type		Basic Plan		Rider	
Plan Level		Smart	Advance	Smart	Advance
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	HK$5,000,000/ US$625,000 per Policy Year	HK$12,000,000/ US$1,500,000 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	HK$20,000,000/ US$2,500,000	HK$60,000,000/ US$7,500,000
Deductible for benefit items **I. Basic benefits (a) – (l) and** **III. Enhanced benefits (i) – (xiv)**		HK$0 /22,800/ 45,000 /100,000	HK$0/8,000/22,800 / 45,000/100,000	HK$0/25,000/50,000/100,000 or US$0/3,125/6,250/12,500	
Territorial scope of cover		Asia, including Australia and New Zealand			
Designated Ward Class	**Hong Kong, Australia and New Zealand**	General ward(1)	Semi-private room(1)	General ward(1)	Semi-private room(1)
	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)	Semi-private room(1)	Standard private room(1)
	Outside Asia (Emergency treatment only)*	Semi-private room(1)	Standard private room(1)	Semi-private room(1)	Standard private room(1)
Benefit items (2) (3)		**Benefit limit**			
I. Basic benefits					
(a) Room and board		Full cover (11)			
(b) Miscellaneous charges		Full cover (11) (12)			

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(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]			
(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: • 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/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: • 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		HK$1,000/ US$125 per day	
(ii)	**Cash benefit for Confinement in General Ward of a private Hospital [8][9]**	N/A	HK$1,000 per continuous 24 hours period (For Hong Kong and Macau private Hospitals only)	N/A	HK$1,000/ US$125 per continuous 24 hours period (For Hong Kong and Macau private Hospitals only)
(iii)	**Compassionate death benefit**	HK$80,000		HK$80,000/ US$10,000	
(iv)	**Accidental death benefit**	HK$80,000		HK$80,000/ US$10,000	

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III. Enhanced benefits		
(i) **Medical implants** (5)	Specified items (13): $800,000 per Policy Year Other items (13): $200,000 per Policy Year	Specified items (13): HK$800,000/ US$100,000 per Policy Year Other items (13): HK$200,000/ US$25,000 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	HK$1,000/ US$125 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	HK$600/ US$75 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	HK$200,000/ US$25,000 per Specific Cancer Surgery
(ix) **Rehabilitation** (4)	HK$50,000 per Policy Year	HK$50,000/ US$6,250 per Policy Year
(x) **Expenses for Living Donor Surgery**	HK$640,000 per Living Donor Surgery	HK$640,000/ US$80,000 per Living Donor Surgery
(xi) **Hospice care** (4)	HK$80,000 per Policy Year	HK$80,000/ US$10,000 per Policy Year
(xii) **Pregnancy complications** (4)	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.

VHIS Supreme and VHIS Supreme Lite provide an extensive coverage of list of designated hospitals network in mainland China, including all Grade 3 public hospitals across major cities. Insured person can enjoy medical coverage up to Benefit Schedule in Hospitals under the list of designated hospitals in mainland China. For expenses incurred in Elite Hospitals under the list of designated hospitals in mainland China, benefits payable will be adjusted to 90%, subject to terms and conditions. You are advised to check for the latest list on the Company's website before confinement or receiving medical services.

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Notes –

(1) General Ward shall mean a Hospital room with more than two (2) patient beds (not including any companion bed).
Semi-private Room shall mean a Hospital room with not more than two (2) patient beds (not including any companion bed) and a bath/shower room for sharing.
Standard Private Room shall mean a Hospital room for 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 Terms and Benefits, please contact the Company before Confinement.

(2) Unless otherwise specified, Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one (1) 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.
(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 Section 3(f) of Part 6 of the Terms and Conditions 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 Section 3(a) of Part 6 of the Terms and Conditions is payable.
(10) Provided that room and board under Section 3(a) or intensive care under Section 3(e) of Part 6 of the Terms and Conditions 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 Section 1 of Part 1 of the Supplement for Enhanced Benefits.
(13) For details, please refer to Section 1 of Part 1 of the Supplement for Enhanced Benefits.

This benefit schedule only provides information on the benefit amount covered under this Certified Plan. It does not contain full terms of the benefit items. For the exact terms and conditions that apply to this Certified Plan, please refer to the Terms and Benefits.

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5.2 Cover unknown pre-existing conditions starts after 30 days

- Pre-existing condition(s) that the policy holder and/or insured person was not aware and would not reasonably have been aware at the time of submission of application, including any updates of and changes to the required information
- Eligible expenses arising from unknown pre-existing conditions shall be payable according to the table below:

No. of days from the policy effective date	Coverage for unknown pre-existing conditions
First 30 days	0%
31st day onwards	100%

5.3 Reduction of deductible at specific age without re-underwriting

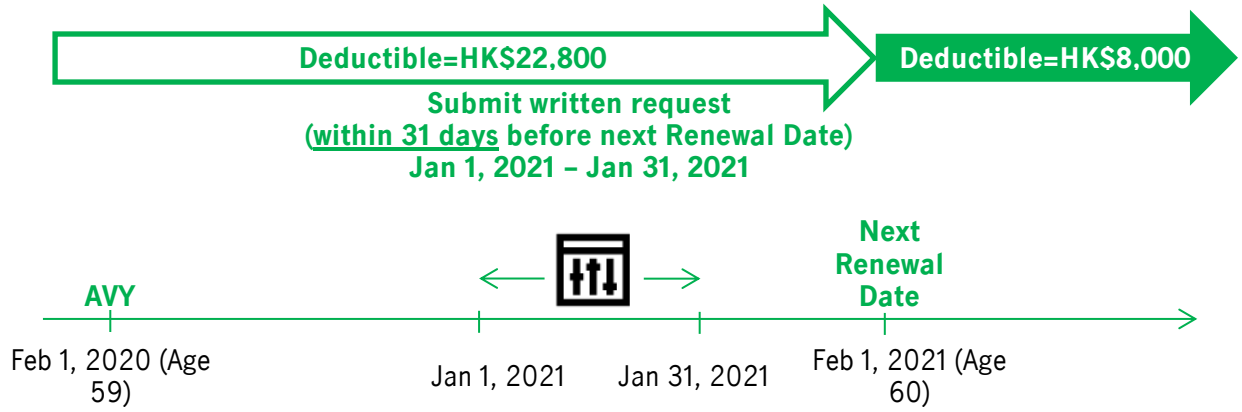
- Upon Renewal Date when the insured person's birthday nearest to such Renewal Date is of age 50, 55, 60, 65, 70, 75, 80 or 85
- One-time option to reduce the deductible to the Deductible options available at that time
- Without medical re-underwriting
- Policy Holder may submit written request to reduce the deductible within 31 days before such Renewal Date

Illustrative Example

The below illustration assumes:

- plan level = Advance;
- policy anniversary (AVY) = Feb 1, 2020; and
- Deductible = HK$22,800

The insured person is at age 59 (ANB) on Feb 1, 2020, and would like to exercise the right to **reduce the Deductible to HK$8,000** on the next Renewal Date at age 60 (ANB) **without re-underwriting**.



- Reduced Deductible (HK$8,000) will be effective from Feb 1, 2021
- The right to reduce Deductible at specific age without re-underwriting can **only be exercised once during the lifetime** of the insured person
- If the insured person wants to **further reduce the Deductible** to HK$0 after exercising this right (even at specific age mentioned above), **underwriting will be required** for such change

If the insured person wants to reduce Deductible without underwriting, he/she has to submit a written request within 31 days before the Renewal Date at specific age. Upon approval by the Company, the new Deductible will be effective from the Next Renewal Date.

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5.4 Extended Medical Support Services

Claimable Amount Estimate	• Provide an **estimate on the amount** that may be claimed under the VHIS policy before the insured person receives medical service Note: CAE is for customer's reference only. The actual claimable amount will be the final claim decision
Cashless Hospitalization	• Provide **credit arrangement before admission** when hospitalization is needed • Upon approval, we will pay the estimated approved credit amount of the eligible hospital and surgical expenses directly on your behalf
Cashless outpatient cancer treatment service	• Provide **credit arrangement** for the **chemotherapy or radiotherapy** that receive at a designated medical service provider, provided that the insured person has been diagnosed with cancer and successfully claimed hospitalization or surgical benefits under the VHIS policy • We will pay the service provider the pre-authorized amount directly on your behalf
Cashless day surgery eService (Applicable to HK$0/US$0 deductible only)	• Provide **credit arrangement before receiving designated day surgeries** within Manulife specialist network • Service covered day surgeries in **8 major specialties** • Upon approval, we will pay the estimated approved credit amount of the medical expenses directly on your behalf
Holistic "Medical Professional Support Service"	• **Healthcare Hotline** to answer the questions on health, such as treatment plan, healthy lifestyle coaching for chronic diseases • **Personalized Medical Case Manager** is assigned when the insured person diagnosed of cancer or planning to undergo designated surgeries to provide medical service provider recommendation, pre-approval service and follow up on claims-related matters
International medical assistance (for Hong Kong or Macau residents)/ Worldwide emergency assistance services (for non-Hong Kong or non-Macau residents)	• Free **24-hour alarm centre hotline** for prompt medical care in the event of an emergency when travelling abroad • Opt for the service without incurring additional premium
Medical Referral Services	• Receive **second medical opinion** from a network of leading specialist doctors in the USA • **Privileged rate** when receiving medical treatment from selected hospitals in the USA • Upon approval of any claim on a specified disability • Application for the service is required

Note:

- Claimable amount estimate, Cashless Hospitalization, Cashless outpatient cancer treatment service, Cashless day surgery eService (Applicable to HK$0/US$0 deductible only) and Holistic "Medical Professional Support Service" do not form part of the VHIS certified plan. These services are an administrative arrangement 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.
- 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 provisions 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.
- For the details of 'extended medical support services' above, please visit our company website (www.manulife.com.hk).

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5.5 Health Discount (Applicable to VHIS Supreme only)

- Enjoy premium discount if no benefit has been paid in relation to medical expenses which were incurred during the Relevant Period:

Relevant Period during which the policy must remain in force and effective ("Relevant Period")	Health Discount Percentage (%)
2 - 4 consecutive Policy Years*	8%
5+ consecutive Policy Years*	16%

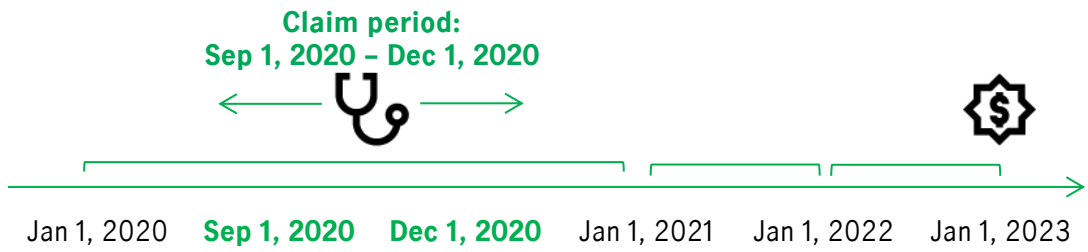
* Refers to policy years immediately prior to the premium due date

Illustrative Examples

<u>On timing:</u>
The below illustrations assume:

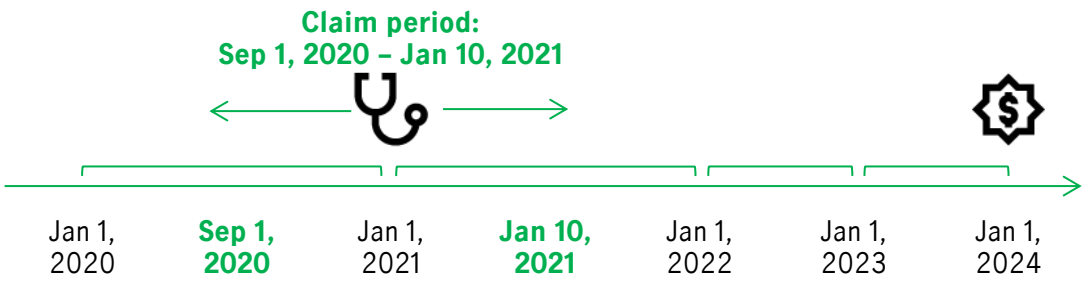
- <u>policy anniversary (AVY) = Jan 1, 2020</u>

(a) Claim within the **<u>same policy year</u>**



- Benefits paid for medical expenses incurred between Sep 2020 and Dec 2020
- No medical expenses incurred with benefits paid from Dec 2, 2020 onwards
- Relevant Period will start from Jan 1, 2021
- Enjoy 8% Health Discount in 2023

(b) Claim spans **<u>across 2 policy years</u>**



- Benefits paid for medical expenses incurred between Sep 2020 and Jan 2021
- No medical expenses incurred with benefits paid from Jan 11, 2021 onwards
- Relevant Period will start from Jan 1, 2022
- Enjoy 8% Health Discount in 2024

If claim spans across two policy years, the claim will be settled under two policy years <u>according to the actual medical expense incurred date</u>. Claim payment will be separately settled under two policy years.

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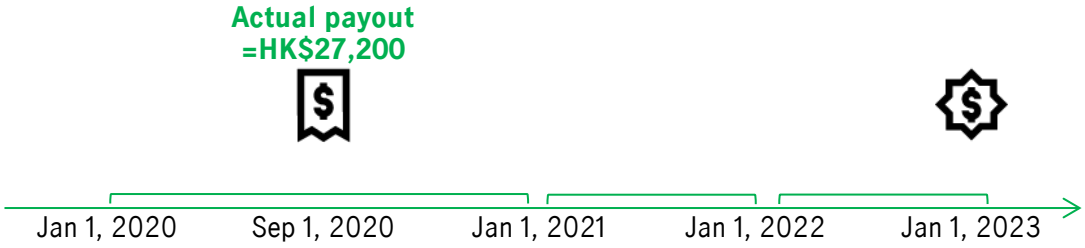
On payout:
The below illustrations assume:

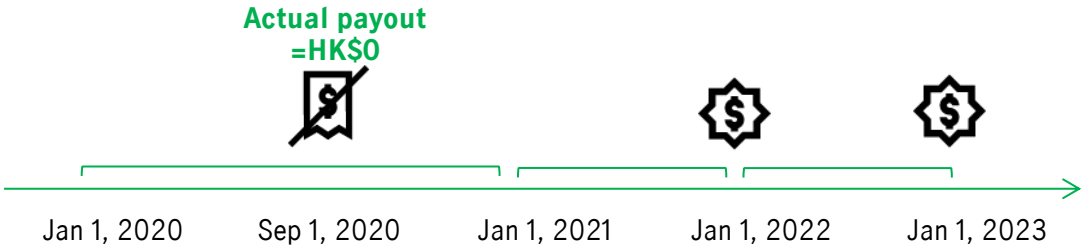
- policy anniversary (AVY) = Jan 1, 2020; and
- Deductible = HK$22,800

(c) Benefit paid with **actual payout >$0**



- Benefit payable under VHIS Supreme (before deduction of deductible) = HK$50,000
- Deductible of VHIS Supreme = HK$22,800
- The actual benefit paid after deduction of Deductible
  = (HK$50,000 – HK$22,800, floored by zero)
  = HK$27,200
- **The actual benefit paid > HK$0**
- Relevant Period will start from Jan 1, 2021
- Enjoy 8% Health Discount in 2023

(d) Benefit paid with **actual payout =$0**



- Benefit payable under VHIS Supreme (before deduction of deductible) = HK$20,000
- Deductible of VHIS Supreme = HK$22,800
- The actual benefit paid after deduction of Deductible
  = (HK$20,000 – HK$22,800, floored by zero)
  = HK$0
- **The actual benefit paid = HK$0**
- Relevant Period will start from Jan 1, 2020
- Enjoy 8% Health Discount in 2022

Relevant Period means the period with no actual benefit payout (i.e. actual claim payout = $0).
For example, if there is a claim made in the past 2 years where the claim has $0 actual payout (e.g. due to deduction of deductible), Health Discount is still entitled for such 2-year Relevant Period.

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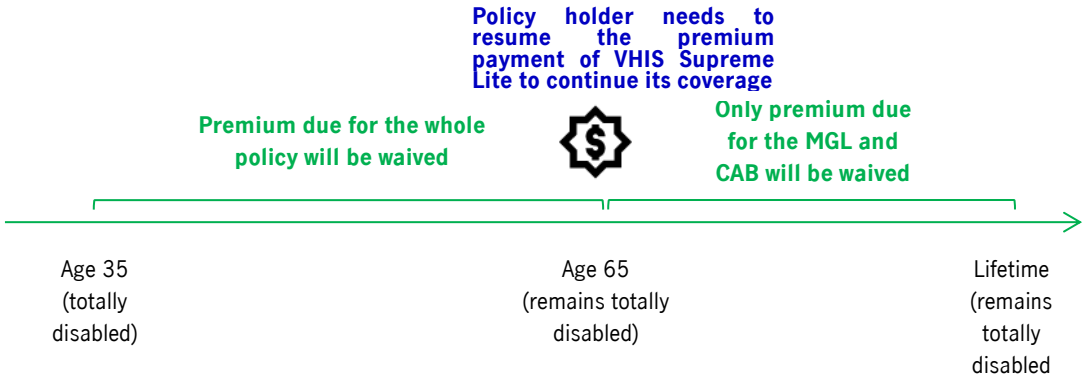
5.6 (In case PWB is attached with VHIS Supreme Lite) Premium Waiver Benefit on VHIS Supreme Lite

- If the insured person becomes totally disabled before age 65 and remains so for at least six consecutive months during lifetime, all premium of VHIS Supreme Lite will be waived up to the policy anniversary on which the insured person is nearest to the age of 65, as long as the insured person remains totally disabled.

Illustrative Example

The below illustrations assume:

- The insured person becomes totally disabled at age 35;
- His policy is as follows:
  Basic plan: ManuGlobal Saver (MGL); and
  Riders: Cash Assistance Benefit (CAB) and VHIS Supreme Lite



If the insured person remains disabled for lifetime:

- The premium due for VHIS Supreme Lite will be waived up to the policy anniversary on which the insured person is nearest to the age of 65
- The premium due for MGL and CAB will be waived continuously

6. Limitations and Exclusions

6.1 Key Limitations

i. Geographical coverage

Territorial scope of cover: Asia, including Australia and New Zealand

	Benefits payable
Emergency Treatments	Up to Benefit Schedule
Non-Emergency Treatments (within area of cover)	Up to Benefit Schedule
Non-Emergency Treatments (outside area of cover)	Up to VHIS Standard Plan Benefit Schedule

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Illustrative Examples

The below illustrative examples assume no exclusion is applied

a. Claims incurred outside territorial scope of cover

Insured person received non-emergency treatment in the USA

Deductible of VHIS Supreme: HK$100,000

(1) =	Billed Amount (before deduction of Deductible)	HK$180,000
(2) =	Benefit payable under VHIS Standard Plan (before Deduction of Deductible)	HK$125,000
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (2) – (3), floored by zero		**HK$25,000**

For non-Emergency Treatments incurred outside the area of cover, benefits shall be payable up to VHIS Standard Plan Benefit Schedule.

b. Claims incurred within territorial scope of cover (non-designated Hospital in mainland China)

Insured person received non-emergency treatment in a non-designated hospital in mainland China

Deductible of VHIS Supreme: HK$100,000

(1) =	Billed Amount (before deduction of Deductible)	HK$200,000
(2) =	Benefit payable under VHIS Standard Plan (before deduction of Deductible)	HK$115,000
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (2) – (3), floored by zero		**HK$15,000**

For non-Emergency Treatments incurred in a non-designated Hospital in mainland China, benefits shall be payable up to VHIS Standard Plan Benefit Schedule.

ii. Choice of Hospitals in mainland China

	Benefits Payable (for both Emergency and non-Emergency treatments)
Designated Hospitals	Up to Benefit Schedule
Elite Hospitals [1]	Adjust to 90%
Non-designated Hospitals [2]	Up to VHIS Standard Plan Benefit Schedule

[1] no benefits payable under Expenses for Living Donor Surgery
[2] no benefits payable under Enhanced Benefits and Cash benefit for designated Day Case Procedures

Illustrative Example

a. Claims incurred within territorial scope of cover (Elite Hospital in mainland China)

Insured person received treatment in an Elite Hospital in mainland China

Deductible of VHIS Supreme: HK$100,000
Elite Hospital adjustment factor: 90%

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(1) =	Billed Amount (before applying adjustment factor and deduction of Deductible)	HK$100,000
(2) =	Benefit payable under VHIS Supreme after applying Elite Hospital adjustment factor (before deduction of Deductible)	HK$100,000x 90% = HK$90,000
(3) =	Benefit payable under VHIS Standard Plan (before deduction of Deductible)	HK$110,000
(4) =	Deductible of VHIS Supreme	HK$100,000
(5) =	**The higher of (2) and (3)**	**HK$110,000**
The actual benefit paid after applying adjustment factor and deduction of Deductible = (5) – (4), floored by zero		**HK$10,000**

For treatments incurred in an Elite Hospital in mainland China, an adjustment factor of 90% shall be applied.

If the benefit payable under VHIS Supreme/ VHIS Supreme Lite after applying adjustment factor is less than the benefit payable under VHIS Standard Plan, the actual benefit will be paid under VHIS Standard Plan.

iii. Choice of ward class

Designated Ward Class

Plan level	Smart	Advance
Hong Kong, Australia and New Zealand	General Ward	Semi-private Room
Mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private Room	Standard Private Room
Outside Asia (Emergency treatment only) *	Semi-private Room	Standard Private Room

Ward Class Adjustment Factor [3]

Designated Ward class	Ward class of the Confinement*	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%

*or confinement in respect of the Living Donor under Expenses of Living Donor Surgery

*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.

[3] Any benefits payable under Sections 3(a) to (j) and (l) of Part 6 of the Terms and Conditions and Sections 1 to 3, 8, 10 and 12 of Part 1 of the Supplement for Enhanced Benefits are subject to the Ward Class Adjustment Factor.

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Illustrative Examples

The below illustrative examples assume:

- plan level: Advance; and
- no exclusion is applied.

a. Voluntary upgrade to a room of class higher than the Designated Ward Class

Insured person confined in a Standard Private Room in Hong Kong due to personal preference

Designated Ward Class: Semi-Private Room
Ward Class Adjustment Factor (Semi-Private -> Standard Private): 50%
Deductible of VHIS Supreme: HK$100,000

(1) =	Billed Amount (before applying adjustment factor and deduction of Deductible)	HK$220,000
(2) =	Benefit payable under VHIS Supreme after applying Ward Class Adjustment Factor (before deduction of Deductible)	HK$220,000 x 50% = HK$110,000
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after applying adjustment factor and deduction of Deductible = (2) – (3), floored by zero		**HK$10,000**

Ward Class Adjustment Factor shall be applied if the insured person is confined in a room of class higher than the Designated Ward Class due to personal preferences.

b. Voluntary upgrade to a room of class higher than the Designated Ward Class

Insured person confined in a Deluxe Room in Australia due to personal preference

Designated Ward Class: Semi-Private Room
Ward Class Adjustment Factor (Semi-Private -> above Standard Private): 25%
Deductible of VHIS Supreme: HK$22,800

(1) =	Billed Amount (before applying adjustment factor and deduction of Deductible)	HK$200,000
(2) =	Benefit payable under VHIS Supreme after applying Ward Class Adjustment Factor (before deduction of Deductible)	HK$200,000 x 25% = HK$50,000
(3) =	Benefit payable under VHIS Standard Plan (before deduction of Deductible)	HK$60,000
(4) =	Deductible of VHIS Supreme	HK$22,800
(5) =	**The higher of (2) and (3)**	**HK$60,000**
The actual benefit paid after applying adjustment factor and deduction of Deductible = (5) – (4), floored by zero		**HK$37,200**

If the benefit payable under VHIS Supreme/ VHIS Supreme Lite after applying adjustment factor is less than the benefit payable under VHIS Standard Plan, the actual benefit will be paid under VHIS Standard Plan.

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c. Involuntary upgrade to a room of class higher than the Designated Ward Class (Standard Private Room)

Insured person confined in a Standard Private Room in Hong Kong due to isolation reasons

Designated Ward Class: Semi-Private Room
Deductible of VHIS Supreme: HK$100,000

(1) =	Billed Amount (before deduction of Deductible)	HK$280,000
(2) =	Benefit payable under VHIS Supreme (before deduction of Deductible)	HK$280,000
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (2) – (3), floored by zero		**HK$180,000**

Ward Class Adjustment Factor shall NOT be applied if the insured person is confined in a room of class higher than the Designated Ward Class due to isolation reasons.

6.2 Benefit calculation formula

The benefit amount payable under Terms and Benefits shall be calculated according to the formula below:

[(A – B) x C x D, subject to the remaining balance of the benefit limits (the benefit limits are as stated in the Benefit Schedule, less the benefit amount(s) previously paid)] less any remaining balance of Deductible (if applicable)

where:

A = Amount of Eligible Expenses and/or other expenses payable in accordance with the Terms and Conditions and Supplements, after applying exclusion and before applying the benefit limits

B = Amount of Eligible Expenses and/or other expenses payable in accordance with the Terms and Benefits already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions*

C = Adjustment factor under Section 2(c)(i) of Part 1 of the Supplement for Limitations of Benefits (if applicable)

D = Adjustment factor under Section 3 of Part 1 of the Supplement for Limitations of Benefits (if applicable)

* If there are any Eligible Expenses and/or other expenses payable under the Terms and Benefits already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions, such amount shall be reduced from the remaining balance of Deductible in the relevant Policy Year, if applicable.

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6.3 Benefit payable under VHIS Standard Plan Terms and Benefits

For any benefits payable in accordance with the Standard Plan Terms and Benefits due to the limitations as stated in Section 1(c)(i) or 2(b)(i) of Part 1 of the Supplement for Limitations of Benefits , the benefit amount payable shall be calculated according to the formula below:

[(A – B), subject to the remaining balance of the benefit limits (the benefit limits are as stated in the benefit schedule attached to the Standard Plan Terms and Benefits, less the benefit amount(s) previously paid)] less any remaining balance of Deductible (if applicable)

where:

A = Amount of Eligible Expenses payable in accordance with the terms and conditions attached to the Standard Plan Terms and Benefits, after applying exclusion and before applying the benefit limits

B = Amount of Eligible Expenses payable in accordance with the Standard Plan Terms and Benefits already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions#

If there are any Eligible Expenses payable in accordance with the Standard Plan Terms and Benefits already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Standard Plan Terms and Benefits, such amount shall be reduced from the remaining balance of Deductible in the relevant Policy Year, if applicable.

Illustrative Examples

The below illustrative examples assume:

- no claim has been made from other insurance coverage; and
- Billed Amount = Eligible Expenses.

1. Deductible

a. Claims incurred in the same policy year with Deductible

1st claim: Insured person confined in a Semi-private Room in a Hong Kong private Hospital (payable up to **VHIS Supreme Benefit Schedule**)

Deductible of VHIS Supreme = HK$100,000

For the **first** claim:

(1) =	Billed Amount (before deduction of Deductible)	HK$80,000
(2) =	Benefit payable under VHIS Supreme (before deduction of Deductible)	HK$80,000
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (2) – (3), floored by zero		HK$0
The remaining balance of Deductible in the policy year = (3) – (2), floored by zero		**HK$20,000**

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2nd claim: Insured person received non-emergency treatment outside territorial scope of cover (payable up to **VHIS Standard Plan Benefit Schedule**)

Remaining balance of Deductible of VHIS Supreme = HK$20,000

For the **second** claim:

(4) =	Billed Amount (before deduction of Deductible)	HK$40,000
(5) =	Benefit payable under VHIS Standard Plan (before deduction of Deductible)	HK$30,000
(6) =	Remaining balance of Deductible of VHIS Supreme	HK$20,000
The actual benefit paid after deduction of Deductible = (5) – (6), floored by zero		HK$10,000
The remaining balance of Deductible in the policy year = (6) – (5), floored by zero		**HK$0**

The actual benefits paid must be reduced by any remaining balance of Deductible, regardless of whether the benefit is payable under VHIS Supreme/ VHIS Supreme Lite or VHIS Standard Plan.

Assume other claims are made in the same policy year and the remaining balance of Annual Benefit Limit under VHIS Supreme = HK$20,000, for the next claim:

Insured person received non-emergency treatment outside territorial scope of cover (payable up to **VHIS Standard Plan Benefit Schedule**)

Remaining balance of Deductible of VHIS Supreme = HK$0

(7) =	Billed Amount (before deduction of Deductible and applying benefit limits)	HK$50,000
(8) =	Benefit payable under VHIS Standard Plan (before deduction of Deductible and applying benefit limits)	HK$50,000
(9) =	Remaining balance of Deductible of VHIS Supreme	HK$0
(10) =	Benefit payable after deduction of Deductible (before applying benefit limits) = (8) – (9), floored by zero	HK$50,000
(11) =	Remaining balance of Annual Benefit Limit under VHIS Supreme	HK$20,000
The actual benefit paid after applying benefit limits and deduction of Deductible = lesser of (10) and (11)		**HK$20,000**

Benefits payable under VHIS Standard Plan shall also be subject to the benefit limits under VHIS Supreme/ VHIS Supreme Lite (e.g. Annual Benefit Limit).

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b. Claims incurred in two consecutive policy years with Deductible

1st policy year: Insured person performed Prescribed Diagnostic Imaging Test in a setting for providing Medical Services to a Day Patient

Deductible of VHIS Supreme = HK$100,000

For the **first** policy year:

(1) =	Billed Amount (before deduction of Deductible)	HK$8,500
(2) =	Benefit payable under VHIS Supreme (before deduction of Deductible)	HK$8,500
(3) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (2) – (3), floored by zero		HK$0
The remaining balance of Deductible in the first policy year = (3) – (2), floored by zero		**HK$91,500**

2nd policy year: Insured person confined in a Semi-private Room in a Hong Kong private Hospital

Deductible of VHIS Supreme = HK$100,000

For the **second** policy year:

(4) =	Billed Amount (before deduction of Deductible)	HK$120,000
(5) =	Benefit payable under VHIS Supreme (before deduction of Deductible)	HK$120,000
(6) =	Deductible of VHIS Supreme	HK$100,000
The actual benefit paid after deduction of Deductible = (5) – (6), floored by zero		HK$20,000
The remaining balance of Deductible in the second policy year = (6) – (5), floored by zero		**HK$0**

The Deductible will be applied on an annual basis and will be recalculated every policy year. Any remaining balance of Deductible from previous policy years will not be carried forward to the next policy year.

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6.4 Key Exclusions

VHIS Supreme/VHIS Supreme Lite Key Exclusions	
Medically Necessary	• Expenses incurred for treatments, procedures, medications, tests or services which are **not** Medically Necessary.
Diagnostic procedures or allied health services	• 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.
Human Immunodeficiency Virus ("HIV") and its related Disability	• 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 under Section 8 of Part 1 in the Terms and Conditions) such Disability shall be generally excluded from any coverage of the 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 the entire Section 3 of Part 7 in the Terms and Conditions 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 Terms and Benefits shall apply.
Drugs, self-inflicted injuries or attempted suicide, illegal activity or sexually transmitted disease	• 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 3 of Part 7 in the Terms and Conditions applies).
Beautification or cosmetic purposes, vision correction	• 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 payable under Section 8 of Part 1 of the Supplement for Enhanced Benefits; 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.
Prophylactic treatment or preventive care	• 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, Section 6 of Part 7 in the Terms and Conditions does not apply to –

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VHIS Supreme/VHIS Supreme Lite Key Exclusions	
	(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.
Dental and oral treatments	• 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 payable under Section 14 of Part 1 in the Supplement for Enhanced Benefits. ***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. • **Emergency dental care benefit** – this benefit shall not be payable for orthodontic treatment, the use of any precious metals, any bridge, crowns, dentures and dental implants.
Maternity conditions and its complications	• 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 complication payable under Section 12 of Part 1 of the Supplement for Enhanced Benefits. • **Pregnancy complications benefit** – the date of ***first diagnosis*** of such Covered Pregnancy Complications must be **at least 12 months** after the Policy Effective Date.
Medical equipment or appliances	• 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.
Traditional Chinese medicine treatment	• 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-Confinement/Day Case Procedure Chinese medicine practitioner outpatient care payable under Section 7 of Part 1 of the Supplement for Enhanced Benefits; and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments. • **Post-surgical procedure/Day Case Procedure Chinese medicine practitioner outpatient care benefit** – this benefit shall **not** be payable for acupressure, tui na and any of the following traditional Chinese medicines: agaricus blazei murill, antelope horn powder, antler, cordyceps, cubilose, donkey-hide gelatin, ganoderma, all kinds of ginseng, hippocampus, moschus, pearl powder and placenta hominis.
Experimental or unproven medical technology or procedure	• 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.

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VHIS Supreme/VHIS Supreme Lite Key Exclusions	
Congenital Conditions	• 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***.
Eligible Expenses reimbursed by third party	• Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
Wars and hostilities	• 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.
Living Donor Surgery	• **Expenses for Living Donor Surgery benefit** – the cost incurred by the Living Donor due to any ***complications*** arising from the Living Donor Surgery, the cost of handling and preparation of any harvested organ, marrow or stem cells and the cost incurred in connection with identifying and procuring a replacement organ shall not be payable under this benefit.

7. Important Notes / Concepts

7.1 Reasonable and Customary

- It refers to the level of charges that does not exceed the general range being charged for similar treatment, services or supplies to individuals with similar conditions.

- In practice, to determine whether a charge is Reasonable and Customary, we shall make reference to:
  - treatment or service fee statistics and surveys in the insurance or medical industry
  - internal or industry claim statistics
  - gazette published by the government
  - other pertinent source of reference in the locality where the treatments, services or supplies are provided

*Please see Terms and Conditions for the exact definition.

7.2 Medically Necessary

- It refers to 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.

- In particular, such medical service must:
  - require the expertise of, or be referred by, a registered medical practitioner
  - be consistent with the diagnosis and necessary for the investigation and treatment of the disability
  - be rendered in accordance with standards of good and prudent medical practice, and not rendered primarily for the convenience or the comfort of the insured person, his family, care taker or the attending registered medical practitioner
  - 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
  - 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 see Terms and Conditions for the exact definition and circumstances to determine a Confinement as Medically Necessary.

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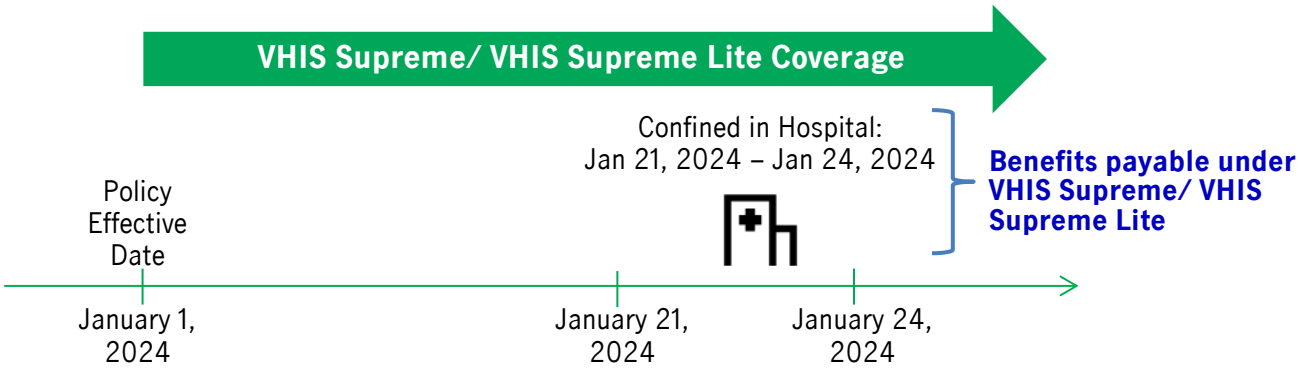
7.3 Pre-existing Conditions

	• 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

Example 1: No Waiting Period

Insured person suffers from appendicitis and is confined in Hospital



There is no waiting period under VHIS Supreme/ VHIS Supreme Lite (except for unknown Pre-existing Condition(s) and Pregnancy complications).
If the signs/symptoms and sickness occur after the Policy Effective Date, benefits will be payable in accordance with Terms and Benefits.

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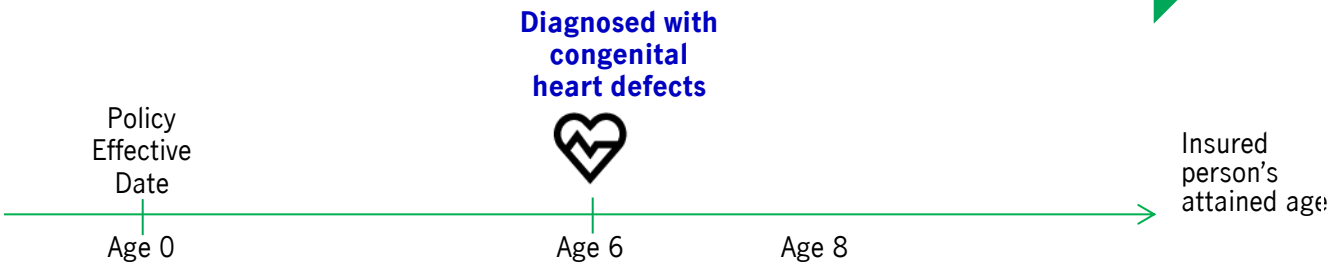
Example 2: Claim regarding congenital condition(s) diagnosed before the insured person attained age 8

Insured person is diagnosed congenital heart defects at age 6

- Assume the insured person is at age 0 on policy effective date

No coverage for Congenital Condition(s) manifested/diagnosed before the insured person attained age 8 under VHIS Supreme/ VHIS Supreme Lite



No benefits will be payable for Congenital Condition(s) which have manifested or been diagnosed before the insured person attained age 8 under VHIS Supreme/ VHIS Supreme Lite according to the General Exclusions as follows:

"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 eight (8) years."

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8. Product Description

Plan Name	Manulife Supreme VHIS Flexi Plan	Manulife Supreme Lite VHIS Supplementary Benefit
Plan Type	Basic Plan	Rider
Plan Code	HS599	HU599
Launch Date (Revamp Date)	17 Feb 2020 (1 Jan 2024)	6 Nov 2023
Plan Nature	Indemnity hospital insurance plan certified under VHIS by the Health Bureau of the Government of the Hong Kong Special Administrative Region ("HHB").	
Premium Payment Period	Premiums are payable for each policy year throughout the lifetime of the insured person. Premiums are not guaranteed.	
Benefit Term	The coverage period is 1 year^. Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium.	
Issue Age	0 (15 days) – 80 (Attained age)	
Currency	HKD	HKD/ USD
Territorial Scope of Cover	Asia, including Australia and New Zealand	
Choice of ward classes		

Plan Level	Smart	Advance
Hong Kong, Australia and New Zealand	General Ward	Semi-private room
Mainland China (designated hospitals)*, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private room	Standard private room
Outside Asia (Emergency treatment only)*	Semi-private room	Standard private room

Annual Benefit Limit	**Smart:** HK$5,000,000/US$625,000 **Advance:** HK$12,000,000/US$1,500,000	
Lifetime Benefit Limit	**Smart:** HK$20,000,000/US$2,500,000 **Advance:** HK$60,000,000/US$7,500,000	
Deductible	**Smart:** HK$0/22,800/45,000/100,000 **Advance:** HK$0/8,000/22,800/45,000/100,000	**Smart:** HK$0/25,000/50,000/100,000 or US$0/3,125/6,250/12,500 **Advance:** HK$0/25,000/50,000/100,000 or US$0/3,125/6,250/12,500
Health Discount	✓	×

Payment Mode & Modal Factor	
Annual	1.00
Semi-annual	0.52
Quarterly	0.265
Monthly	0.09

Rating Characteristics	• Based on age nearest birthday and coverage class • No difference for smoking status and gender	
Participating	Non-participating	
Attachable Supplementary Benefit	Outpatient Benefit (OB570)+	N/A

^Please note that if Manulife Supreme Lite VHIS Supplementary Benefit is added after the basic plan's policy has been issued, its coverage period before its first renewal will be the remaining period of that policy year of the attaching basic plan and could be less than 1 year.
*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 and Exclusions' section below for details.
+Outpatient benefit do not form part of the VHIS certified plan.

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9. Special Administration Rule

9.1 Application

Scenario	Forms
New Business	"Application For Traditional Products" (U03)
Rider addition on existing policy	• eQuotation:"Application For Change In Policy/ Reinstatement" • Paper form: "Application for Change in Policy" (T02) and "Application For Reinstatement/ Statement Of Insurability" (U36) Note: If VHIS Supreme Lite is added after the basic plan's policy has been issued but 2 months before the next policy anniversary, its policy effective date will be the next policy anniversary

9.2 Underwriting

- Full underwriting
- Available to Hong Kong, Macau, Mainland China or other designated place of residency*

Proposed insured person working or studying outside Hong Kong and in Australia and New Zealand	**Residential loading of 1.1 times premium^** **^ Counter Offer of the loading will be reconsidered after the client returned to original country of residency for 6 consecutive months & above, and with intention to stay in the original country of residency permanently.**

*details on selected place of residency, please refer to the eAOM.

- Medical Examination maybe required due to medical conditions of the insured person (Medical fee at client's own cost). For applicable details, please refer to eAOM
- Medical Examination will be required for insured person age at 71 or above
- Any application with loading or exclusion(s) imposed is not acceptable for insured person age at 71 or above
- Single policy holder only (joint owner is not allowed)
- Single insured person only (family plan is not allowed)
- Company as policy holder is not allowed
- Each insured person is allowed to have **ONE** Manulife Supreme VHIS Flexi Plan or Manulife Supreme Lite VHIS Supplementary Benefit only.
- Each insured person is **NOT** allowed to have Manulife Supreme VHIS Flexi Plan, Manulife Supreme Lite VHIS Supplementary Benefit, Manulife Supreme Medical Plan (Applicable to Macau only), Manulife Supreme Lite Medical Supplementary Benefit (Applicable to Macau only), ManuMaster or ManuShine plan at the same time

9.3 Policy service

- Plan upgrade/downgrade : Next AVY
- Reinstatement: Not allowed
- Cooling-off period: 21 days immediately following the day of the delivery to policy holder or the nominated representative of the policy holder (Applicable to both NB and rider addition on existing policy)
- Rider addition on existing policy: Next MVY

  Example:
  - Policy anniversary (AVY): Jan 1, 2024
  - Apply and approval date of VHIS Supreme Lite: Jan 20, 2024
  - Policy Effective date of VHIS Supreme Lite (MVY): Feb 1, 2024

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	• Back-date: Not allowed
	• Mode change: Next MVY
	• Ownership change:
	  ○ VHIS Supreme: Once per year
	  ○ VHIS Supreme Lite: Follow basic plan
	• Beneficiary change:
	  ○ VHIS Supreme: Once per year
	  ○ VHIS Supreme Lite: Follow basic plan
	• Reduce Deductible medical without underwriting:
	upon policy anniversary of Age 50, 55, 60, 65, 70, 75, 80 or 85 (once per lifetime)
	• Surrender of VHIS Supreme: Anytime, provided that there has been no benefit payment under VHIS Supreme during the relevant Policy Year
	• Rider deletion of VHIS Supreme Lite: Next MVY, provided that there has been no benefit payment under VHIS Supreme Lite during the relevant Policy Year

9.4 Policy Effective Date

	VHIS Supreme • It refers to the commencement date of terms and benefits • Equivalent to policy year date, which is the issue date VHIS Supreme Lite • The policy year date of the basic plan's policy (i.e. issue date) (if VHIS Supreme Lite is included when the policy is firstly issued); or • The change effective date of this supplementary benefit (if VHIS Supreme Lite is added after the policy has been issued)

9.5 Claims

Claims Procedures & Enhanced Claims Management (Applicable to VHIS Supreme, VHIS Supreme Lite, ManuMaster/ManuShine Healthcare products)	
	(A) Additional documents required While the existing claims document requirements remain, there will be additional basic documents required for VHIS Supreme, VHIS Supreme Lite, ManuMaster/ ManuShine Healthcare products as follows: 1. Full set copy of medical documents from hospital, including copy of laboratory, diagnostic, imaging & histopathology report and discharge summary 2. Breakdown of charges of laboratory, investigation tests, medication and meal **(B) Enhanced claims management** To make prudent claims assessment for policy holders' interests, there will be enhanced claims management to detect and against abusive claims. More thorough investigations will be carried out for the following scenarios and the claims processing time is anticipated to be longer: 1. prolong hospitalization (e.g. non-surgical confinement >7 days, surgical confinement >14 days) 2. early claims, chronic disease or major illness 3. high charges on laboratory tests and investigation fee or medication 4. more than 1 specialist / multiple attending doctors during the confinement 5. excessive meal charges Remarks: generally, it takes at least 8 weeks to obtain medical reports from hospitals under Hospital Authority and it takes around 1-2 months for private hospitals.

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9.6 Claims control measures

- Ensure good claims experiences (medical expenses are within reasonable and customary range)
- **<u>On portfolio basis for ALL in-scope products</u>**
- In-scope products include:
  - Manulife Shelter VHIS Standard Plan
  - Manulife First VHIS Flexi Plan
  - Manulife Supreme VHIS Flexi Plan
  - Manulife Supreme Medical Plan (Applicable to Macau only)
  - Manulife Supreme Lite VHIS Supplementary Benefit
  - Manulife Supreme Lite Medical Supplementary Benefit (Applicable to Macau only)
  - ManuGuard Medical Plan/Benefit
  - ManuMaster Healthcare Series/Benefit
  - ManuShine Healthcare Series/Benefit
- Agents involved
  - All writing agents with more than 12 insured person having approved claims paid under all the above in-scope products in previous 4 quarters
- Hit Rate and Claim Ratio (on portfolio basis)
  - Hit Rate = $\frac{\text{Total number of policy with claims of ALL in-scope products in previous 4 quarters}}{\text{Average inforce coverage count of ALL in-scope products in previous 4 quarters}}$
  - Claim Ratio[1] = $\frac{\text{Total claim reimbursement of ALL in-scope products in previous 4 quarters}}{\text{Average inforce annualized premium of ALL in-scope products in previous 4 quarters}}$
- Monitoring period
  - Starting from the product launch of respective in-scope products or when the agent joins Manulife
  - On rolling basis, for the most recent 4 quarters before calculation cut-off date
- Thresholds

Hit Rate	20%
Claim Ratio	200%

- Reports
  - Issue on quarterly basis (from 2021 Q2)
  - Individual report for each agent is ready in Workbasket on ManuTouch **ManuTouch > Home > Sales And Service > Workbasket > Servicing Workbasket**
- Company Actions
  - **If BOTH Hit Rate AND Claim Ratio on portfolio basis exceed the thresholds, we will impose sales suspension to that agent for a period of 12 months on ALL in-scope products**
  - Such review and action started from 2022 Q1
- Other notes
  - Experience from split cases are shared among the agents in proportion
  - Unassigned policies (orphan cases) are not-in-scope

[1]Average inforce annualized premium of ALL in-scope products in previous 4 quarters before premium discount is used in calculation of Claim Ratio

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9.7 Annual Record of Premium Paid

Annual Record of Premium Paid	
	• In compliance with the VHIS requirement, companies should provide proof of premium payment to assist policy holders to claim tax deduction **in April every year.** • Manulife will send Annual Record of Premium Paid to our customers **by policy level annually** showing the **Premiums Paid and Due** specifying the tax year the premiums fall into. • If the premium of VHIS Supreme Lite is waived due to the Premium Waiver Benefit, such premium amount of VHIS Supreme Lite will not be shown in the Annual Record of Premium Paid.
	• The Annual Record of Premium Paid must show clearly the information required by the Inland Revenue Department for claiming tax deduction, including – (a) the marketing name and certification number of the VHIS certified plan; (b) the policy number; (c) the names of the policy holder and the insured person; (d) the amount of premium net of discount paid for each insured person of the VHIS certified plan; (e) the benefit coverage period that the premium covers; and (f) the premium payment date (i.e. the date when the premium is collected by the company) • Below is a sample of the Annual Record of Premium Paid for reference:

Manulife 宏利

Annual Record of Premium Paid

LEE XX XXXX
HK OXXXXXXXX XXXX
XXXX XXXXX XXXX
XXXX XXXX
KOWLOON

Issue Date: 21/04/2020
Policy No.: 380XXXXXXX
Financial Advisor: TXXXXXXXXX
Contact No.: 2XXXXXXXX

Policy Details
Policyowner: LEE XX XXXX
Life Insured: LEE XX XXXX
Policy Year Date (D/M/Y): 01/04/2019
Payment Mode: Monthly
VHIS Certified Plan: Manulife First VHIS Flexi Plan (Ward) with Major Medical
Certification No.: F00019-01-001-01

Premium Payment Period: 01 April 2019 - 31 March 2020

Premium Payment Date / Premium Reversal Date (D/M/Y)	Transaction Description	Premiums Paid and Due (HKD)	Benefit Coverage Period (D/M/Y)
01/04/2019	Apply Premium	5,000.00	01/04/2019 - 31/03/2020

Total Premium Paid and Due (HKD): 5,000.00 **PAID**

Remarks:
- Premium Payment Date refers to the premium due date. In the event of premium overdue, the Premium Payment Date refers to the date on which the overdue premium is received and applied to the policy. In the event of premium reversal, the Premium Reversal Date refers to the date on which the premium is reversed from the policy. In the event that more than one transaction carried out in a given benefit coverage period, Premium Payment Date / Premium Reversal Date refers to the last transaction date of all the transactions.
- For Premiums Paid and Due,
  a. Premiums Paid and Due refers to the premiums paid by the policyowner and applied to the policy on the Premium Payment Date.
  b. In case of any premium discounts that are applicable to the policy, the Premiums Paid and Due shall mean the premiums after all applicable discounts.
  c. The amount of Premium Paid and Due does not include the followings: (1) any premiums have been paid but not yet due and applied for the corresponding benefit coverage period; (2) premium levy; and (3) any premiums paid for the supplementary benefit(s) of the policy.
- In the event that more than one transaction carried out in a given benefit coverage period, only the net amount during such benefit coverage period will be shown under Premium Paid and Due.
- Total Premium Paid and Due is shown as "Zero" if the total net amount of transactions is equal or less than zero.
- This annual premium statement is to facilitate policyowner with regard to tax deduction claim of the qualifying premiums paid under the above VHIS certified plan.
- Manulife does not provide tax and/or legal advice. You should consult independent tax and/or legal advisor if needed.
- If you have any enquiries, please contact your Manulife Financial Advisor or call our Customer Service Hotline at (852) 2510-3941.

Manulife (International) Limited
Incorporated in Bermuda with limited liability

1/8XXXX/3XXXXX/ MT X/P

22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong
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- In general, the annual customer communication timeline for Annual Record of Premium Paid will be as follows:

		Annual Record of Premium Paid Generation Date	Premium paid and due date**
VHIS plan inforce as at 31 March of current year		1 April of current year	From 1 April of preceding year to 31 March of current year
Ownership change	Original policy holder	Effective date of ownership change (Name ***before*** ownership change)	From 1 April of preceding year to effective date of ownership change
	New policy holder	1 April of current year (Name ***after*** ownership change)	Next day of the effective date of ownership change to 31 March of current year
VHIS plan termination on or before 31 March of current year		Date of termination	From 1 April of preceding year to Date of termination
Cooling off/rescind the VHIS plan		No Annual Record of Premium Paid will be generated	

** In the event of the premium refunded/ reversed from the VHIS plan will be reflected in the Annual Record of Premium Statement in which its transaction date falls into. Please refer to the attached Simple Guide for Annual Record of Premium Paid for an illustrative example of premium refund / reversal.

- Please refer to the "Simple Guide to Annual Record of Premium Paid" for further details and illustrative examples of the Annual Record of Premium Paid, which will be uploaded to ManuTouch **(ManuTouch > Sales and Service > Products & Comparison > Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit > Sales Admin)**.

9.8 Renewal Notice

Renewal Notice

- In accordance with the VHIS requirement,
  - Manulife shall give the policy holder a written renewal notice prior to the renewal date.
  - Manulife will send out this renewal notice at 45 days prior to the policy anniversary date.
  - For VHIS Flexi Plan policy holders, Manulife should offer the Flexi Plan for renewal and also the Standard Plan as the **fall-back renewal option** if the policy holder refuses to accept the Flexi Plan offered for renewal. This option is also mentioned in the Renewal Notice, please refer to the red box in the below sample of renewal notice.

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- The renewal notice shows premium breakdown for the subsequent policy year including the following items (if applicable):
  (a) Premium of VHIS plan;
  (b) Extra Premium;
  (c) Health Discount;
  (d) ManulifeMOVE Discount/ManulifeMOVE Bonus Premium Discount; and
  (e) Supplementary Benefits (including Outpatient Benefit (OB570) premium, if any (applicable to VHIS Supreme only)
- Premium levy to Insurance Authority (IA) will **not** be shown (same as VHIS Policy Schedule).
- Below is a sample of the Renewal Notice for reference:

Manulife 宏利

To continue your medical coverage, we are pleased to inform you the following renewal premium information (which does not reflect any levy on premium) for the next policy year.

Next Renewal Date: 18-JUN-2025
Payable To: Lifetime
Covered Period[1]: 1 Year
Total ANNUAL Premium is made up as follows:

Basic Plan:Manulife Supreme VHIS Flexi Plan	
Premium	HKD 12,155.00
Total Basic Plan Premium	HKD 12,155.00

While as Voluntary Health Insurance Scheme Certified Flexi Plan, Manulife Supreme VHIS Flexi Plan offers guaranteed renewal annually throughout the lifetime of the insured person, you also have the option to choose Manulife Shelter VHIS Standard Plan for renewal.

If you have any enquiries on the renewal arrangement, please contact your Manulife financial advisor, or contact our customer service hotline at 2108-1333.

Yours sincerely,

Individual Financial Products
Manulife (International) Limited (Incorporated in Bermuda with limited liability)

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9.9 Coverage Change for VHIS Plans

(a) Coverage Change Eligibility

VHIS policy holders are allowed to change their existing VHIS coverage to a new coverage of the same or different VHIS plans if the coverage change fulfils one of the following criteria:

1. It is within the **same** VHIS plan with **different plan levels**;
2. It is across **different** VHIS plans of the **same type (i.e. Manulife Shelter to Manulife First)**; or
3. It is a **fall-back renewal option to VHIS Standard Plan (i.e. Manulife Shelter)** in compliance with HHB's requirement

Coverage change across different VHIS plans of different types **(i.e. Manulife Shelter/Manulife First → VHIS Supreme/ VHIS Supreme Lite, or VHIS Supreme/ VHIS Supreme Lite → Manulife First)** will NOT be allowed.

The following table summarises the eligibility for coverage change for VHIS plans:

	New coverage			
Original coverage	**Manulife Shelter VHIS Standard Plan**	**Manulife First VHIS Flexi Plan**	**Manulife Supreme VHIS Flexi Plan**	**Manulife Supreme Lite VHIS Supplementary Benefit**
Manulife Shelter VHIS Standard Plan	Not applicable	✓ *(same type)*	× *(different types)*	× *(different types)*
Manulife First VHIS Flexi Plan	✓ *(fall-back renewal option)*	✓ *(same plan to different ward class and/or different SMM levels)*	× *(different types)*	× *(different types)*
Manulife Supreme VHIS Flexi Plan	✓ *(fall-back renewal option)*	× *(different types)*	✓ *(same plan to different plan level and/or deductible options)*	× *(different types)*
Manulife Supreme Lite VHIS Supplementary Benefit	✓ *(fall-back renewal option)*	× *(different types)*	× *(different types)*	✓ *(same plan to different plan level and/or deductible options)*

✓ means coverage change is allowed
× means coverage change is not allowed

Note: For those where coverage change is NOT allowed, policy holder will need to apply for a new policy for such change and normal underwriting is required.

(b) For coverage change **within the same VHIS plan**:

Scope	• Applicable to the coverage change involving: - within Manulife First VHIS Flexi Plan: change to different ward class and/or different SMM level; or - within Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit: change to different plan levels and/ or deductible options
Handling	• Since the coverage change only involves the same VHIS product, follow existing upgrade/downgrade handling for medical products

(c) For coverage change **across different VHIS plans**:

Scope	• Applicable to the coverage change involving:

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	- Manulife Shelter VHIS Standard Plan **upgrade to** Manulife First VHIS Flexi Plan ("Upgrade"); or - Manulife First VHIS Flexi Plan/Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit **downgrade to** Manulife Shelter VHIS Standard Plan ("Downgrade") Note: (i) Manulife Shelter VHIS Standard Plan/Manulife First VHIS Flexi Plan **CANNOT be upgraded** to Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit. (ii) Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit **CANNOT be downgraded** to Manulife First VHIS Flexi Plan.
Handling	• Since the coverage change involves different VHIS products, a new policy will be issued with the new coverage, hence New Business selling process shall apply (see below table for details of underwriting and other arrangements) • Application submission: within one month before next policy anniversary • Compensation rules: follow existing upgrade/downgrade handling for medical products • Required Documents: ○ **Application for Coverage Change for VHIS Plans (T01(VHIS)) - [11/2023 version] (see sample below)** ○ Application For Traditional Products (U03) *(Note: If the coverage change is a downgrade, skip part III to VI)* ○ VHIS Coverage Change proposal of new coverage *(Note: "Outpatient Benefit" should be attached to the new proposal if the policy holder wants to add/retain "Outpatient Benefit" in the new basic plan coverage)* (See sample below) ○ Other documents same as existing NB practice • Once the coverage change application has been approved, the original coverage will be terminated and not be renewed. • The new coverage will be effective immediately after the termination and non-renewal of the original coverage. **Important Notes:** **1. Health Discount arrangement** (Applicable to Manulife Shelter VHIS Standard Plan/ Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan) - The relevant period being used for calculating the Health Discount of the original coverage **will be carried forward** to the new coverage at the time of coverage change. - Health Discount of the new coverage in the subsequent policy years will be calculated with reference to such relevant period. Note: If Manulife Supreme Lite VHIS Supplementary Benefit is downgraded to Manulife Shelter VHIS Standard Plan, any period during which no benefit has been paid or becomes payable under Manulife Supreme Lite VHIS Supplementary Benefit will not be counted towards the "relevant period" used for calculating the Health Discount under Manulife Shelter VHIS Standard Plan. **2. Promotional Discount arrangement** - Any promotional campaigns and/or offers (including ManulifeMOVE Discount)(if applicable) in respect of the original coverage will be terminated after the coverage change. - If the insured person is a ManulifeMOVE member, ManulifeMOVE premium discount (if any) is applicable only if the VHIS Policy after coverage change remains in force for at least 12 months. **3. "Outpatient Benefit" arrangement** (Applicable to Manulife Shelter VHIS Standard Plan/Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan) - If "Outpatient Benefit" is attached to the original coverage, it will be terminated upon the non-renewal of the original coverage.

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- New "Outpatient Benefit" coverage will become effective together with the new coverage.

- Implications on the new coverage once the coverage change application **across different VHIS plans** has been approved and the new coverage has been issued:

	Manulife Shelter VHIS Standard Plan upgrade to Manulife First VHIS Flexi Plan	**Manulife First VHIS Flexi Plan/Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan**
Policy Number	• Issue with new policy number	
Policy Effective Date	• Same as the last policy anniversary date of the original coverage	
Policy provisions	• New policy provisions will be generated for customers	
Health Discount (Applicable to Manulife Shelter VHIS Standard Plan/ Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan)	Except Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan, • Relevant period being used for calculating the Health Discount of the original coverage **will be carried forward** to the new coverage. • Health Discount of the new coverage in the subsequent policy years will be calculated with reference to such relevant period.	
Promotional Discount	• Any promotional campaigns and/or offers (including ManulifeMOVE Discount) (if applicable) in respect of the original coverage will be terminated after the coverage change. • If the insured person is a ManulifeMOVE member, ManulifeMOVE premium discount (if any) is applicable only if the VHIS Policy after coverage change remains in force for at least 12 months.	
Underwriting	• Re-underwriting shall be applied to such upgrade or additional benefits	• No re-underwriting required
Riders (Applicable to Manulife First VHIS Flexi Plan, Manulife Supreme VHIS Flexi Plan and Manulife Shelter VHIS Standard Plan)	• If "Outpatient Benefit" is attached to the original coverage, it will be terminated upon non-renewal of the original coverage • New "Outpatient Benefit" coverage will become effective together with the new coverage	

	Manulife Shelter VHIS Standard Plan upgrade to Manulife First VHIS Flexi Plan	**Manulife First VHIS Flexi Plan/Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan**
Exclusion(s) and/or extra premium	• Manulife may impose extra premium and/or apply case-based exclusion(s) or decline the coverage change	• Any exclusion(s) and/or extra premium applicable to the original coverage will

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	application according to the risks assessed in relation to such upgrade or additional benefits • For the avoidance of doubt, any exclusions and/or extra premium applicable to the original coverage will be carried forward to the new coverage after coverage change.	be carried forward to the new coverage
Waiting period for unknown pre-existing condition(s) of the new coverage	• Count from the effective date of the new coverage	• Count from the effective date of the original coverage
Change in health condition of the insured person after the effective date of the original coverage	• Such health condition change will be treated as pre-existing conditions under the new coverage in relation to such upgrade or additional benefits	• Such health condition change will not be treated as pre-existing conditions under the new coverage
Coverage for death benefit for suicide	• Count from the effective date of the original coverage	

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- Below is a sample of the Application for Coverage Change for VHIS Plans (T01(VHIS)) - [11/2023 version] applicable to plan change **across different VHIS plans** mentioned above only:

Manulife 宏利

Branch code 分行編號 _____ Location 地點 _____
Advisor code 保險顧問編號 _____
Advisor's name 保險顧問姓名 _____
Contact no. 聯絡電話 _____

APPLICATION FOR COVERAGE CHANGE FOR VHIS PLANS
自願醫保計劃更改保障計劃申請書

ORIGINAL PLAN'S POLICY NO. 原有計劃保單編號	NAME OF POLICYOWNER 保單持有人姓名	NAME OF INSURED PERSON 受保人姓名
ORIGINAL COVERAGE 原有保障	NEW COVERAGE 新保障	

This Application for Coverage Change for VHIS Plans ("Coverage Change Application") is only applicable for the coverage change involving: 本自願醫保計劃更改保障計劃申請書(「更改保障計劃申請」)只適用於涉及以下計劃之更改保障：

(i) Manulife Shelter VHIS Standard Plan upgrade to Manulife First VHIS Flexi Plan; or
宏利愛守護自願醫保標準計劃 升級至 宏利全護航自願醫保靈活計劃；或

(please complete this form (T01VHIS) and full set of Application for Traditional Products (U03) with other relevant documents
請完成本表格(T01VHIS)和整套傳統計劃投保申請書(U03)及其他相關文件)

(ii) Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan
宏利全護航自願醫保靈活計劃/ 宏利晋悦自願醫保靈活計劃/ 宏利晋逸自願醫保附加保障 降級至 宏利愛守護自願醫保標準計劃

(please complete this form (T01VHIS) and Application for Traditional Products (U03) - skip part III to VI with other relevant documents
請完成本表格(T01VHIS)和傳統計劃投保申請書(U03)跳過第三至第六部份)及其他相關文件)

Important Notes: Please read before filling in this form 重要事項：請於填寫此表格前細閱有關內容

1. Unless otherwise expressed herein, capitalized terms used in this Coverage Change Application form shall have the same meanings as ascribed to in the New Coverage. 除非另有訂明，本更改保障計劃申請中所用詞彙應與新保障所用者具有相同涵義。
2. Any promotional campaigns and/or offers (including ManulifeMOVE Discount, if applicable) in respect of the Original Coverage will be terminated after the coverage change. For the avoidance of doubt, if the customer would like to enjoy the ManulifeMOVE premium discount on the New Coverage, the insured person must be a ManulifeMOVE member and the New Coverage remaining in force for at least 12 months when applying premium discounts upon a policy anniversary. For details, please refer to www.manulife.com.hk/MOVE. 任何與原有保障相關的推廣及/或優惠（包括 ManulifeMOVE 折扣，如適用）將在更改保障計劃後終止。為免存疑，如客人希望於新保障下繼續享有 ManulifeMOVE 保費折扣，受保人必須為 ManulifeMOVE 成員及其新保障必須於享有保費折扣的保單周年日維持有效最少 12 個月。詳情請瀏覽 www.manulife.com.hk/MOVE。
3. Once the Coverage Change Application has been approved, the Original Coverage will be terminated and not be renewed. The New Coverage will be effective immediately after the termination and non-renewal of the Original Coverage. This Coverage Change Application should be submitted together with a proposal specified for coverage change and "Application for Traditional Products" for the New Coverage. 當更改保障計劃申請獲批准，原有保障將被終止及不被續保。新保障將在原有保障終止及不被續保後即時生效。本更改保障計劃申請必須與更改保障計劃指定之建議書及「傳統計劃投保申請書」一同遞交。
4. If "Outpatient Benefit" is attached to an Original Coverage that is Manulife Shelter VHIS Standard Plan/ Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan, it will be terminated upon the non-renewal of the Original Coverage. New "Outpatient Benefit" coverage will become effective together with the New Coverage. 如「門診附加保障」附加於原有保障，即宏利愛守護自願醫保標準計劃 / 宏利全護航自願醫保靈活計劃 / 宏利晋悦自願醫保靈活計劃，該附加保障將於原有保障不獲續保時被終止，新的「門診附加保障」將與新保障一同生效。
5. Manulife shall have the right to update this form from time to time and to accept or reject the form submitted by you if you fail to fulfill the Company's requirements. 宏利有權隨時更新本表格內容，如閣下未能符合本公司的規定，宏利將有權接受或拒絕閣下遞交之申請表格。

PARTICULARS 詳情

Items (I) to (III) below will be applicable to your New Coverage after the approval of this Coverage Change Application and the application of the New Coverage, subject to the following terms and conditions:
於本更改保障計劃申請及新保障申請獲批准後，以下(I) 至 (III)項將適用於閣下的新保障惟受下列條款及細則約束：

Please affix the new policy no. here
請在此貼上新保單編號
(For office use only 公司專用)

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PARTICULARS (CONTINUED) 詳情 (續)

(I) Re-underwriting and unknown pre-existing condition(s) 重新核保及未知的投保前已有病症

- If the coverage change is a downgrade from Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit to Manulife Shelter VHIS Standard Plan, 若更改保障計劃是於由宏利金鑽款自願醫保靈活計劃/ 宏利晋悦自願醫保靈活計劃/ 宏利晋逸自願醫保附加保障降級至宏利庇守護自願醫保標準計劃，
  - (i) the waiting period for unknown pre-existing condition(s) of the New Coverage will be counting from the effective date of the Original Coverage; 新保障下的未知的投保前已有病症之等候期將由原有保障生效日開始計算；
  - (ii) any exclusions and/or extra premium rate applicable to the Original Coverage will be carried forward to the New Coverage after coverage change; and 任何在原有保障下適用的不保項目及/或額外保費率，在更改保障計劃後將同樣適用於新保障；及
  - (iii) for any change in the health condition of the insured person after the effective date of the Original Coverage, the health condition change will not be treated as pre-existing conditions under the New Coverage. For the avoidance of doubt, the health condition of the insured person before the effective date of the Original Coverage will be regarded as pre-existing conditions under the New Coverage. 受保人在原有保障生效日以後，不論任何健康狀況的變化，該健康狀況的變化在新保障下將不會被視為投保前已有病症。為免存疑，在原有保障生效日前受保人的健康狀況在新保障下仍然被視為投保前已有病症。
- If the coverage change is an upgrade from Manulife Shelter VHIS Standard Plan to Manulife First VHIS Flexi Plan, re-underwriting shall apply, (1) Manulife may impose extra premium and/or apply case-based exclusion(s) or decline this Coverage Change Application according to the risks assessed in relation to such upgrade or additional benefits; and (2) the waiting period for unknown pre-existing condition(s) will be counting from the effective date of the New Coverage. For the avoidance of doubt, any exclusions and/or extra premium applicable to the Original Coverage will be carried forward to the New Coverage after coverage change. 若更改保障計劃是於由宏利庇守護自願醫保標準計劃升級至宏利金鑽款自願醫保靈活計劃，便須重新核保，(1)宏利可能就調整升級或額外保障有關的風險所作出的評估增收額外保費及/或加設個別不保項目或拒絕本更改保障計劃申請；及(2)未知的投保前已有病症之等候期將由新保障生效日開始計算，為免存疑，任何在原有保障下適用的不保項目及/或額外保費，在更改保障計劃後將同樣適用於新保障。

(II) Coverage for death benefit for suicide 因自殺而作出之身故賠償

- In the event that the insured person commits suicide after the effective of New Coverage, whether sane or insane, death benefit will be payable under the New Coverage. 倘若受保人於新保障生效後自殺，不論當時精神是否健全，新保障下的身故賠償將會支付。

(III) Health Discount 健康折扣 (Applicable to Manulife Shelter VHIS Standard Plan/ Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan 適用於宏利庇守護自願醫保標準計劃/ 宏利金鑽款自願醫保靈活計劃/ 宏利晋悦自願醫保靈活計劃)

- The Relevant Period being used for calculating the Health Discount of the Original Coverage will be carried forward to the New Coverage at the time of coverage change, and the Health Discount of the New Coverage in the subsequent policy years will be calculated with reference to such Relevant Period.
  用作計算原有保障中健康折扣的相關時期將會於更改保障計劃時轉移至新保障；其後保單年度新保障之健康折扣，亦會按照該相關時期計算。
- After coverage change, the Relevant Period being used for calculating the Health Discount of Original Coverage will be carried forward to the New Coverage at the time of coverage change as set out in the table below. For the definition of Health Discount, please refer to the policy provisions.
  更改保障計劃後，用於計算原有保障健康折扣的相關時期會在更改保障計劃時如下表所列轉移至新保障，有關健康折扣之詳細，請參閱保單條款。

Relevant period being used for calculating the Health Discount of the New Coverage at the time of coverage change ("Relevant Period") 在更改保障計劃時用於計算新保障健康折扣的相關時期（「相關時期」）	**Health Discount Percentage (%) for the premium due and payable of the New Coverage at the time of coverage change** 在更改保障計劃時新保障到期及應繳保費之健康折扣百分比(%)
Two (2) to four (4) consecutive policy years under Original Coverage immediately prior to the premium due date of the New Coverage at the time of coverage change 緊接在新保障於更改保障計劃時之保費到期日之前原有保障連續兩(2)到四(4)個保單年度	8%
Five (5) or more consecutive policy years under Original Coverage immediately prior to the premium due date of the New Coverage at the time of coverage 緊接新保障於更改保障計劃時之保費到期日之前原有保障連續五(5)個或以上保單年度	16%

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- Calculation of Health Discount of the New Coverage in the subsequent policy years will also take into consideration of the Relevant Period carried forward from Original Coverage. For example, if no benefit (except Health Discount) has been paid or becomes payable for 4 consecutive policy years under Original Coverage, 8% Health Discount can be carried forward to the New Coverage at the time of coverage change; and if in the subsequent policy year after coverage change, there is still no benefit (except Health Discount) that has been paid or becomes payable under the New Coverage, the Health Discount will become 16% (Relevant Period is 4 consecutive policy years under Original Coverage and 1 policy year under the New Coverage) on the premium due and payable immediately after the first policy year of the New Coverage.
  新保障其後保單年度的健康折扣計算亦會根據由原有保障所轉移的相關時期。例如，若在原有保障下連續 4 個保單年度並沒有已支付或應支付賠償（健康折扣除外），8%健康折扣於更改保障計劃時可轉移至新保障；如在更改保障計劃後的隨後保單年度內，在新保障下仍然並沒有已支付或應支付賠償（健康折扣除外），那麼新保障第一個保單年度後的到期及應繳保費將有 16%健康折扣（相關時期為原有保障內連續 4 個保單年度及新保障內 1 個保單年度）。
- In the event that any benefit becomes payable under Original Coverage after the Health Discount has been carried forward and offered to the New Coverage, the policyowner 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.
  倘若任何原有保障在健康折扣轉移及提供予新保障後應支付，保單持有人須在本公司要求後立即向本公司償還本公司實際提供的健康折扣以及重新計算應得的健康折扣的金額。
- If Manulife Supreme Lite VHIS Supplementary Benefit is downgraded to Manulife Shelter VHIS Standard Plan, any period during which no benefit has been paid or becomes payable under Manulife Supreme Lite VHIS Supplementary Benefit will not be counted towards the "relevant period" used for calculating the Health Discount under Manulife Shelter VHIS Standard Plan.
  如宏利晉逸自願醫保附加保障降級至宏利愛守護自願醫保標準計劃，於宏利晉逸自願醫保附加保障下沒有已支付或應支付賠償之時期將不會用於計算宏利愛守護自願醫保標準計劃健康折扣的「相關時期」。

ACKNOWLEDGEMENT, AGREEMENT AND DECLARATION 簽證、同意及聲明

By signing below, I, the policyowner of the Original Coverage, hereby declare, fully understand and agree with the following:
本人，原有保障之保單持有人，現簽在下方簽署，謹此聲明，本人明白並同意下列條款：

- I hereby apply for the coverage change from the Original Coverage to the New Coverage as described in this Coverage Change Application submitted together with the "Application for Traditional Products". I understand that once Coverage Change Application has been approved, the Original Coverage will be terminated and will not be renewed upon the issuance of the New Coverage. The New Coverage will be effective immediately after the termination and non-renewal of the Original Coverage. The benefits under my Original Coverage in relation to the covered insured person will NOT be payable for any insurable event occurring thereafter; and the benefits under the New Coverage will be payable subject to the Terms and Benefits of the New Coverage. I also understand that after the cooling off period of the New Coverage, the Original Coverage cannot be reinstated once it is terminated. 本人謹此申請根據本更改保障計劃申請中所述，將原有保障更改為新保障，並與「傳統計劃投保申請書」一同提交。本人明白一旦更改保障計劃申請被批准，原有保障將在新保障簽發時被終止及不被續保。新保障將在原有保障終止及不被續保後即時生效。其公司將不會就任何有關受保人於原有保障終止後發生之可保事件作出賠償。新保障之賠償將按照新保障之條款及保障進行。本人亦明白當新保障的冷靜期終止後，原有保障一終止後將不能復效。
- I have read, fully understand and agree with the full contents of this Coverage Change Application, including without limitation the "Important Notes" and the "Particulars" as set out above. 本人已細閱，明白並同意本更改保障計劃申請之全部內容，包括但不限於上述「重要聲明」及「詳情」。
- I understand and agree that in case of any conflict or inconsistency between the provisions of the "Application for Traditional Products" (for the New Coverage) and this Coverage Change Application, the provisions of this Coverage Change Application shall prevail. 本人明白並同意就新保障的「傳統計劃投保申請書」及本更改保障計劃申請之條文如有任何衝突或不一致的地方，則以本更改保障計劃申請之條文作準。

Signed on this _____ day of _____ _____
簽署日期 Day 日 Month 月 Year 年

X

Signature(s) of irrevocable beneficiary(ies) (if applicable) 不可更改之受益人簽署 (如適用)

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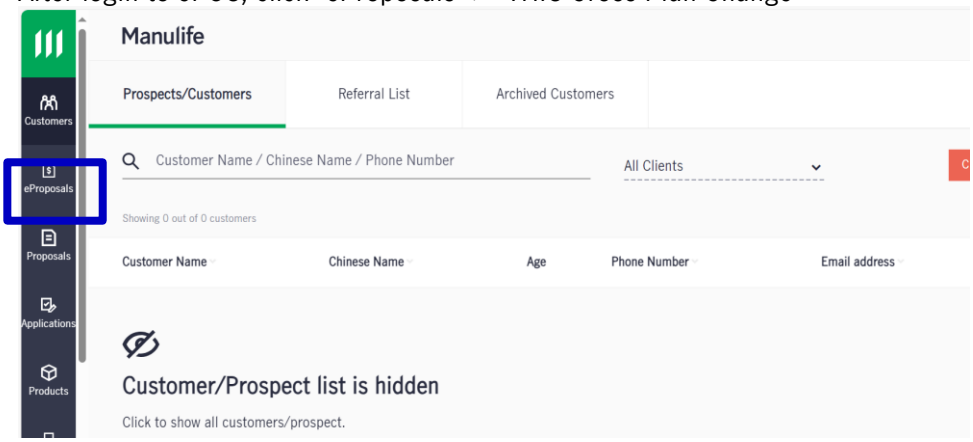
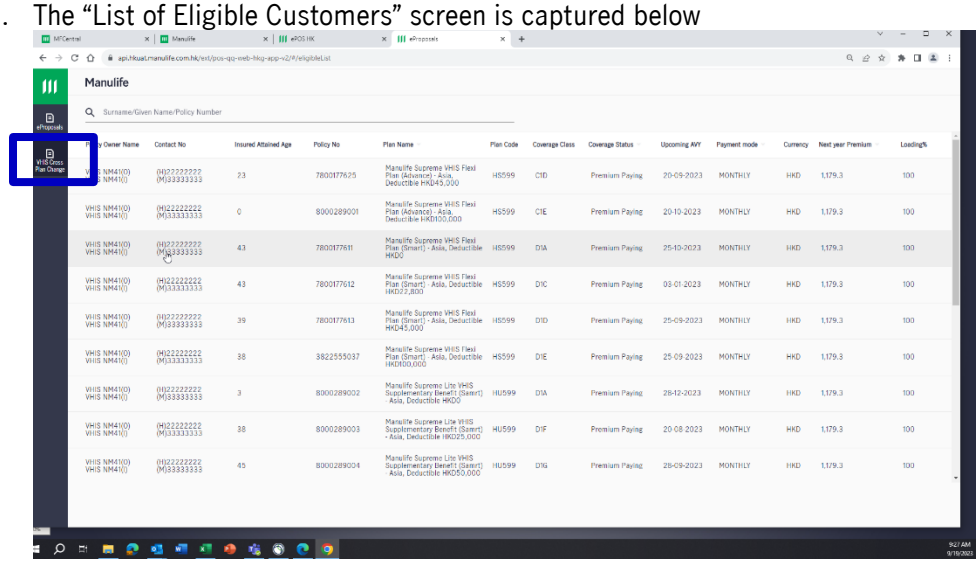
Customer Search in ePOS: List of Eligible Customers

1. After login to ePOS, click “eProposals” > “VHIS Cross Plan Change”



2. The “List of Eligible Customers” screen is captured below



Search with one of the following filtering criteria:

- Policy Number
- Surname
- Given Name

Note:

- Only policy within Pre-30 of AVY will be shown.
- Surname and Given Name can refer either the policy owner or the insured person.
- Keyword search is only allowed under Surname and/or Given Name if the “Allow Keyword Search in Surname and Given Name separately” checkbox is checked.
- If Policy Number is used as a filtering criterion, the full policy number must be entered correctly and completely in order to get the correct result. Keyword search is not applicable to Policy Number.

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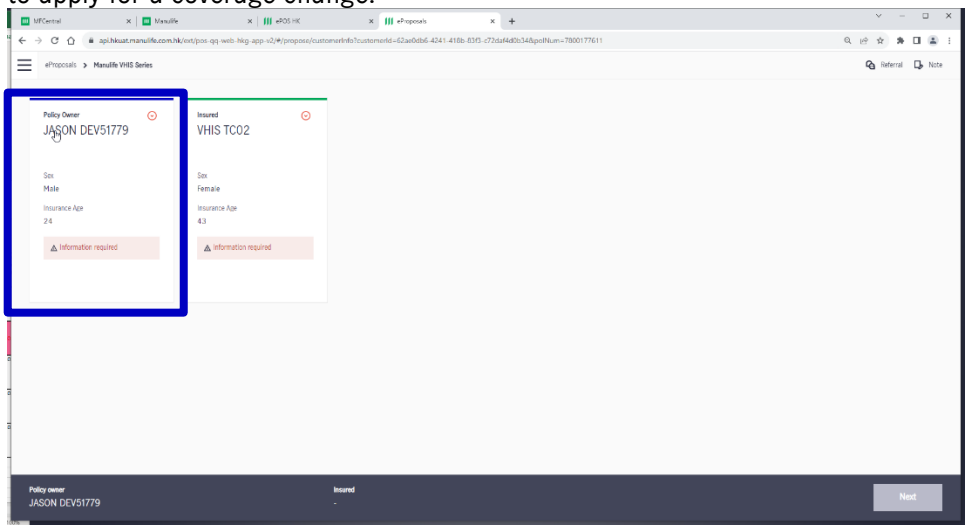
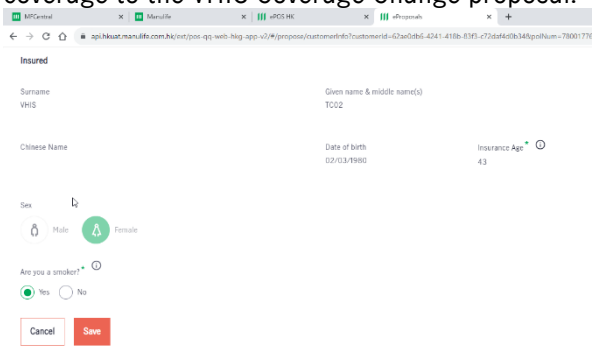
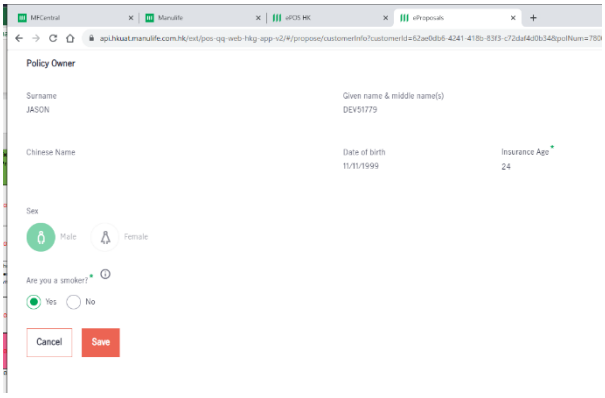
Generate VHIS Coverage Change Proposal

1. From the search result above, select the original coverage that the customer wants to apply for a coverage change.



2. Verify the insured person's and policy owner's information. Please note that insured person and policy owner Information would be auto-populated from the original coverage to the VHIS Coverage Change proposal.





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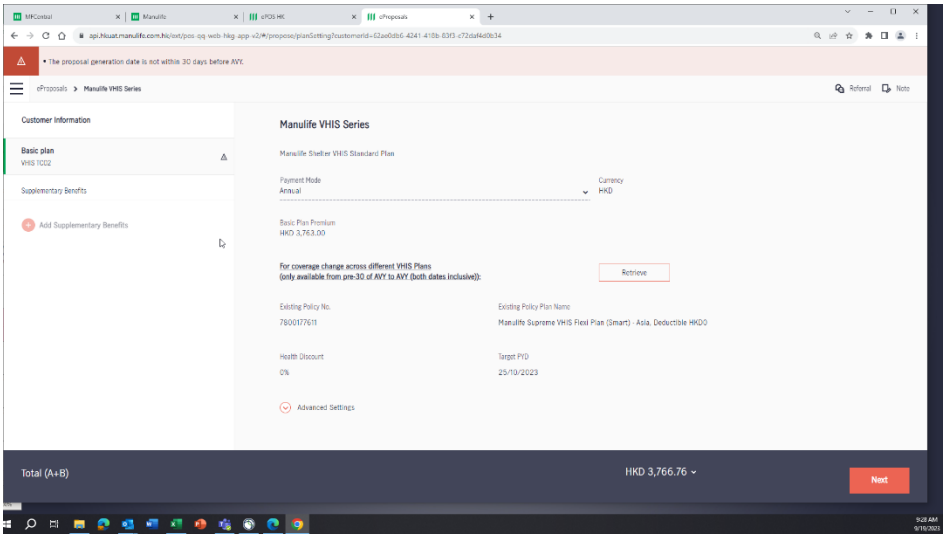
Generate VHIS Coverage Change Proposal

3. Go to "Basic Plan" tab. Select the new coverage that the customer wants to change to. Please note Existing Policy No, Existing Policy Plan Name and Health Discount would be auto-populated.



4. Input and verify other details before printing the proposal.

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Sample of VHIS Coverage Change Proposal

- Below is a sample of the Policy Summary (the first page) in a VHIS Coverage Change Proposal
- The policy number and the plan name of the original coverage will be shown.
- Health Discount (if applicable) will also be reflected on the page

Manulife 宏利

Manulife Shelter VHIS Standard Plan

This proposal is designed for

Proposed Life Insured / Insured Person : **VHIS QWEWQE**
Sex / Age Nearest Birthday[1] / Rate : **Male / 37 (10 Oct 1985) / Non-Smoker**

Your Existing VHIS Policy
Policy No.: 2875285874
Plan Name: Manulife First VHIS Flexi Plan (Private Room) (HV599)

Policy Summary

Policy Currency: HKD

Benefit Description	Initial Sum Assured[2] / Protection Amount[3]	Initial Annual Premium	Guaranteed Premium[4]	Premium Payment Up To Age	Protection Up To Age
Basic Plan (a)					
Manulife Shelter VHIS Standard Plan (HV599)	10,000	2,642.40	No	100	100
Supplementary Benefits (b)					
Outpatient Benefit (OV570)	N/A	3,146.00	No	70	70
Health Discount from Manulife First VHIS Flexi Plan (Private Room) (2875285874) (c)					
Health Discount[5]		422.78			
Total Initial Annual Premium (a) + (b) - (c)		5,365.62			
Premium levy to Insurance Authority (IA)[6]		5.37			
Total (Including premium levy on Initial Annual Premium)		5,370.99			

This proposal is for REFERENCE only. Please refer to policy provisions for the complete terms and conditions.
Insurance Advisor : XXX XX KETNJ
Branch : 83410 (MT 9/F)
Ver. 2021.12.2.0.1107

Page 1 of 12 (Supplementary Information: Page 1 of 9)
This proposal is valid until 20 November, 2021

Date: 22 October, 2021
A06GI.221AM3NUWW-1022-HV599-E1N
AG300693A1XVM1UQ-01

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10. Market Comparison [UPDATED]

a. Benefits Comparison

1. VHIS Supreme/ VHIS Supreme Lite (Advance)

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
Launch Date (Revamp Date)	Feb 17, 2020 (Jan 1, 2024)	Nov 6, 2023	Apr 22, 2024		Jul 25, 2019 (Jul 31, 2023)	Apr 1, 2019 (Jul 1, 2023)
Annual Benefit Limit (per Policy Year)	HK$12,000,000	HK$12,000,000/ US$1,500,000	HK$12,000,000/ US$1,500,000		HK$25,000,000/ US$3,225,806	HK$12,000,000/ US$1,500,000
	Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Annual Benefit Limit		Compassionate Death Benefit will not be counted towards the Annual Benefit Limit		Compassionate Death Benefit will not be counted towards the Annual Benefit Limit	Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Annual Benefit Limit
Lifetime Benefit Limit	HK$60,000,000 per life	HK$60,000,000/ US$7,500,000 per life	HK$60,000,000/ US$7,500,000 per life		Nil	HK$56,000,000/ US$7,000,000 per life
	(Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Lifetime Benefit Limit)		(Compassionate Death Benefit will not be counted towards the Lifetime Benefit Limit)			(Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Lifetime Benefit Limit)
Deductible (per Policy Year)	- HK$0 - HK$8,000 - HK$22,800 - HK$45,000 - HK$100,000	- HK$0/US$0 - HK$25,000/ US$3,125 - HK$50,000/ US$6,250 - HK$100,000/ US$12,500	- HK$0/US$0 - HK$16,000/US$2,000 - HK$25,000/US$3,125 - HK$ 50,000/US$6,250		- HK$0/US$0 - HK$20,000/US$2,500 - HK$50,000/US$6,250	- HK$0/US$0 - HK$20,000/US$2,500 - HK$50,000/US$6,250 - HK$96,000/US$12,000
Policy Currency	HKD	HKD/USD	HKD/USD		HKD/USD	HKD/USD
Benefit Period	Lifetime		Lifetime		Up to age 100	Lifetime

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INTERNAL

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
Territorial scope of cover	Asia includes Australia and New Zealand		Asia includes Australia and New Zealand		Asia includes Australia and New Zealand	Asia includes Australia and New Zealand
Within territorial scope of cover	For PRC: Designated Hospitals: up to Benefit Schedule Elite Hospitals*: Adjust to 90% Non-designated Hospitals: up to VHIS Standard Plan Benefit Schedule *no benefit shall be payable under Expenses for Living Donor Surgery		N/A		N/A	N/A
Emergency Treatment outside territorial scope of cover	Up to Benefit Schedule		Up to Benefit Schedule		Up to Benefit Schedule	Up to Benefit Schedule
Non-Emergency Treatment outside territorial scope of cover	Up to VHIS Standard Plan Benefit Schedule		1) For VHIS: Up to VHIS Standard Plan Benefit Schedule 2) For non-VHIS: Base Plan Benefit Schedule		Up to VHIS Standard Plan Benefit Schedule	Up to VHIS Standard Plan Benefit Schedule
Designated ward class						
- Hong Kong	Semi-Private		Semi-Private		Semi-private	Semi-private
- PRC & Macau	Standard Private					
- Australia and New Zealand	Semi-Private		Standard Private			Standard Private
- Asia outside Hong Kong, PRC, Macau, Australia and New Zealand)	Standard Private					
Ward class adjustment factor	Semi-Private to Standard Private 50% Above Standard Private 25%		Adjusted by the following formula highest daily room charge of a range of covered room in the Hospital in which Confinement takes place ***divided by*** daily actual room charge of each such days of confinement		Semi-private to Standard Private 50% Above Standard Private 0%	Semi-private to Standard Private 50% Above Standard Private 25%

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INTERNAL

Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit

宏利晉悅自願醫保靈活計劃/ 宏利晉逸自願醫保附加保障

Internal Reference Only

Company	Manulife		AIX		AXX	PRX	
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP	
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider	
Option to reduce deductible without re-underwriting (once per lifetime)	Upon policy anniversary of Age 50, 55, 60, 65, 70, 75, 80, 85		Upon policy anniversary of Age 50, 55, 60, 65, 70, 75, 81		Upon policy anniversary of Age 55, 60, 65, 70, 75	Upon policy anniversary of Age 50, 55, 60, 65, 70, 75, 80, 85	
Elderly Cancer Support - Waiver of Deductible for Designated Cancer	N/A		The remaining balance of annual deductible (if any) shall be reduced to $0 in the relevant policy year for the medical services arising from the designated cancer if the insured person - has attained age 75 or above; - suffers from designated cancer ; - and receives any medical services as a result of designated cancer		N/A	N/A	
Unknown Pre-existing conditions (% of coverage)	No. of days from the policy effective date	Coverage for unknown pre-existing conditions	Days after the policy commences	Coverage for unknown pre-existing conditions	Full cover from policy effective date	Days after the policy commences	Coverage for unknown pre-existing conditions
	First 30 days	0%	First 30 days	0%		First 30 days	0%
	31st day onwards	100%	31st day and onwards	100%		31st day and onwards	100%
Min. no of hours to fulfil confinement definition	N/A		6 hours		6 hours	6 hours	
I. Basic benefits							
(a) Room and board	Full Cover		Full Cover		Full Cover	Full Cover	
(b) Miscellaneous charges	Full Cover		Full Cover		Full Cover	Full Cover	
(c) Attending doctor's visit fee	Full Cover		Full Cover		Full Cover	Full Cover	
(d) Specialist's fee	Full Cover		Full Cover		Full Cover	Full Cover	
(e) Intensive care	Full Cover		Full Cover		Full Cover	Full Cover	

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INTERNAL

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
(f) Surgeon's fee	Full Cover regardless of the surgical category		Full Cover regardless of the surgical category		Full Cover regardless of the surgical category	Full Cover regardless of the surgical category
(g) Anaesthetist's fee	Full Cover		Full Cover		Full Cover	Full Cover
(h) Operating theatre charges	Full Cover		Full Cover		Full Cover	Full Cover
(i) Prescribed Diagnostic Imaging Tests (per Policy Year)	Full Cover		Full Cover		Full Cover	Full Cover
(j) Prescribed Non-surgical Cancer Treatments (per Policy Year)	Full Cover		Full Cover		Full Cover	Full Cover
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care	Full cover for the following specified visits, except chiropractic treatment, physiotherapy, occupational therapy or speech therapy: - More than 30 days before each Confinement or Day Case Procedure: 1 prior outpatient visit or Emergency consultation - Within 30 days before each Confinement or Day Case Procedure: All prior outpatient visits or Emergency consultations - Within 90 days after discharge from Hospital or completion of Day Case Procedure: All follow-up outpatient visits per Confinement/Day Case Procedure		Full Cover - More than 30 days before each Confinement / Day Case Procedure: 1 prior visit - Within 30 days before each Confinement / Day Case Procedure: All prior visits - Within 90 days after each discharge from Hospital or completion of Day Case Procedure: All follow-up visits other than dietitian consultation visits - Within 365 days after each hospital discharge or completion of Day Case Procedure for major or complex surgery: All follow-up visits other than dietitian consultation visits		Full Cover (excluding physiotherapy, chiropractic treatment, occupational therapy and speech therapy) - More than 30 days before each Confinement / Day Case Procedure: 1 prior outpatient visit / Emergency consultation per Confinement / Day Case Procedure - Within 30 days before each Confinement / Day Case Procedure: All prior outpatient visits / Emergency consultation - Within 90 days after discharge from Hospital or completion of Day	Full Cover - More than 30 days before each admission/ day case procedure: 1 visit of prior outpatient visit or emergency consultation per confinement/ day case procedure - Within 30 days before each admission/ day case procedure: All visits of prior outpatient visit or emergency consultation per confinement/ day case procedure - Within 90 days: All visits of follow-up outpatient visit per confinement/ day case procedure

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INTERNAL

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
	Full cover for chiropractic treatment, physiotherapy, occupational therapy or speech therapy: - Within 90 days after discharge from Hospital or completion of Day Case Procedure: Maximum 3 follow-up outpatient visits in total per Confinement/Day Case Procedure		Dietitian consultation outpatient visits: HK$680/ US$85 per visit - Within 90 days after each discharge from Hospital or completion of Day Case Procedure: Max. 4 visits		Case Procedure: All follow-up outpatient visits per Confinement/ Day Case Procedure - Within 180 days after discharge from Hospital: All follow-up outpatient visits per Confinement during which surgical procedure categorised as major or complex in the schedule of surgical procedures has been performed on the insured person For physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy: - within 90 days after discharge from Hospital or completion of Day Case Procedure: Max. 3 visits in total for physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy on follow-up outpatient basis per Confinement/Day Case Procedure	- Within 365 days: All visits of follow-up outpatient visit per confinement/ day case procedure after major or complex surgery

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Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
(I) Psychiatric treatments (per Policy Year)	Full Cover (In Hong Kong and Macau Hospitals only)		HK$40,000/ US$5,000 (In Hong Kong and Macau Hospitals only)		HK$30,000/US$3,898 (In Hong Kong and Macau Hospitals only)	Full Cover (In Hong Kong Hospitals only)
II. Enhanced benefits						
(i) Medical implants (per Policy Year)	Specified items HK$800,000 Other items HK$200,000	Specified items HK$800,000/ US$100,000 Other items HK$200,000/ US$25,000	Medical appliances benefit for reconstructive surgery (each item) HK$96,000/ US$12,000		Specified items Full cover Other items HK$150,000/ US$19,481	Specified items Full cover Other items HK$250,000
(ii) Private nurse's fee (per day)	Full Cover - Max. 30 days per Policy Year and 2 visits per day - Following a surgical procedure or after discharge from ICU		Full Cover - Max. 30 days per Policy Year - Following a surgery or after discharge from ICU		N/A	Full cover - Max. 30 days per Policy Year and 2 time slots per day - Following a surgical procedure or after discharge from ICU
(iii) Hospital companion bed (per day)	Full Cover		Full cover		Full Cover	Full Cover
(iv) Outpatient kidney dialysis	Full Cover		Full Cover		Full Cover	Full Cover (include during Confinement)
(v) Post-Confinement home nursing (per day)	Full Cover - Max. 30 days per Policy Year and 2 visits per day - Within 120 days after discharge from Hospital following a surgical procedure or admission to ICU		Full Cover - Max. 196 days per Policy Year - Within 196 days after discharge from Hospital following a surgery or admission to ICU		Full cover - Max. 90 days per Policy Year and 1 qualified nurse per day - Within 90 days after discharge from Hospital or completion of Day Case Procedure	HK$1,600/ US$200 - Max. 30 days per Policy Year and 2 time slots per day - Within 60 days after discharge from Hospital or completion of Day Case Procedure
(vi) Additional post-Confinement/ Day Case	HK$1,000 per visit	HK$1,000/ US$125 per visit	N/A		HK$6,000/US$780 per Policy Year	- N/A

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Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
Procedure outpatient ancillary benefit	- Max. 30 outpatient visits per Policy Year and 1 visit per day - Within 90 days after discharge from Hospital or completion of Day Case Procedure				- Within 90 days after discharge from Hospital or completion of Day Case Procedure - Payable only if the limit under the benefit "Pre- and Post- Confinement/ Day Case Procedure Outpatient Care" is exhausted	
(vii) Post-surgical procedure/Day Case Procedure Chinese medicine practitioner outpatient care (per visit)	HK$600 - Max. 20 outpatient visits per Policy Year and 1 visit per day - Within 90 days after discharge from Hospital following a surgery or completion of Day Case Procedure	HK$600/ US$75	HK$600/US$75 - Max. 15 follow-up outpatient visits per Confinement/Day Case Procedure and 1 visit per day - Within 90 days after discharge from Hospital or completion of Day Case Procedure		N/A	HK$ 30,000/ US$3,750 per policy year - HK$ 400/ US$50 per day during hospital stay - HK$ 600/ US$ 75 per visit after discharge/day case procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure (up to 1 visit per day))
(viii) Phase 3 Clinical Trial Drugs benefit for Stage III and Stage IV Designated Cancers and incurable haematological malignancy	N/A	N/A	HK $500,000/ US$62,500 per policy year For any reasonable and customary charges incurred outside of Hong Kong, Macau and mainland China which are payable under this benefit item, such reasonable and customary charges incurred shall be reduced to 60% in the calculation of the total benefit amount payable, up to a		N/A	N/A

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Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
			maximum of HKD500,000 or US$62,500 per policy year			
(ix) Reconstructive surgery	(For Specific Cancer) HK$200,000 per Specific Cancer Surgery	(For Specific Cancer) HK$200,000/ US$25,000 per Specific Cancer Surgery	(For restoration of appearance of a body part or a breast) HK$160,000/ US$20,000 per accident/ mastectomy (more than 90 days and within 12 months from the accident)		(For Specified reconstructive surgery) Full Cover	(For Specific Cancer) HK$200,000/ US$25,000 per Policy Year
(x)Rehabilitation (per Policy Year)	HK$50,000	HK$50,000/ US$6,250	HK$80,000/ US$10,000 - Max. 60 days per Policy Year		N/A	HK$80,000/ US$10,000 - Max. 60 days per Policy Year - Stay in Rehabilitation Centre within 90 days after discharge from Hospital
(xi) Expenses for Living Donor Surgery	HK$640,000 per Living Donor Surgery incurred by the Living Donor	HK$640,000/ US$80,000 per Living Donor Surgery incurred by the Living Donor	30% of the sum of surgical expenses for organ transplantation of heart, kidney, liver, lung and bone marrow		N/A	N/A
(xii) Hospice care (per Policy Year)	HK$80,000	HK$80,000/ US$10,000	HK$80,000/ US$10,000		N/A	HK$60,000/ US$7,500
(xiii)Pregnancy complications	Full Cover Waiting period: 12 months		Full Cover Waiting period: 300 days		N/A	Covered Waiting period: 300 days
(xiv)Stroke rehabilitation benefit	N/A		(i) Home facility enhancement benefit HK$50,000/ US$6,250 per Incident (ii) Stroke ancillary benefit 1. Chiropractor / physiotherapist / speech therapist /occupational		N/A	Rehabilitation benefits for Covered Cancer, Heart Attack and Stroke (i) Home facility enhancement: HK$50,000/ US$6,250 per accident

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INTERNAL

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
			therapist / neurosurgeon for consultation and / or treatment 2. Neurologist for consultation, treatment and / or medicines prescribed 3. Chinese medicine practitioner for consultation, treatment and / or medicines prescribed HK$1,000/US$125 per visit, up to HK$100,000/ US$12,500 per Incident (Max. 30 visits per Policy Year) (iii) Disability subsidy benefit HK$5,000/US$625 per month (Max. 24 months per Incident)			(ii) Rehabilitation treatments: HK$1,000/ US$125 per visit (Maximum 15 visits per Policy Year, up to 1 visit per day for each type of covered treatments, Maximum HK$45,000/ US$5,625 per Incident)
(xv) HIV / AIDS Treatment	Payable under core benefit		Payable under core benefit		Payable under core benefit	Payable under core benefit
(xvi) Emergency outpatient care (per Policy Year)	Full Cover (within 24 hours of the Accident)		Full Cover (within 24 hours of the Accident)		Full Cover (within 24 hours of the Accident)	Full Cover (within 24 hours of the Accident)
(xvii) Emergency dental care	Full Cover (within 14 days of the Accident)		Full Cover (within 3 months of the Accident)		N/A	Full Cover (within 14 days of the Accident)
(xviii) Lifestage check-up benefit	N/A		Receive 1 check-up in the policy year immediately following every 3rd consecutive renewal of the policy		N/A	One of the Health screening tests or vaccination provided by the plan can be selected for each Policy Year immediately following every 3rd Renewal * Not including the eye examination which is solely a visual acuity and / or refraction test.

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Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
III. Other benefits						
(i) Compassionate death benefit	HK$80,000 per life	HK$80,000/ US$10,000 per life	HK$10,000/ US$1,250 per life		HK$10,000/US$1,299 per Policy	HK$80,000/ US$10,000 per Policy
(ii) Accidental death benefit	HK$80,000 per life	HK$80,000/ US$10,000 per life	N/A		N/A	HK$80,000/ US$10,000 per Policy
(iii) Cash benefits	Cash benefit for Confinement in General Ward of a private Hospital (Advance only) (for Hong Kong and Macau private Hospitals only)		Cash benefit for Lower ward class (for Hong Kong and Macau private Hospitals only) (Max. 60 days per Policy Year)		Cash benefit for lower ward class in Hong Kong and Macau HK$1,000/US$130per day (Max. 10 days per confinement)	Cash benefit for Confinement in room type below the Semi-Private Room in Hong Kong: HK$1,000/US$125 per day
	HK$1,000 per continuous 24 hours period	HK$1,000/ US$125 per continuous 24 hours period	HK$1,200/ US$150 per day			
	Cash benefit for designated Day Case Procedures (Max. 1 designated Day Case Procedure per day)		Cash benefit for Day surgery (Max. 1 designated Procedure per Policy Year)			
	HK$1,000 per day	HK$1,000/ US$125 per day	HK$1,600/US$200 per procedure			
Other items						
Second Medical Opinion	Included		Included		Included	Included
International Medical Assistance/ Worldwide Emergency Assistance	Included		Included		Included	Included
No claim benefits	No claim discount up to 16% premium discount	N/A	N/A		No claim discount up to 15% premium discount	N/A
Wellness Programme	Manulife MOVE		AIA Vitality		AXA Goal	Cover the eligible expenses of any one of the health screening tests or vaccination once within the

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INTERNAL

Company	Manulife		AIX		AXX	PRX
Product Name	VHIS Supreme (Advance)	VHIS Supreme Lite (Advance)	PrXvilege Ultra / PrXvilege Ultra Pearl (Asia Plan)		WXseGuard Pro (Enhance)	PRXHealth VHIS VIP
Plan Type	Basic plan	Rider	Basic plan	Rider	Basic plan/ Rider	Basic plan/ Rider
						year after every 3rd policy renewal
Value Added Services	(1) Cashless day surgery eService (applicable to $0 deductible only) (2) Cashless outpatient cancer treatment service (3) Cashless hospitalization (4) Holistic "Medical Professional Support Service"		(1) Medical concierge services (2) Medical Expense Pre-approval Service and Cashless Service for hospitalization for network doctor (3) Personal Medical Case Management Services with Rehabilitation Management		(1) Cashless hospitalization (2) Free hospital admission deposit guarantee service in Mainland China (3) Case management (4) AXA nurse hotline	(1) Treatment Sure service (including Medical Concierge) (2) Cashless Service for hospitalization, day case procedure and Prescribed Diagnostic Imaging (3) Medical Green Channel (4) SmartAppoint Service

2. VHIS Supreme/ VHIS Supreme Lite (Smart)

Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
Launch Date (Revamped Date)	Feb 17, 2020 (Jan 1, 2024)	Nov 6, 2023	Jul 25, 2019 (Jul 31, 2023)
Annual Benefit Limit (per Policy Year)	HK$5,000,000	HK$5,000,000/ US$625,000	HK$5,000,000/ US$645,161 (Compassionate Death Benefit will not be counted towards the Annual Benefit Limit)
	(Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Annual Benefit Limit)		
Lifetime Benefit Limit	HK$20,000,000 per life	HK$20,000,000/ US$2,500,000 per life	Nil
	(Compassionate Death Benefit and Accidental Death Benefit will not be counted towards the Lifetime Benefit Limit)		
Deductible (per Policy Year)	- HK$0 - HK$22,800 - HK$45,000 - HK$100,000	- HK$0/US$0 - HK$25,000/US$3,125 - HK$50,000/US$6,250 - HK$100,000/US$12,500	- HK$0/US$0 - HK$20,000/US$2,500 - HK$50,000/US$6,250
Policy Currency	HKD	HKD/USD	HKD/USD

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INTERNAL

Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
Benefit Period	Lifetime		Up to age 100
Territorial scope of cover	Asia includes Australia and New Zealand		Greater China
Within territorial scope of cover	For PRC: Designated Hospitals: up to Benefit Schedule Elite Hospitals*: Adjust to 90% Non-designated Hospitals: up to VHIS Standard Plan Benefit Schedule *no benefit shall be payable under Expenses for Living Donor Surgery		N/A
Emergency Treatment outside territorial scope of cover	Up to Benefit Schedule		Up to Benefit Schedule
Non-Emergency Treatment outside territorial scope of cover	Up to VHIS Standard Plan Benefit Schedule		Up to VHIS Standard Plan Benefit Schedule
- Hong Kong	General ward		General ward
- PRC & Macau	Semi-Private		
- Australia and New Zealand	General ward		N/A
- Asia outside Hong Kong, PRC, Macau, Australia and New Zealand)	Semi-Private		
Ward class adjustment factor	General ward to Semi-Private 50% Above Standard Private 25%		General ward to Semi-Private 50% General ward to Standard Private 25% Above Standard Private 0%
Option to reduce deductible without re-underwriting (once per lifetime)	Upon policy anniversary of Age 50, 55, 60, 65, 70, 75, 80, 85		Upon policy anniversary of Age 55, 60, 65, 70, 75

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Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
Unknown Pre-existing conditions (% of coverage)	No. of days from the policy effective date First 30 days 31st day and onwards	Coverage for unknown pre-existing conditions 0% 100%	Full cover from policy effective date
Min. no of hours to fulfil confinement definition	N/A		6 hours
I. Basic benefits			
(a) Room and board	Full Cover		Full Cover
(b) Miscellaneous charges	Full Cover		Full Cover
(c) Attending doctor's visit fee	Full Cover		Full Cover
(d) Specialist's fee	Full Cover		Full Cover
(e) Intensive care	Full Cover		Full Cover
(f) Surgeon's fee	Full Cover regardless of the surgical category		Full Cover regardless of the surgical category
(g) Anaesthetist's fee	Full Cover		Full Cover
(h) Operating theatre charges	Full Cover		Full Cover
(i) Prescribed Diagnostic Imaging Tests (per Policy Year)	Full Cover		Full Cover
(j) Prescribed Non-surgical Cancer Treatments (per Policy Year)	Full Cover		Full Cover
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care	Full cover for the following specified visits, except chiropractic treatment, physiotherapy, occupational therapy or speech therapy: - More than 30 days before each Confinement or Day Case Procedure: 1 prior outpatient visit or Emergency consultation - Within 30 days before each Confinement or Day Case Procedure: All prior outpatient visits or Emergency consultations		Full Cover (excluding physiotherapy, chiropractic treatment, occupational therapy and speech therapy) - More than 30 days before each Confinement / Day Case Procedure: 1 prior outpatient visit / Emergency consultation per Confinement / Day Case Procedure - Within 30 days before each Confinement / Day Case Procedure: All prior outpatient visits / Emergency consultation

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INTERNAL

Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
	- Within 90 days after discharge from Hospital or completion of Day Case Procedure: All follow-up outpatient visits per Confinement/Day Case Procedure Full cover for chiropractic treatment, physiotherapy, occupational therapy or speech therapy: - Within 90 days after discharge from Hospital or completion of Day Case Procedure: 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: All follow-up outpatient visits per Confinement/ Day Case Procedure - Within 180 days after discharge from Hospital: All follow-up outpatient visits per Confinement during which surgical procedure categorised as major or complex in the schedule of surgical procedures has been performed on the insured person For physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy: - within 90 days after discharge from Hospital or completion of Day Case Procedure: Max. 3 visits in total for physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy on follow-up outpatient basis per Confinement/Day Case Procedure
(I) Psychiatric treatments (per Policy Year)	Full Cover (In Hong Kong and Macau Hospitals only)		HK$30,000/US$3,898 (In Hong Kong and Macau Hospitals only)
II. Enhanced benefits			
(i) Medical implants (per Policy Year)	Specified items HK$800,000 Other items HK$200,000	Specified items HK$800,000/ US$100,000 Other items HK$200,000/ US$25,000	Specified items Full cover Other items HK$150,000/ US$19,481
(ii) Private nurse's fee (per day)	Full Cover - Max. 30 days per Policy Year and 2 visits per day - Following a surgical procedure or after discharge from ICU		N/A
(iii) Hospital companion bed (per day)	Full Cover		Full Cover
(iv) Outpatient kidney dialysis	Full Cover		Full Cover
(v) Post-Confinement home nursing (per day)	Full Cover - Max. 30 days per Policy Year and 2 visits per day		Full cover - Max. 90 days per Policy Year and 1 qualified nurse per day

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INTERNAL

Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
	- Within 120 days after discharge from Hospital following a surgical procedure or admission to ICU		- Within 90 days after discharge from Hospital or completion of Day Case Procedure
(vi) Additional post-Confinement/ Day Case Procedure outpatient ancillary benefit	HK$1,000 per visit	HK$1,000/ US$125 per visit	HK$3,000/US$390 per Policy Year - Within 90 days after discharge from Hospital or completion of Day Case Procedure - Payable only if the limit under the benefit "Pre- and Post-Confinement/ Day Case Procedure Outpatient Care" is exhausted
	- Max. 30 outpatient visits per Policy Year and 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 (per visit)	HK$600	HK$600/ US$75	N/A
	- Max. 20 outpatient visits per Policy Year and 1 visit per day - Within 90 days after discharge from Hospital following a surgery or completion of Day Case Procedure		
(viii) Reconstructive surgery	HK$200,000 per Specific Cancer Surgery	HK$200,000/ US$25,000 per Specific Cancer Surgery	(For Specified reconstructive surgery) Full Cover
	(For Specific Cancer)		
(ix) Rehabilitation (per Policy Year)	HK$50,000	HK$50,000/ US$6,250	N/A
(x) Expenses for Living Donor Surgery	HK$640,000 per Living Donor Surgery incurred by the Living Donor	HK$640,000/ US$80,000 per Living Donor Surgery incurred by the Living Donor	N/A
(xi) Hospice care (per Policy Year)	HK$80,000	HK$80,000/ US$10,000	N/A
(xii) Pregnancy complications	Full Cover Waiting period: 12 months		N/A
(xiii) Stroke rehabilitation benefit	N/A		N/A
(xiv) HIV / AIDS Treatment	Payable under core benefit		Payable under core benefit
(xv) Emergency outpatient care (per Policy Year)	Full Cover (within 24 hours of the Accident)		Full Cover (within 24 hours of the Accident)
(xvi) Emergency dental care	Full Cover (within 14 days of the Accident)		N/A
III. Other benefits			

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Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit

宏利晉悅自願醫保靈活計劃/ 宏利晉逸自願醫保附加保障

Internal Reference Only

Company	Manulife		AXX
Product Name	VHIS Supreme (Smart)	VHIS Supreme Lite (Smart)	WXseGuard Pro (Regular)
Plan Type	Basic plan	Rider	Basic plan/ Rider
(i) Compassionate death benefit	HK$80,000 per life	HK$80,000/ US$10,000 per life	HK$10,000/US$1,299 per Policy
(ii) Accidental death benefit	HK$80,000 per life	HK$80,000/ US$10,000 per life	N/A
(iii) Cash benefits	Cash benefit for designated Day Case Procedures (Max. 1 designated Day Case Procedure per day)		N/A
	HK$1,000 per day	HK$1,000/ US$125 per day	
Other items			
Second Medical Opinion	Included		Included
International Medical Assistance/ Worldwide Emergency Assistance	Included		Included
No claim benefits	No claim discount up to 16% premium discount	N/A	No claim discount up to 15% premium discount
Wellness Programme	Manulife MOVE		AXA Goal
Value Added Services	(1) Cashless day surgery eService (applicable to $0 deductible only) (2) Cashless outpatient cancer treatment service (3) Cashless hospitalization (4) Holistic "Medical Professional Support Service"		(1) Cashless hospitalization (2) Free hospital admission deposit guarantee service in Mainland China (3) Case management (4) AXA nurse hotline

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INTERNAL

b. Annual Premium Comparison

Manulife VHIS Supreme Basic (Advance)

	Annual Premium (in HKD)				
Product	**Manulife VHIS Supreme (Advance)%**	**AIX PriXilege Ultra**	**AIX PXivilege Ultra Pearl**	**AXX WXseGuard Pro (Enhance)**	**PRX PRXHealth VHIS VIP**
Residency	**HK/Macau/ PRC**	**HK/Macau**	**PRC**	**HK/Macau/ PRC**	**HK/Macau**
Annual Benefit Limit	**12M**	**12M**		**25M**	**12M**
Lifetime Benefit Limit	**60M**	**60M**		**Nil**	**56M**
Deductible	**0**				
Age 0	11,019	9,672	10,640	8,428	11,851
Age 25	13,517	11,912	13,104	9,886	12,252
Age 35	16,582	16,488	18,144	13,785	16,900
Age 45	22,522	22,240	24,464	18,394	23,609
Age 55	36,832	34,280	37,712	26,723	35,166
Deductible	**22,800**	**25,000**		**20,000**	
Age 0	4,302	4,048	4,456	4,010	4,854
Age 25	5,362	4,688	5,160	4,423	4,656
Age 35	6,683	6,552	7,208	6,094	6,321
Age 45	8,976	9,120	10,032	8,825	8,535
Age 55	13,943	14,232	15,656	12,942	14,401
Deductible	**45,000**	**50,000**			
Age 0	3,751	3,160	3,480	2,612	4,006
Age 25	4,675	3,664	4,032	3,390	3,844
Age 35	5,828	5,112	5,624	4,275	5,270
Age 45	7,827	7,120	7,832	5,952	6,968
Age 55	12,158	11,104	12,216	9,347	11,495
Deductible	**100,000**	**100,000**			**96,000**
Age 0	2,545	N/A			2,924
Age 25	3,139				2,806
Age 35	3,985				3,847
Age 45	5,684				5,086
Age 55	9,614				8,392

%The premium will be effective from 1 Jan 2025

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Manulife VHIS Supreme Basic (Smart)

Annual Premium (in HKD)		
Product	Manulife VHIS Supreme (Smart) %	AXX WXseGuard Pro (Regular)
Residency	HK/Macau/PRC	HK/Macau/PRC
Annual Benefit Limit	5M	5M
Lifetime Benefit Limit	20M	Nil
Deductible	0	
Age 0	6,378	7,188
Age 25	7,881	7,003
Age 35	11,275	9,482
Age 45	14,330	13,047
Age 55	21,404	19,848
Deductible	22,800	20,000
Age 0	3,097	3,618
Age 25	3,708	3,993
Age 35	5,304	5,286
Age 45	6,867	7,557
Age 55	10,326	11,466
Deductible	45,000	50,000
Age 0	2,271	1,980
Age 25	2,608	2,589
Age 35	3,269	3,148
Age 45	4,554	4,640
Age 55	7,958	7,358

%The premium will be effective from 1 Jan 2025

Manulife VHIS Supreme Lite Rider (Advance)

Annual Premium (in HKD)					
Product	Manulife VHIS Supreme Lite (Advance) %	AIX PriXilege Ultra	AIX PXivilege Ultra Pearl	AXX WXseGuard Pro (Enhance)	PRX PRXHealth VHIS VIP
Residency	HK/Macau/PRC	HK/Macau	PRC	PRC	HK/Macau
Annual Benefit Limit	12M	12M		25M	12M
Lifetime Benefit Limit	60M	60M		Nil	56M
Deductible	0				
Age 0	7,120	8,376	9,216	8,428	11,851
Age 25	9,448	10,312	11,344	9,886	12,252
Age 35	13,886	14,288	15,720	13,785	16,900
Age 45	18,023	19,264	21,192	18,394	23,609
Age 55	26,361	29,688	32,664	26,723	35,166
Deductible	25,000			20,000	
Age 0	2,993	3,488	3,840	4,010	4,854
Age 25	3,794	4,096	4,512	4,423	4,656
Age 35	5,625	5,664	6,232	6,094	6,321
Age 45	7,374	7,872	8,664	8,825	8,535
Age 55	11,087	12,280	13,512	12,942	14,401
Deductible	50,000				
Age 0	2,523	2,728	3,008	2,612	4,006
Age 25	3,344	3,200	3,520	3,390	3,844

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Age 35	4,360	4,424	4,872	4,275	5,270
Age 45	6,073	6,144	6,760	5,952	6,968
Age 55	10,205	9,584	10,544	9,347	11,495
Deductible	100,000	100,000			96,000
Age 0	2,175	N/A			2,924
Age 25	2,683				2,806
Age 35	3,406				3,847
Age 45	4,858				5,086
Age 55	8,217				8,392

%The premium will be effective from 1 Jan 2025

Manulife VHIS Supreme Lite Rider (Smart)

Annual Premium (in HKD)		
Product	Manulife VHIS Supreme Lite (Smart) %	AXX WXseGuard Pro (Regular)
Residency	HK/Macau/PRC	HK/Macau/PRC
Annual Benefit Limit	5M	5M
Lifetime Benefit Limit	20M	Nil
Deductible	0	
Age 0	5,695	7,188
Age 25	7,038	7,003
Age 35	10,067	9,482
Age 45	12,795	13,047
Age 55	19,111	19,848
Deductible	25,000	20,000
Age 0	2,693	3,618
Age 25	3,224	3,993
Age 35	4,612	5,286
Age 45	5,972	7,557
Age 55	8,980	11,466
Deductible	50,000	
Age 0	1,892	1,980
Age 25	2,173	2,589
Age 35	2,724	3,148
Age 45	3,795	4,640
Age 55	6,632	7,358

%The premium will be effective from 1 Jan 2025

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