

Manulife Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan

Product Manual

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1. Introduction

Health Bureau (HHB) implemented the Voluntary Health Insurance Scheme (VHIS) with the aim to provide an alternative to public healthcare services through 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, one Standard Plan - Manulife Shelter VHIS Standard Plan and one Flexi Plan - Manulife First VHIS Flexi Plan are introduced.

2. Market Opportunities **[UPDATED]**

	<p>Overwhelmed public healthcare services</p> <ul style="list-style-type: none"> During peak flu season, the medical inpatient bed occupancy rate exceeded 100 %¹ most of the time The waiting time for new case medicine bookings could be as long as 118 weeks² in 2018 <p>Source: (1) Hospital Authority: Public Hospitals Key Statistics during Winter Surge. Taking early 2019 as an example, the medical inpatient bed occupancy rate exceeded 100% on January 1 – 31 and February 7 – 14, 2019 (2) Hospital Authority: Waiting Time for New Case Bookings at Specialist Out-patient Clinics (January 1 – December 31, 2018). The waiting time for stable new case bookings in the New Territories West could be as long as 118 weeks</p>
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	<p>Huge and rising medical costs</p> <ul style="list-style-type: none"> The median expenditure of a private hospital stay is \$ 45,000¹ which is close to 3 times² the median personal income in Hong Kong Median fees for surgical operations have increased by 33 % over the last 4 years³. <p>Source: (1) 2017 survey conducted by the Life Underwriters Association of Hong Kong (LUAHK), published in Insurance & Financial Planning Bimonthly E-Magazine of LUAHK (November & December 2017 Edition) (Chinese version only) (2) Census and Statistics Department: Women and Men in Hong Kong - Key Statistics (2018 Edition). The median monthly employment earnings was HK\$15,500 in 2017 (3) Comparison of fees between 2014 and 2018 for ultra-major, major and intermediate surgical operations/procedures, published in Hong Kong Medical Association Doctors' Fees Survey 2018</p>
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	<p>Group insurance may not be sufficient</p> <ul style="list-style-type: none"> Group medical insurance can only cover 66% to 76%¹ of hospitalization expenses The coverage may even discontinue in case of changing job, retirement or layoffs <p>Source: (1) The Hong Kong Federation of Insurers, Medical Claims Statistics 2016</p>
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Longer life, more medical reserves is needed

- The average life expectancy is **86.8 years** for women and **80.7 years** for men in Hong Kong¹
- Amongst Hong Kong people who had been admitted into hospitals, **31.2%**² were aged 65 or above

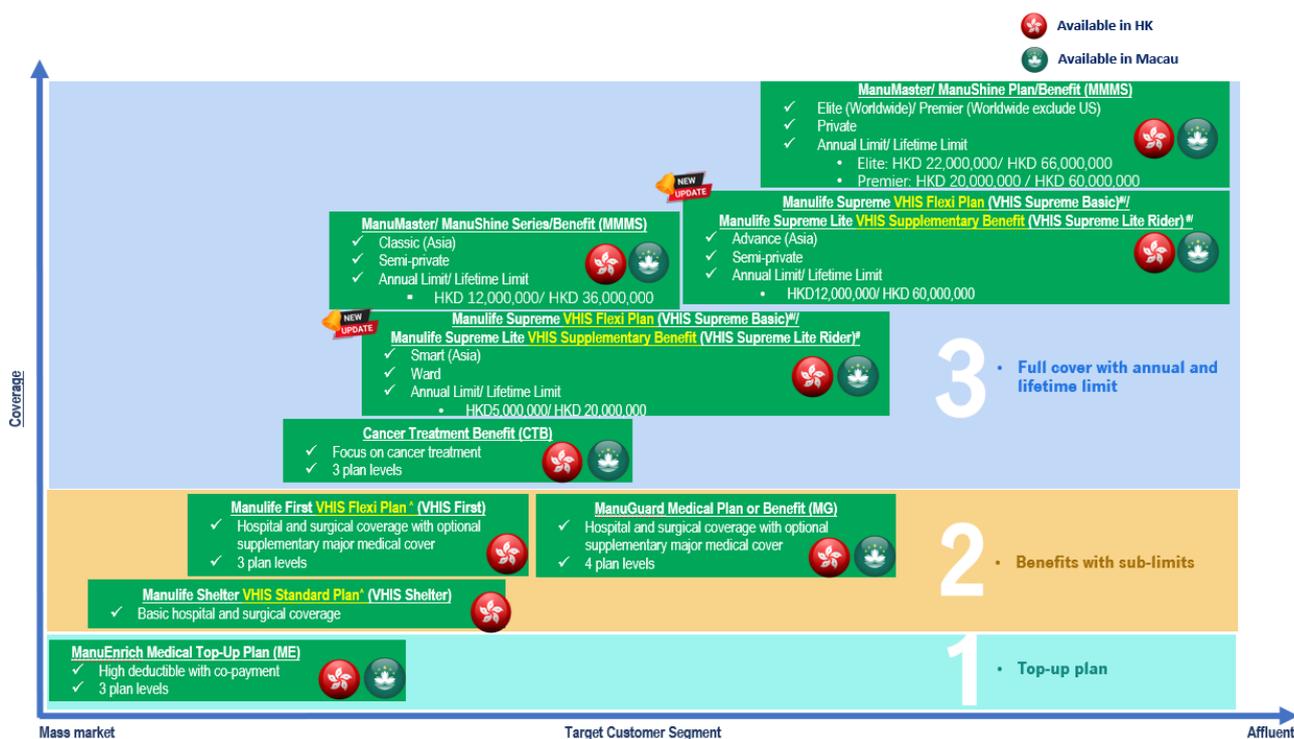
Source:
 (1) Centre for Health Protection, Government of the HKSAR, Life Expectancy at Birth (Male and Female), 1971–2022
 (2) Census and Statistics Department, Thematic Household Survey Report No. 63, December 2017. The survey was conducted in 2016-2017

3. Target Customers

- Mass market and mid-affluent
- Those who would not like to rely on public medical system and prefer 1) more choices of medical treatments and 2) quality medical services provided by private hospitals
- Those who have no medical coverage
- Those who have group medical coverage only but the scope of coverage is insufficient
- Those who are inclined to government certified plans
- Those who are sensitive to tax concession

4. Product Positioning [UPDATED]

Our internal medical products positioning is deployed as below:



5. Product Overview & Highlights

5.1 Product Overview

Plan Name	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan	
Plan Code	<ul style="list-style-type: none"> HV599 		
Plan Nature	<ul style="list-style-type: none"> Medical insurance plan certified by the Health Bureau of the Government of the Hong Kong Special Administrative Region 		
Plan Type	<ul style="list-style-type: none"> Basic Plan 		
Premium Payment Period	Up to age 100 (Attained age)	Lifetime	
Benefit Period	Up to age 100 (Attained age)	Lifetime	
Renewability	<ul style="list-style-type: none"> Standard Plan: Guaranteed up to age 100 (Attained age) Flexi Plan: Lifetime guaranteed 		
Premium Structure	<ul style="list-style-type: none"> Yearly renewal and non-guaranteed 		
Policy Currency	<ul style="list-style-type: none"> HKD 		
Issue Age	<ul style="list-style-type: none"> 0 (15 days) – 80 (Attained age) 		
Payment Mode & Modal factor	Annual	1.00	
	Semi-annual	0.52	
	Quarterly	0.265	
	Monthly	0.09	
Rating characteristics	<ul style="list-style-type: none"> Based on age nearest birthday, gender, ward class and supplementary medical benefit option (if applicable) No difference for smoking status 		
Participating	<ul style="list-style-type: none"> Non-participating 		
Rider Available	<ul style="list-style-type: none"> Outpatient Benefit (OB570) 		
International Medical Assistance	<ul style="list-style-type: none"> Optional as free 		

5.2 Product Highlight

	<p>Dedicated Protection Along The Way</p> <ul style="list-style-type: none"> • Cover medical service expenses on reimbursement basis, from diagnostic tests to post-treatment care • Including but not limited to hospitalization benefits, diagnostic benefits, surgical benefits and pre- and post -Confinement/Day Case Procedure outpatient care
	<p>Guaranteed Renewal</p> <ul style="list-style-type: none"> • Guaranteed renewal up to age 100 regardless of the insured’s health conditions at the time of renewal (applicable to Manulife Shelter VHIS Standard Plan) • Lifetime guaranteed renewal regardless of the insured’s health conditions at the time of renewal (applicable to Manulife First VHIS Flexi Plan)
	<p>Health Discount</p> <ul style="list-style-type: none"> • 8% / 16% premium discount if no claims for certain policy years
	<p>ManulifeMOVE</p> <ul style="list-style-type: none"> • 5% / 7% / 10% premium discount if specified activity goal is achieved
	<p>Tax Incentive</p> <ul style="list-style-type: none"> • Relevant premiums paid by policy holder for himself and his specified family member(s) can be applied for tax deduction up to a ceiling of HK\$8,000 per insured per year
	<p>Claimable amount estimation</p> <ul style="list-style-type: none"> • Upfront claimable amount estimation with reference to customer’s coverage for non-emergency surgical procedures
	<p>Additional peace of mind with extra safety-net (applicable to Manulife First VHIS Flexi Plan)</p> <ul style="list-style-type: none"> • If Supplementary Medical Benefit is selected, offer additional reimbursements when the actual eligible medical expenses exceed the benefit limit • 20% coinsurance can be waived if there’s preliminary assessment

Manulife Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan

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6. Benefit Schedules

Benefit items	Benefit limit (in HKD)							
	Manulife Shelter VHIS Standard Plan		Manulife First VHIS Flexi Plan					
			Ward		Semi-private Room		Private Room	
Certification no.	S00034-01-000-02		<u>Ward:</u> F00019-01-000-03 <u>Ward with MM:</u> F00019-01-001-03 <u>Ward with MMP:</u> F00019-01-002-03		<u>Semi-private Room:</u> F00019-02-000-03 <u>Semi-private Room with MM:</u> F00019-02-001-03 <u>Semi-private Room with MMP:</u> F00019-02-002-03		<u>Private Room:</u> F00019-03-000-03 <u>Private Room with MM:</u> F00019-03-001-03 <u>Private Room with MMP:</u> F00019-03-002-03	
I. Basic benefits								
(a) Room and board (Maximum 180 days per Policy Year)	\$750 per day		\$1,200 per day		\$2,500 per day		\$4,500 per day	
(b) Miscellaneous charges	\$14,000 per Policy Year		\$15,000 per Policy Year		\$21,000 per Policy Year		\$35,000 per Policy Year	
(c) Attending doctor's visit fee (Maximum 180 days per Policy Year)	\$750 per day		\$900 per day		\$1,900 per day		\$3,900 per day	
(d) Specialist's fee	\$4,300 per Policy Year		\$4,300 per Policy Year		\$6,000 per Policy Year		\$12,000 per Policy Year	
(e) Intensive care (Maximum 25 days per Policy Year)	\$3,500 per day		\$4,200 per day		\$5,600 per day		\$10,000 per day	
(f) Surgeon's fee (Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures)	Complex	\$50,000	Complex	\$52,500	Complex	\$73,500	Complex	\$105,000
	Major	\$25,000	Major	\$26,250	Major	\$36,750	Major	\$52,500
	Intermediate	\$12,500	Intermediate	\$13,125	Intermediate	\$18,375	Intermediate	\$26,250
	Minor	\$5,000	Minor	\$5,250	Minor	\$7,350	Minor	\$10,500

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Benefit items	Benefit limit (in HKD)			
	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan		
		Ward	Semi-private Room	Private Room
(g) Anaesthetist's fee	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable
(h) Operating theatre charges	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable
(i) Prescribed diagnostic imaging tests	\$20,000 per Policy Year Subject to 30% Coinsurance	\$25,000 per Policy Year Subject to 30% Coinsurance	\$30,000 per Policy Year Subject to 30% Coinsurance	\$35,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed non-surgical cancer treatments	\$80,000 per Policy Year	\$100,000 per Policy Year	\$150,000 per Policy Year	\$225,000 per Policy Year
(k) Pre- and post-confinement/day case procedure outpatient care	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) 	\$1,100 per visit, up to \$16,000 per Policy Year <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) 	\$1,400 per visit, up to \$20,000 per Policy Year <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) 	\$2,000 per visit, up to \$29,000 per Policy Year <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$30,000 per Policy Year	\$30,000 per Policy Year	\$35,000 per Policy Year	\$40,000 per Policy Year
Other limits for basic benefits				
Annual Benefit Limit for benefit items I. Basic benefits (a) – (l)	\$420,000 per Policy Year	Nil	Nil	Nil
Lifetime Benefit Limit for benefit items I. Basic benefits (a) – (l)	Nil	Nil	Nil	Nil
II. Other benefits				
(a) Special bonus	\$150 per day of Confinement	\$300 per day of Confinement	\$600 per day of Confinement	\$1,200 per day of Confinement

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Benefit items	Benefit limit (in HKD)			
	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan		
		Ward	Semi-private Room	Private Room
<i>(Maximum 180 days per Policy Year)</i>				
(b) Compassionate death benefit	\$10,000	\$10,000	\$10,000	\$10,000
(c) Accidental death benefit	\$10,000	\$10,000	\$10,000	\$10,000
(d) Medical negligence benefit	\$100,000	\$100,000	\$100,000	\$100,000
III. Enhanced benefits				
(a) Isolation room <i>(Maximum 180 days per Policy Year)</i>	N/A	\$1,100 per day	\$2,300 per day	\$4,000 per day
(b) Hospital companion bed <i>(Maximum 180 days per Policy Year)</i>		Full cover per day	Full cover per day	Full cover per day
(c) Outpatient kidney dialysis		\$90,000 per Policy Year	\$135,000 per Policy Year	\$200,000 per Policy Year
(d) Post-confinement home nursing		\$660 per visit, up to \$13,000 per Policy Year <ul style="list-style-type: none"> 15 follow-up nursing visits at home per Confinement (within 90 days after discharge from Hospital) 	\$960 per visit, up to \$19,000 per Policy Year <ul style="list-style-type: none"> 15 follow-up nursing visits at home per Confinement (within 90 days after discharge from Hospital) 	\$1,760 per visit, up to \$35,000 per Policy Year <ul style="list-style-type: none"> 15 follow-up nursing visits at home per Confinement (within 90 days after discharge from Hospital)
(e) Emergency outpatient care		\$6,600 per Policy Year	\$11,000 per Policy Year	\$15,000 per Policy Year
(f) Supplementary medical benefit (optional)		N/A	Supplementary medical benefit shall be payable for the Eligible Excess Expenses of the following benefit items – <ul style="list-style-type: none"> I. Basic benefits (a) – (h); and III. Enhanced benefits (e) payable in accordance with (i) to (ix) below, subject to 20% supplementary medical Coinsurance and up to-	
Major medical		<ul style="list-style-type: none"> Before Age 76: \$100,000 	<ul style="list-style-type: none"> Before Age 76: \$160,000 per 	<ul style="list-style-type: none"> Before Age 76: \$250,000 per

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Benefit items	Benefit limit (in HKD)			
	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan		
		Ward	Semi-private Room	Private Room
		per Disability per Policy Year <ul style="list-style-type: none"> On or after Age 76: \$105,000 per Disability per Policy Year 	Disability per Policy Year <ul style="list-style-type: none"> On or after Age 76: \$168,000 per Disability per Policy Year 	Disability per Policy Year <ul style="list-style-type: none"> On or after Age 76: \$262,500 per Disability per Policy Year
Major medical plus		<ul style="list-style-type: none"> Before Age 76: \$175,000 per Disability per Policy Year On or after Age 76: \$183,750 per Disability per Policy Year 	<ul style="list-style-type: none"> Before Age 76: \$305,000 per Disability per Policy Year On or after Age 76: \$320,250 per Disability per Policy Year 	<ul style="list-style-type: none"> Before Age 76: \$525,000 per Disability per Policy Year On or after Age 76: \$551,250 per Disability per Policy Year
(i) Miscellaneous charges		Payable after exceeding the benefit limit as stated under I. Basic benefits (b)		
(ii) Specialist's fee		Payable after exceeding the benefit limit as stated under I. Basic benefits (d)		
(iii) Surgeon's fee		Payable after exceeding the benefit limit as stated under I. Basic benefits (f)		
(iv) Anaesthetist's fee		Payable after exceeding the benefit limit as stated under I. Basic benefits (g)		
(v) Operating theatre charges		Payable after exceeding the benefit limit as stated under I. Basic benefits (h)		
(vi) Emergency outpatient care		Payable after exceeding the benefit limit as stated under III. Enhanced benefits (e)		
(vii) Room and board		Payable after exceeding the limit on the number of days (i.e. 180 days per Policy Year) as stated under I. Basic benefits (a), subject to -		
		\$1,200 per day	\$2,500 per day	\$4,500 per day
(viii) Attending doctor's visit fee		Payable after exceeding the limit on the number of days (i.e. 180 days per Policy Year) as stated under I. Basic benefits (c), subject to -		
		\$900 per day	\$1,900 per day	\$3,900 per day
(ix) Intensive care		Payable after exceeding the limit on the number of days (i.e. 25 days per Policy Year) as stated under I. Basic benefits (e), subject to -		
		\$4,200 per day	\$5,600 per day	\$10,000 per day
Other limits				
Annual Benefit Limit for benefit items	N/A	Nil		

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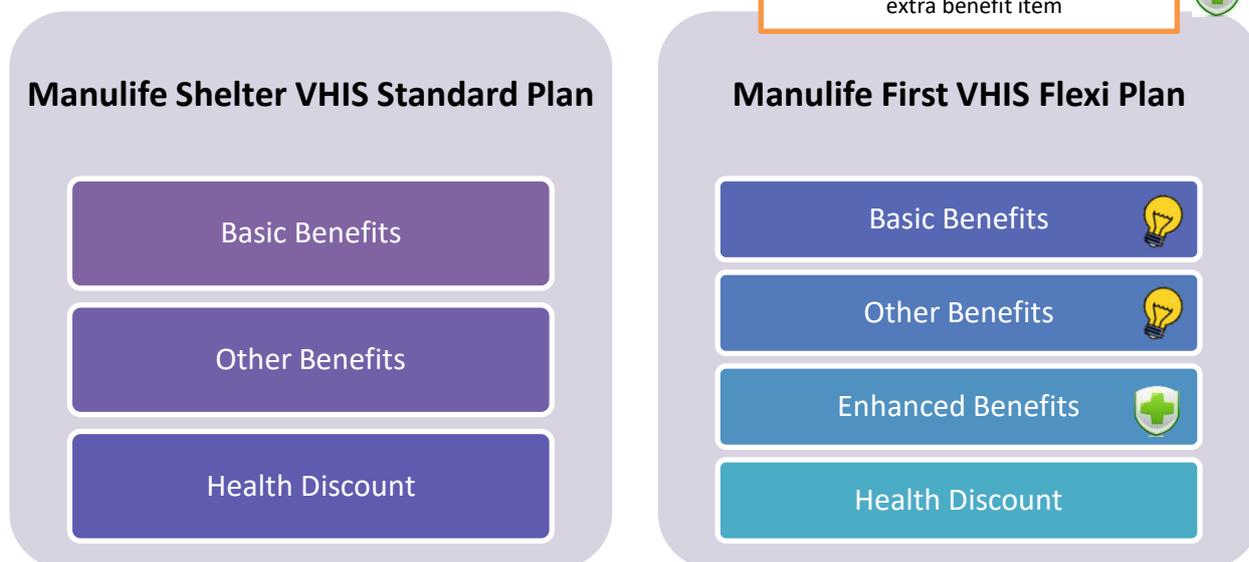
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Benefit items	Benefit limit (in HKD)		
	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan	
		Ward	Semi-private Room
II. Other benefits (a) – (d) and III. Enhanced benefits (a) – (f)			
Lifetime Benefit Limit for benefit items II. Other benefits (a) – (d) and III. Enhanced benefits (a) – (f)	N/A	Nil	

7. Product Details

7.1 Plan structure



* Also with free International Medical Assistance, this is not part of the Certified Plan

7.2 General scope of coverage

	<p>Geographical Coverage</p> <ul style="list-style-type: none"> • Worldwide, <u>except for</u> <ul style="list-style-type: none"> ○ Psychiatric treatments restricted in Hong Kong ○ Supplementary medical benefit (if applicable) with adjustment factor
	<p>Choice of Healthcare Services Providers*</p> <ul style="list-style-type: none"> • No restriction <p><small>* Example of Healthcare Services Providers include registered medical practitioners and hospitals</small></p>
	<p>Choice of Ward Class</p> <ul style="list-style-type: none"> • No restriction, <u>except for</u> <ul style="list-style-type: none"> ○ Supplementary medical benefit (if applicable) with adjustment factor
	<p>Confinement and non-Confinement Services</p> <ul style="list-style-type: none"> • Cover eligible expenses arise from confinement • Cover eligible expenses arise from day case procedure, prescribed diagnostic imaging test (with 30% co-insurance) or prescribed non-surgical cancer treatment • Subject to conditions including but not limited to Reasonable and Customary expenses and Medically Necessary treatments

While under ManuGuard, some items require in-patient setting

7.3 Basic benefits

VHIS Plans and ManuGuard are using different benefits base.
 In general, VHIS Plans: Per Policy Year& Per Surgery; ManuGuard: Per Disability



Per Policy Year V.S. Per Surgery V.S. Per Disability? Which one is better?

It depends.

- In case of illness that requires long term treatment, e.g. Cancer, plans calculated on a per policy year basis will be beneficial as the benefit amount can be reset every year
- In case of a disability requires more than one surgery, e.g. Oesophagogastroduodenoscopy (OGD) follow by Partial gastrectomy for stomach cancer, plans calculated on a per surgery basis will be beneficial as two surgeries will be paid, while under plan with per disability base, only surgery with highest reimbursement percentage will be paid
- While in case there are more than one disability in a year, plans calculated on a per disability basis will be beneficial as each disability will have their own set of benefit amount

(a) Confinements and procedures

Items	Coverage & key notes (If any)
Room and board	<ul style="list-style-type: none"> • cost of accommodation and meals
Miscellaneous charges	<ul style="list-style-type: none"> • cost of <ul style="list-style-type: none"> ○ road ambulance service to and/or from the hospital ○ anaesthetic and oxygen administration ○ administration charges for blood transfusion ○ dressing and plaster casts ○ medicine and drug prescribed and consumed during confinement or any day case procedure ○ medicine and drug prescribed upon discharge from confinement or completion of day case procedure for use up to the ensuing 4 weeks ○ additional surgical appliances, equipment and devices and implants, disposables and consumables used during surgical procedure other than those included in “Operating Theatre Charges” ○ medical disposables, consumables, equipment and devices ○ diagnostic imaging services, including ultrasound and x-ray, and their interpretation, other than those included in “Prescribed Diagnostic Imaging Tests” ○ intravenous (“IV”) infusions including iv fluids ○ laboratory examinations and reports, including the pathological examination performed for the surgery or procedure during the confinement or any day case procedure ○ rental of walking aids and wheelchair for inpatients ○ physiotherapy, occupational therapy and speech therapy during confinement
<div style="border: 1px solid #FFA500; padding: 5px; display: inline-block;"> Items to be covered is different from ManuGuard ManuGuard: Inpatient only VHIS: Inpatient and day case procedure </div>	
Attending doctor's visit fee	<ul style="list-style-type: none"> • cost of visit or consultation by attending registered medical practitioner
Specialist's fee	<ul style="list-style-type: none"> • cost of visit or consultation by specialist • such specialist is not the attending registered medical practitioner • recommended in writing by attending registered medical practitioner is needed
Intensive care	<ul style="list-style-type: none"> • cost of intensive care services

While under ManuGuard, there's respective reimbursement % per disability for surgeries



(b) Surgeries

Items	Coverage & key notes (If any)
Surgeon's fee	<ul style="list-style-type: none"> cost of surgical procedure performed by attending surgeon <ul style="list-style-type: none"> payable according to the categorization (minor, intermediate, major, complex) listed in Schedule of Surgical Procedures* <p>* if a surgical procedure is not included in the Schedule of Surgical Procedures, the Company will determine its surgical category according to the gazette published by the Government or any other relevant publication or information</p>
Anaesthetist's fee	<ul style="list-style-type: none"> cost of anaesthetist for a surgical procedure
Operating theatre charges	<ul style="list-style-type: none"> cost of operating theatre for a surgical procedure <ul style="list-style-type: none"> e.g. treatment room, recovery room

While under ManuGuard, outpatient claim will not be covered



(c) Prescribed diagnostic imaging tests

Items	Coverage & key notes (If any)
Prescribed diagnostic imaging tests	<ul style="list-style-type: none"> cost of computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined recommended in writing by attending registered medical practitioner is needed with co-insurance of 30% both inpatient and day case setting are covered

(d) Pre- and post-confinement/day case procedure outpatient care

Items	Coverage & key notes (If any)
Pre- confinement/day case procedure outpatient care	<ul style="list-style-type: none"> outpatient visit or emergency consultation before admission / procedures <ul style="list-style-type: none"> e.g. consultation, western medication prescribed, diagnostic test
Post- confinement/day case procedure outpatient care	<ul style="list-style-type: none"> outpatient visit after admission / procedures <ul style="list-style-type: none"> e.g. consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy, diagnostic test

While under ManuGuard, cover outpatient chemotherapy, radiotherapy and target therapy under Long Term Care Benefit, else, treatments in inpatient setting will be covered under Hospital Service



(e) Other treatments

Items	Coverage & key notes (If any)
Prescribed non-surgical cancer treatments	<ul style="list-style-type: none"> cost of chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy cost of outpatient consultation for treatment planning, monitoring of prognosis and development during the treatment course by a specialist both inpatient and day case setting are covered
Psychiatric treatments	<ul style="list-style-type: none"> Restricted in Hong Kong confinement* is needed recommended by a specialist is needed <p>* if confinement is not solely for the purpose of psychiatric treatments, this benefit only cover expenses related to psychiatric treatments * if confinement involve psychiatric and non-psychiatric treatments and no cost break down can be made, payment from which benefit item will be determine by the initial purpose of confinement</p>

7.4 Enhanced Benefits (applicable to Manulife First VHIS Flexi Plan only)

(a) Confinements and procedures

Items	Coverage & key notes (If any)
Isolation room	<ul style="list-style-type: none"> • cost of accommodation and meals • such confinement is due to infectious illnesses* • pay if “room and board” is payable • pay the eligible expense in excess of room and board’s daily limit * Please see provision for the full list
Hospital companion bed	<ul style="list-style-type: none"> • cost of 1 extra bed for 1 person who accompanies the insured during confinement • pay if “room and board” or “intensive care” is payable

(b) Post-confinement care

Items	Coverage & key notes (If any)
Post-Confinement home nursing	<ul style="list-style-type: none"> • cost of nursing services by 1 registered nurse during a home visit • recommended in writing by attending registered medical practitioner is needed • such home visit is directly related to and as a result of the condition arising from the same cause of confinement following a surgical procedure or admission to an intensive care unit

(c) Other treatments

Items	Coverage & key notes (If any)
Outpatient kidney dialysis	<ul style="list-style-type: none"> • cost of haemodialysis or peritoneal dialysis for insured who is diagnosed with chronic and irreversible kidney failure in day case setting • recommended in writing by attending registered medical practitioner is needed • pre- /post- day case procedure outpatient care regarding Outpatient Kidney Dialysis will be paid in this benefit
Emergency outpatient care	<ul style="list-style-type: none"> • cost of emergency treatment • such treatment must be received in the outpatient unit of hospital within 24 hours of an accident

(d) Supplementary medical benefit (applicable if selected)

- This benefit will be calculated using the following formula, subject to the respective limits for each Disability in a Policy Year as stated in benefit schedule:

$$\left(\begin{array}{c} \text{Eligible Excess} \\ \text{Expenses} \end{array} \right) \times \begin{array}{c} \text{1 - Supplementary} \\ \text{Medical} \\ \text{Coinsurance} \\ \text{(if applicable)} \end{array} \times \begin{array}{c} \text{Ward Class} \\ \text{Adjustment} \\ \text{Factor} \\ \text{(if applicable)} \end{array} \times \begin{array}{c} \text{Location} \\ \text{Adjustment} \\ \text{Factor} \\ \text{(if applicable)} \end{array} \right)$$

	<p>Eligible Excess Expenses</p> <ul style="list-style-type: none"> Refers to the following expenses in excess of the respective benefit limits <ul style="list-style-type: none"> ✓ Miscellaneous charges ✓ Specialist's fee ✓ Surgeon's fee ✓ Anaesthetist's fee ✓ Operating theatre charges ✓ Emergency outpatient care Also refers to the following expenses exceeding the respective limits on the number of days <ul style="list-style-type: none"> ✓ Room and board ✓ Attending doctor's visit fee ✓ Intensive care <div style="border: 1px solid orange; padding: 5px; margin-top: 10px;"> While under ManuGuard, Hospital Companion Bed, Pre- / Post-Hospitalization / Outpatient Surgery Outpatient, Post-Hospitalization Home Nursing, Post-Hospitalization Ancillary Service are included in Major Medical Benefit / Major Medical Plus Benefit  </div> <div style="border: 1px solid orange; padding: 5px; margin-top: 10px;"> Limits on the number of days different from ManuGuard </div>															
	<p>Supplementary Medical Coinsurance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Without Preliminary Assessment</td> <td style="text-align: center;">20%</td> </tr> <tr> <td style="text-align: center;">With Preliminary Assessment</td> <td style="text-align: center;">0%</td> </tr> </table> <p><small>* Please see section 9.6 for details of Preliminary Assessment</small></p>	Without Preliminary Assessment	20%	With Preliminary Assessment	0%											
Without Preliminary Assessment	20%															
With Preliminary Assessment	0%															
	<p>Ward Class Adjustment Factor</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #f4a460;">Designated Ward Class</th> <th style="background-color: #f4a460;">Ward class of the Confinement</th> <th style="background-color: #f4a460;">Ward Class Adjustment Factor</th> </tr> </thead> <tbody> <tr> <td>Ward</td> <td>Private Room or above</td> <td>25%</td> </tr> <tr> <td>Ward</td> <td>Semi-private Room</td> <td>50%</td> </tr> <tr> <td>Semi-private Room</td> <td>Private Room or above</td> <td>50%</td> </tr> <tr> <td>Private Room</td> <td>Above Private Room</td> <td>50%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Not applicable if such upgrade of confinement <ul style="list-style-type: none"> ✓ not involve personal preference ✓ due to absence of available room of Designated Ward Class ✓ due to medical conditions that require a specific class of room for isolation ✓ any other Medically Necessary reason 	Designated Ward Class	Ward class of the Confinement	Ward Class Adjustment Factor	Ward	Private Room or above	25%	Ward	Semi-private Room	50%	Semi-private Room	Private Room or above	50%	Private Room	Above Private Room	50%
Designated Ward Class	Ward class of the Confinement	Ward Class Adjustment Factor														
Ward	Private Room or above	25%														
Ward	Semi-private Room	50%														
Semi-private Room	Private Room or above	50%														
Private Room	Above Private Room	50%														
	<p>Location Adjustment Factor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Expenses incurred outside Asia (excluding the United States of America)</td> <td style="text-align: center;">75%</td> </tr> <tr> <td style="text-align: center;">Expenses incurred in the United States</td> <td style="text-align: center;">50%</td> </tr> </table>	Expenses incurred outside Asia (excluding the United States of America)	75%	Expenses incurred in the United States	50%											
Expenses incurred outside Asia (excluding the United States of America)	75%															
Expenses incurred in the United States	50%															

Manulife First and ManuGuard have different SMM claim basis.
 Manulife First: Per Disability Per Policy Year; ManuGuard: Per Disability 

Per Disability Per Policy Year V.S. Per Disability? What is the difference?

Under Per Disability per Policy Year claim basis, SMM benefit limit for each disability shall be counted anew every policy year; while it is not the case for Per Disability claim basis. Let's look at the examples below.

	<p>Benefit Limits for Supplementary Medical Benefit</p> <ul style="list-style-type: none"> • For Eligible Excess Expenses incurred in different Policy Years <ul style="list-style-type: none"> ✓ SMM benefit limits for each Disability shall be counted anew every Policy Year <div style="border: 1px solid orange; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">ManuGuard SMM benefit limits for each disability shall NOT be counted anew every policy year</p> </div> <ul style="list-style-type: none"> • For Eligible Excess Expenses incurred within the same Policy Year <ul style="list-style-type: none"> ✓ Concerning <i>Different Disabilities</i>: SMM benefit limits shall be counted anew for each Disability in the same Policy Year[^] ✓ Concerning <i>Same Disability</i>: The SMM benefit limit shall be counted anew for each Medical Service concerning the same Disability in the same Policy Year provided that the relevant Medical Service performed on the Insured Person does not occur within 90 consecutive days following the Last Date* of the previous Medical Service in relation to the same Disability. <p>[^]Any Medical Service involving more than 1 Disability within the same Policy Year shall be subject to 1 benefit limit for supplementary medical benefit.</p> <p>*Last Date shall mean the following date:</p> <ol style="list-style-type: none"> a. the discharge date of Confinement; or b. the date on which the Medical Service is performed on the Insured Person as a Day Patient, <p>whichever is later.</p> <div style="border: 1px solid orange; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Same as ManuGuard on the SMM claim basis regardless of the same/different disability(ies) incurred within the same policy year</p> </div>
---	---

Illustrative Examples

(A) Eligible excess expenses incurred in different policy years

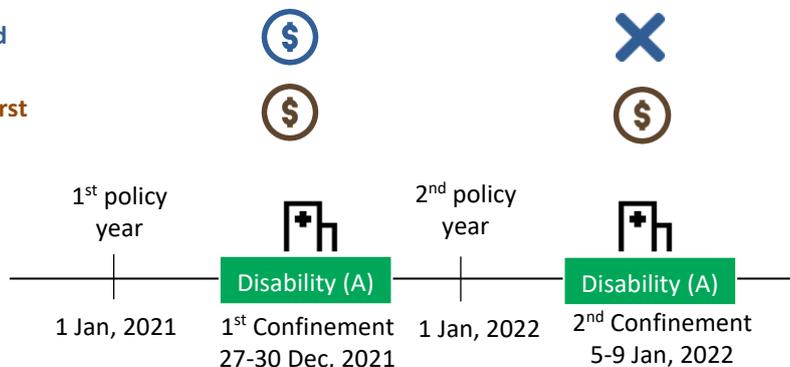
Assumption:

- SMM benefit limit = HK\$100,000
- The limit of basic benefits of both confinements have been exhausted after benefit paid for Disability (A)

 SMM benefit paid = HK\$100,000

ManuGuard

Manulife First



Since the 1st confinement and 2nd confinement are separated less than 90 consecutive days apart, the SMM benefit of ManuGuard will not be payable for the 2nd confinement.

The SMM benefit limits of Manulife First will be **counted anew** in every policy year for each disability; while the SMM benefit limits of ManuGuard will be **counted anew** for each disability only

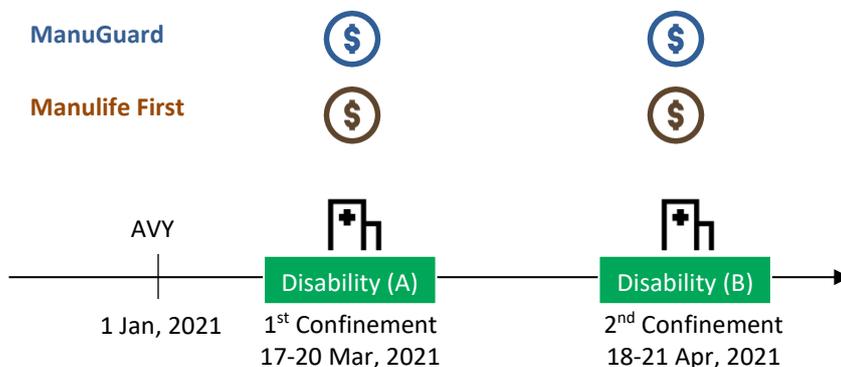
Illustrative Examples

(B) Eligible excess expenses incurred within the same policy year on different disabilities

Assumption:

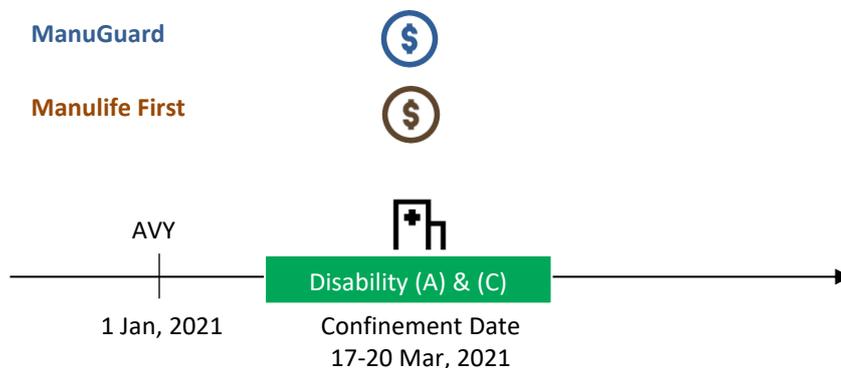
- SMM benefit limit = HK\$100,000
- The per policy year limit for basic benefits has been exhausted after benefit paid for 1st confinement for Disability (A)

 SMM benefit paid = HK\$100,000



SMM benefit limits of both Manulife First and ManuGuard will be **counted anew** for **each disability** in the same policy year

What happen if there are more than 1 disability incurred in the same confinement?



For both Manulife First and ManuGuard, the expenses incurred for all disabilities involved in the same medical service shall be **subject to 1 SMM benefit limit**

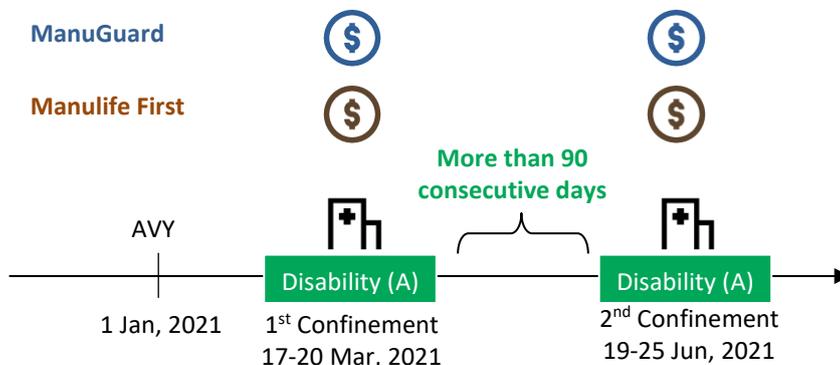
Illustrative Examples

(C) Eligible excess expenses incurred within the same policy year on the same disability

Assumption:

- SMM benefit limit = HK\$100,000
- The per policy year limit of basic benefits has been exhausted after benefit paid for the 1st confinement

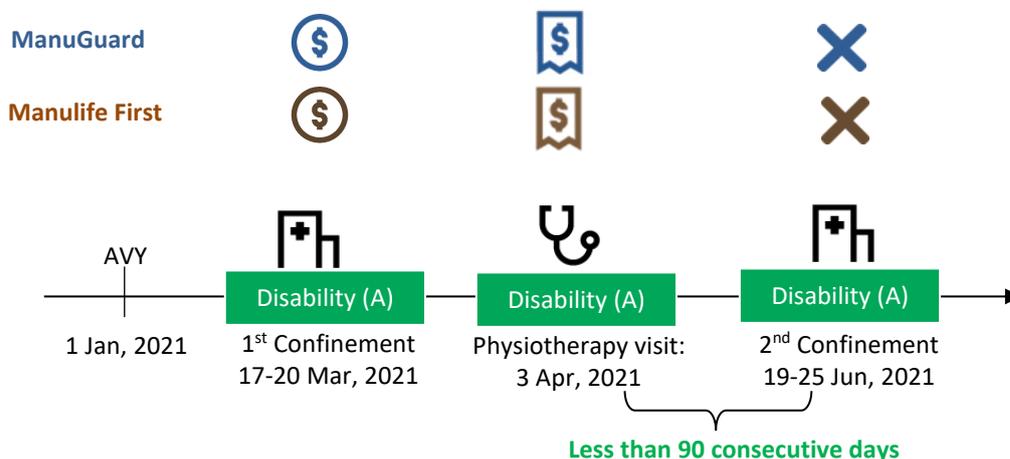
 SMM benefit paid = HK\$100,000



For both Manulife First and ManuGuard, SMM benefit limit will be **counted anew** for each **medical service*** concerning the same disability in the same policy year which are **more than 90 consecutive days apart**

What will happen if the medical services received for the same disability **are less than 90 consecutive days apart**?

 Post-Confinement outpatient care = HK\$1,000



For both Manulife First and ManuGuard, SMM benefit limit will **NOT** be **counted anew** for each **medical service*** concerning the same disability in the same policy year which are **less than 90 consecutive days apart**

*Medical services shall mean medically necessary services, including, as the context requires, confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a disability.

7.5 Other Benefits
(a) Bonus

Unlike ManuGuard, there's no hospital cash under VHIS as these plans encourage use of private health services



Items	Coverage & key notes (If any)
Special Bonus	<ul style="list-style-type: none"> offer extra cash bonus for each day of confinement if a claim in respect of the eligible expenses incurred during a confinement is payable under Manulife Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan and <ul style="list-style-type: none"> such eligible expenses have been fully reimbursed under any other hospital reimbursement plans provided by any insurance company(ies) other than us; or we reimburse such eligible expenses after any reimbursement has been paid under any other hospital reimbursement plans provided by any insurance company(ies) other than us

(b) Death

Items	Coverage & key notes (If any)
Compassionate death benefit	<ul style="list-style-type: none"> death of insured
Accidental death benefit	<ul style="list-style-type: none"> death of insured due to accident such death occurs within 90 days of the accident
Medical negligence benefit	<ul style="list-style-type: none"> death of insured due to negligence of a healthcare professional of a hospital during the course of medical procedure or treatment such death occurs within 30 days of such recorded and proven incident constituting such negligence a public admission of such negligence and liability therefore is made by the hospital concerned such death is independent of any other cause

7.6 Health Discount

- Enjoy premium discount if no claim made under this policy for a certain period of time:

No Claim Period	Health Discount
2 - 4 consecutive Policy Years*	8%
5+ consecutive Policy Years*	16%

* Refers to policy years immediately prior to the premium due date
- To determine if there's a claim in a policy year, we use
 - Medical expenses incur date

Sep 2018

Dec 2018

Jan 2019

Feb 2019

No claim from
Feb 2019 onward →

Have medical services in 2018 and 2019
 - But not confinement date

Sep 2018

Dec 2018

Jan 2019

Feb 2019

No claim from
Feb 2019 onward →

Confine in a hospital from 2018 till 2019

	<p>Taking ManuGuard as an example, no claim period will be count starting from 2019</p>
	<p>* The above illustration assume policy anniversary = Jan 1, 2014</p>

ManuGuard and VHIS Plans define no claim period in different ways

7.7 International Medical Assistance [UPDATED]

- Services in time of emergency when travelling abroad
 - Provided by a third-party service provider
 - Manulife shall make no representation, warranty or undertaking as to the availability of any medical opinions given by the medical service provider or any services given by the service providers
 - Manulife shall not be liable for any fault, negligence and/or default in the services provided by the service provider
 - The services may change from time to time
- Provided for free
- This is not part of the Certified Plan

8. Important Notes / Concepts

8.1 Reasonable and Customary

	<ul style="list-style-type: none"> • It refers to the level of charges that does not exceed the general range for similar treatment, services or supplies to individuals with similar conditions • In practice, we will take reference from <ul style="list-style-type: none"> ○ 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 <p><small>* Please see provision for the exact definition</small></p>
--	--

8.2 Medically Necessary

	<ul style="list-style-type: none"> • 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, the medical service should <ul style="list-style-type: none"> ○ require the expertise of, or be referred by, a registered medical practitioner ○ be consistent with the diagnosis and necessary for the investigation and treatment ○ be rendered in accordance with standards of good and prudent medical practice ○ 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
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* Please see provision for the exact definition, in particular, how to determine a Confinement is Medically Necessary

While under ManuGuard, there's exclusion on pre-existing conditions



8.3 Pre-existing Conditions [UPDATED]



- For known pre-existing conditions
 - case-based exclusion(s) may be imposed due to pre-existing conditions (only before Policy Issuance Date or the Policy Effective Date (whichever is the earlier))
 - 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
- For unknown pre-existing conditions
 - i.e. the pre-existing condition(s) that the policy holder and/or insured 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 that will be payable according to the table below

Manulife Shelter VHIS Standard Plan

Days after the policy commences	Reimbursement arrangement (% of eligible medical expenses incurred)
1st Policy Year	no coverage
2nd Policy Year	25%
3rd Policy Year	50%
4th Policy Year onwards	full coverage (Subject to maximum benefit limit)

Manulife First VHIS Flexi Plan

Days after the policy commences	Reimbursement arrangement (% of eligible medical expenses incurred)
First 30 days	no coverage
31 st day and onwards	full coverage (Subject to maximum benefit limit)

While under ManuGuard, there's 30 days waiting period for non-accidental hospital benefits



8.4 Policy Effective Date



- It refers to the commencement date of Terms and Benefits
- Equivalent to Policy Year Date, which is the Issue Date
- Back-date: Not allowed

8.5 Exclusions (Key differences between ManuGuard and VHIS)

	ManuGuard	VHIS
Pre-existing conditions	Has such exclusion	No such exclusion
Medical appliances and medical devices	Procurement or <i>use</i> of medical appliances and medical devices for the benefit of the Insured is excluded	Purchase of durable medical equipment or appliances is excluded , while <i>rental</i> of medical equipment or appliances during Confinement or on the day of the Day Case Procedure is not excluded
High risk activities	The insured engaging in, taking part in or otherwise involving himself or herself in <i>(i) scuba diving; or (ii) any kind of race on motorized vehicles or on horse; or (iii) mountaineering involving the use of ropes or guides</i> , in the course of performing his or her duties under a contract of employment or a contract for service or a partnership or as a sole proprietor is excluded	No such exclusion
Human Immunodeficiency Virus ("HIV") and its related Disability	Treatment or test performed on the Insured that relate to Acquired Immunization Deficiency Syndrome (AIDS) any Human Immunodeficiency Virus or any related or associated condition or AIDS Related Complex (ARC) is excluded	Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs <i>before</i> the Policy Effective Date is excluded * If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability <i>within the first 5 years</i> after the Policy Effective Date shall be presumed to be contracted or occur <i>before</i> the Policy Effective Date, while manifestation <i>after such 5 years</i> shall be presumed to be contracted or occur <i>after</i> the Policy Effective Date.
Congenital conditions	Any congenital or inherited disorder or developmental conditions (only applicable if the disorder gives rise to signs or symptoms or was diagnosed before the Insured reaches <i>age 16</i>) of the Insured is excluded	Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained <i>age 8</i> is excluded
Sleep disorders	Sleep disorders (except for the treatment of sleep apnoea which is life-threatening as confirmed by a Specialist and approved by the Company in advance) is excluded	No such exclusion
Treatment of obesity, weight control programmes or bariatric surgery	Treatment of obesity (including morbid obesity), weight control programmes or bariatric surgery (except when bariatric surgery is necessary as confirmed by a Specialist after failure of conventional treatments and approved by the Company in advance) is excluded	No such exclusion

9. Special Administration Rules

9.1 Application [UPDATED]

	Scenario	Forms
	New Business	“Application For Traditional Products” (U03)
	Migration	Form F856 – Application Supplement for VHIS Migration (Full Underwriting) * Please see VHIS Migration Reference Manual for details

9.2 Underwriting

	<ul style="list-style-type: none"> • Full underwriting • Available for Hong Kong Identification (ID) Card holder* * Please see Residency Underwriting Guideline for details • 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 • Single policy holder only (joint owner is not allowed) • Single insured only (family plan is not allowed) • Company as policy holder is not allowed • Multiple Manulife Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan policies are allowed per insured
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9.3 Policy service

	<ul style="list-style-type: none"> • Plan upgrade / downgrade: Next AVY (see section 9.9 for details) • Reinstatement: Not allowed • Back-date: Not allowed • Rider addition / deletion: next MVY • Ownership change: once per year • Beneficiary change: once per year
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9.4 Claims

	<ul style="list-style-type: none"> • Follow existing practice to provide notice and proof of claim
---	---

9.5 Claims control measures **[UPDATED]**



- Ensure good claims experiences (medical expenses are within reasonable and customary range)
- **On portfolio basis for ALL in-scope products**
- 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 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 Ratio¹ = $\frac{\text{Total claim reimbursement of ALL in-scope products in previous 4 quarters}}{\text{Average inforce annualized premium of ALL in-scope products in previous 4 quarters}}$
- 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 has been implemented since 2022 Q2
- Other notes
 - Experience from split cases are shared among the agents in proportion
 - Unassigned policies (orphan cases) are not in-scope

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

9.6 Claim estimation / preliminary assessment

	<ul style="list-style-type: none"> • Claim estimation <ul style="list-style-type: none"> ○ By providing the estimated charges from the medical provider, Manulife will then provide an estimate on the claimable amount ○ Such estimate is for reference only • Preliminary assessment <ul style="list-style-type: none"> ○ It is a written notice issued by Manulife which sets out the claimable amount ○ To obtain a preliminary assessment, following conditions should be fulfilled <ul style="list-style-type: none"> ▪ Complete and submit the prescribed form at least 5 working days before receiving medical services ▪ In case of any variations on the medical services, resubmission of the revised prescribed form is needed ▪ Preliminary assessment is issued before receiving medical services ▪ The medical treatment must receive in Hong Kong ○ For emergency treatment due to accident or emergency, preliminary assessment should be done within a reasonable period of time after receiving medical services <p><small>* Please see Simple Guide on Claimable Amount Estimate / Preliminary Assessment for the procedures</small></p>
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9.7 Annual Record of Premium Paid

Annual Record of Premium Paid	
	<ul style="list-style-type: none"> • In compliance with the VHIS requirement, companies should provide proof of Annual Record of Premium Paid to assist policyholders to claim tax deduction in April of 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.
	<ul style="list-style-type: none"> • The Annual Record of Premium Paid must show clearly the information required by the Inland Revenue Department for claiming tax deduction, including – <ol style="list-style-type: none"> (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

CHENG XX XXXXX
 XXXX XXXXX
 XXXXXXX XXXX
 XXXX XXXXX XXX
 XXXX

Issue Date: 30/11/2022
Policy No.: 28XXXXXXX
Financial Advisor: ECT XXX XXXX XX
Contact No.: 1XXX XXXX

Policy Details

Policyowner: CHENG XXX XXXXX
Life Insured: CHENG XXX XXXXX
Policy Year Date (D/M/Y): 22/10/2018
Payment Mode: Annual
VHIS Certified Plan: Manulife First VHIS Flexi Plan (Semi-private Room)
Certification No.: F00019-02-000-03

Premium Payment Period: 01 July 2022 – 31 October 2022

Premium Payment Date / Premium Reversal Date (D/M/Y)	Transaction Description	Premiums Paid and Due (HKD)	Benefit Coverage Period (D/M/Y)
22/10/2022	Apply Premium	20,234.48	22/10/2022 - 21/10/2023

Total Premium Paid and Due (HKD): 20,234.48 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 record of premium paid 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

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**
Policies in force 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 policyowner	Effective date of ownership change (Name <i>before</i> ownership change)	From 1 April of preceding year to effective date of ownership change
	New policyowner	1 April of current year (Name <i>after</i> ownership change)	Next day of the effective date of ownership change to 31 March of current year
Policy 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 policy		No Annual Record of Premium Paid will be generated	

** In the event of premium refund / reversal, the premium refunded / reversed from the policy will be reflected in the Annual Record of Premium Paid in which its transaction date falls into. Please refer to the attached Simple Guide to 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 Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan > Sales Admin](#)).

9.8 Renewal Notice

Renewal Notice	
	<ul style="list-style-type: none"> • In accordance with the VHIS requirement, <ul style="list-style-type: none"> ○ Manulife shall give the policyholder 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 policyholders, Manulife should offer the Flexi Plan for renewal and also the Standard Plan as the fall-back renewal option if the policyholder refuses to accept the Flexi Plan offered for renewal. This option is also mentioned in the Renewal Notice, please see the red box in the sample of renewal notice as below.
	<ul style="list-style-type: none"> • The renewal notice shows premium breakdown for the subsequent policy year including the following items (if applicable): <ul style="list-style-type: none"> (a) Basic Plan Premium; (b) Extra Premium; (c) Health Discount; (d) ManulifeMOVE Discount/ManulifeMOVE Bonus Premium Discount; (e) Campaign discount (including Premium Saver for VHIS Family Discount); and (f) Supplementary Benefits (including Outpatient Benefit (OB570)) premium • Premium levy to Insurance Authority (IA) will not be shown (same as VHIS Policy Schedule) • For the sample of the renewal notice, please refer to Manutouch > Home > Sales And Service > Products & Comparison > Manulife Shelter VHIS Standard Plan / Manulife First VHIS Flexi Plan > Others

9.9 Coverage Change for VHIS Plans [UPDATED]

(a) Coverage Change Eligibility

VHIS policyholders 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:

Original coverage	New 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, policyholder 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	<ul style="list-style-type: none"> Applicable to the coverage change involving: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Applicable to the coverage change involving: <ul style="list-style-type: none"> 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”) <p>Note:</p> <p>(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.</p>
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	<p>(ii) Manulife Supreme VHIS Flexi Plan/ Manulife Supreme Lite VHIS Supplementary Benefit CANNOT be downgraded to Manulife First VHIS Flexi Plan.</p>
<p>Handling</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 <u>downgrade</u>, skip part III to VI) ○ VHIS Coverage Change proposal of new coverage (Note: “Outpatient Benefit” should be attached to the new proposal if the policyholder wants to add/retain “Outpatient Benefit” in the new 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. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Important Notes:</p> <ol style="list-style-type: none"> 1. Health Discount arrangement (Applicable to Manulife Shelter VHIS Standard Plan/ Manulife First VHIS Flexi Plan/ Manulife Supreme VHIS Flexi Plan) <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - Any promotional campaigns and/or offers (including ManulifeMOVE Discount) in respect of the original coverage will be terminated after the coverage change. - If the policyowner 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) <ul style="list-style-type: none"> - If “Outpatient Benefit” is attached to the original coverage, it will be terminated upon the non-renewal of the original coverage. </div>

	<p>- New "Outpatient Benefit" coverage will become effective together with the new coverage.</p>		
	<ul style="list-style-type: none"> Implications on the new coverage once the coverage change application across different VHIS plans has been approved and the new coverage has been issued: 		
		<p>Manulife Shelter VHIS Standard Plan upgrade to Manulife First VHIS Flexi Plan</p>	<p>Manulife First VHIS Flexi Plan/Manulife Supreme VHIS Flexi Plan / Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan</p>
	Policy Number	<ul style="list-style-type: none"> Issue with new policy number 	
	Policy Effective Date	<ul style="list-style-type: none"> Same as the last policy anniversary date of the original coverage 	
	Policy provisions	<ul style="list-style-type: none"> 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)	<p>Except Manulife Supreme Lite VHIS Supplementary Benefit downgrade to Manulife Shelter VHIS Standard Plan,</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 policyowner 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	<ul style="list-style-type: none"> Re-underwriting shall be applied to such upgrade or additional benefits 	<ul style="list-style-type: none"> No re-underwriting required
Riders (Applicable to Manulife Shelter	<ul style="list-style-type: none"> If "Outpatient Benefit" is attached to the original coverage, it will be terminated upon non-renewal of the original coverage 		

		VHIS Standard Plan/ Manulife First VHIS Flexi Plan / Manulife Supreme VHIS Flexi Plan)	<ul style="list-style-type: none"> New “Outpatient Benefit” coverage will become effective together with the new coverage 	
	Exclusion(s) and/or extra premium	<ul style="list-style-type: none"> Manulife may impose extra premium and/or apply case-based exclusion(s) or decline the coverage change 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. 	<ul style="list-style-type: none"> Any exclusion(s) and/or extra premium applicable to the original coverage will be carried forward to the new coverage 	
	Waiting period for unknown pre-existing condition(s) of the new coverage	<ul style="list-style-type: none"> Count from the effective date of the new coverage 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Such health condition change will be treated as pre-existing conditions under the new coverage in relation to such upgrade or additional benefits 	<ul style="list-style-type: none"> Such health condition change will not be treated as pre-existing conditions under the new coverage 	
	Coverage for death benefit for suicide	<ul style="list-style-type: none"> Count from the effective date of the original coverage 		

- 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

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

Branch code: _____ Location: _____
 分行代碼: _____ 地點: _____
 Advertiser code: _____
 廣告主代碼: _____
 Advertiser name: _____
 廣告主名稱: _____
 Contact no.: _____
 聯絡電話: _____

ORIGINAL PLAN'S POLICY NO. 原計劃保單號碼	NAME OF POLICYOWNER 保險持有人姓名	NAME OF INJURED PERSON 受保人姓名
ORIGINAL COVERAGE 原保障	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(「更改保障計劃申請書」)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 (US3) with other relevant documents 按此表格填寫自願醫保標準計劃更改保障申請書(US3)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/ 宏利至尊自願醫保靈活計劃/ 宏利至尊輕自願醫保附加保障 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 (US3) - skip part III to VI with other relevant documents 按此表格填寫自願醫保靈活計劃更改保障申請書(US3) - 略過 III 至 VI 及其他相關文件)

Important Notes: Please read before filling in this form. 重要提示: 請於填寫此表格前細閱此項內容

- 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書中所用大寫英文字樣與新保障所用者具有相同涵義。
- 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. 任何原保障相關的推廣及/或優惠(包括 ManulifeMOVE 折扣, 如適用)將在更改保障計劃後終止, 為免爭議, 如本人希望於新保障下繼續享有 ManulifeMOVE 優惠折扣, 受保人必須為 ManulifeMOVE 成員及新保障必須於享有優惠折扣的周年日維持有效最少 12 個月。詳情請瀏覽 www.manulife.com.hk/MOVE。
- 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書獲批准, 原保障將被終止及不獲續保, 新保障將在原保障終止及不獲續保後即時生效, 本更改保障計劃申請書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」一同提交。
- 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 / 宏利至尊自願醫保靈活計劃, 該附加保障將於原保障不獲續保時終止, 新的「門診附加保障」將與新保障一同生效。
- 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. 宏利將保留時時更新本表格內容, 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提交之申請表格。

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書及新保障申請書獲批准後, 以下(i)至(iii)項將適用於閣下的新保障條款及細則約束:

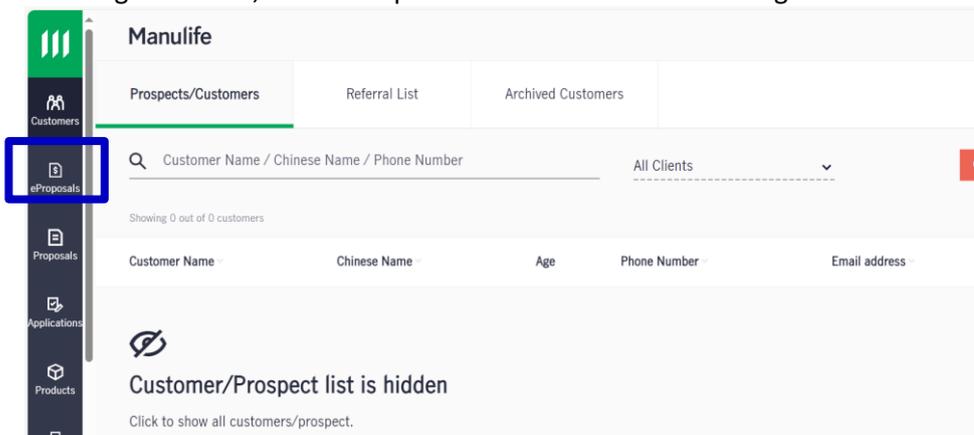
OBJTAGECON
 Please affix the new policy no. here
 請在此貼上新的保單號碼
 (For office use only 公司專用)

PARTICULARS (CONTINUED) 細則 (續)							
<p>(I) Re-underwriting and unknown pre-existing condition(s) 重新核保及未知舊有的投保前已有病徵</p> <ul style="list-style-type: none"> 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, 若更改保單計劃屬於由宏利全護航自願醫保靈活計劃/ 宏利尊悅自願醫保靈活計劃/ 宏利尊禮自願醫保靈活計劃或宏利至尊自願醫保標準計劃， <ul style="list-style-type: none"> (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; 新保單下的未知舊有的投保前已有病徵之等候期將由原保單生效日期起計算； (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 任何在原保單下適用的不保事項及/或額外保費率，在更改保單計劃後將同樣適用於新保單；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. 若保人在原保單生效日以後，不論任何健康狀況的變化，該健康狀況的變化在新保單下將不會被視為投保前已有病徵。為免疑義，在原保單生效日前保人的健康狀況在新保單下仍於被視為投保前已有病徵。 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. 若更改保單計劃屬於由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，便須重新核保。(1)宏利可能視該投保升級或額外保費有關的風險而作出的評估增加額外保費及/或加設個別不保事項或拒絕本更改保單計劃申請；及(2)未知舊有的投保前已有病徵之等候期將由新保單生效日期起計算。為免疑義，任何在原保單下適用的不保事項及/或額外保費，在更改保單計劃後將同樣適用於新保單。 							
<p>(II) Coverage for death benefit for suicide 因自殺而作出之身故賠償</p> <ul style="list-style-type: none"> 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. 倘若保人於新保單生效後自殺，不論其當時精神是否健全，新保單下的身故賠償將被支付。 							
<p>(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/ 宏利尊悅自願醫保靈活計劃)</p> <ul style="list-style-type: none"> 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. 用作計算原保單中健康折扣的相關時期將會於更改保單計劃時轉移至新保單；若保人於原保單之健康折扣，亦會按原健康折扣計算。 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. 更改保單計劃後，用於計算原保單健康折扣的相關時期會在更改保單計劃時如下表所列轉移至新保單，有關健康折扣之定義，請參閱保單條款。 <table border="1" data-bbox="574 1086 1396 1400"> <thead> <tr> <th>Relevant period being used for calculating the Health Discount of the New Coverage at the time of coverage change ("Relevant Period") 在更改保單計劃時用於計算新保單健康折扣的相關時期（「相關時期」）</th> <th>Health Discount Percentage (%) for the premium due and payable of the New Coverage at the time of coverage change 在更改保單計劃時新保單到期及應繳保費之健康折扣百分比(%)</th> </tr> </thead> <tbody> <tr> <td>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 緊接在新保單於更改保單計劃時之保費到期日之前原保單連續兩(2)至四(4)個保單年費</td> <td>8%</td> </tr> <tr> <td>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 緊接新保單於更改保單計劃時之保費到期日之前原保單連續五(5)個或以上保單年費</td> <td>16%</td> </tr> </tbody> </table>		Relevant period being used for calculating the Health Discount of the New Coverage at the time of coverage change ("Relevant Period") 在更改保單計劃時用於計算新保單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 在更改保單計劃時新保單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 緊接在新保單於更改保單計劃時之保費到期日之前原保單連續兩(2)至四(4)個保單年費	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 緊接新保單於更改保單計劃時之保費到期日之前原保單連續五(5)個或以上保單年費	16%
Relevant period being used for calculating the Health Discount of the New Coverage at the time of coverage change ("Relevant Period") 在更改保單計劃時用於計算新保單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 在更改保單計劃時新保單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 緊接在新保單於更改保單計劃時之保費到期日之前原保單連續兩(2)至四(4)個保單年費	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 緊接新保單於更改保單計劃時之保費到期日之前原保單連續五(5)個或以上保單年費	16%						
<p>Manulife International Limited (Incorporated in Bermuda with limited liability) 宏利人壽保險(國際)有限公司 (於百慕達註冊成立之有限責任公司) T01VH8 (11/2022) Page 2 of 8</p>							

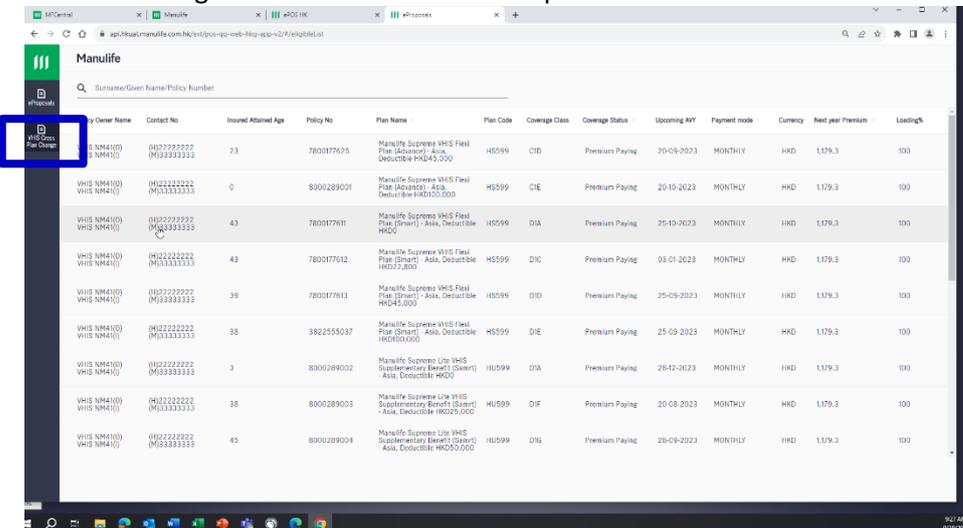
	<ul style="list-style-type: none"> <p>• Calculation of Health Discount of the New Coverage in the subsequent policy years will also take into consideration of the Relevant Period carried forward from Original Coverage. For example, if no benefit (except Health Discount) has been paid or becomes payable 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.</p> <p>新保單的連續保單年數的健康折扣計算亦會根據由原保單所轉移的相關時期。例如，若在原保單下連續 4 個保單年數並沒有已支付或應支付利益（健康折扣除外），8% 健康折扣於更改保單計劃時可轉移至新保單；若在原保單計劃下的連續保單年數內，在新保單下仍然並沒有已支付或應支付利益（健康折扣除外），那麼新保單第一保單年數的健康折扣及應繳保費將有 16% 健康折扣（相關時期為原保單內連續 4 個保單年數及新保單內 1 個保單年數）。</p> <p>• If 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.</p> <p>倘若任何原保單在健康折扣轉移及提供予新保單後應支付，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差額。</p> <p>• If Manulife Supreme Life 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 Life VHIS Supplementary Benefit will not be counted towards the "relevant period" used for calculating the Health Discount under Manulife Shelter VHIS Standard Plan.</p> <p>如宏利至尊自願醫保附加保單降級至宏利愛守護自願醫保標準計劃，於宏利至尊自願醫保附加保單下沒有已支付或應支付利益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」。</p> <p style="text-align: center;">ACKNOWLEDGEMENT, AGREEMENT AND DECLARATION 知悉、同意及聲明</p> <p>By signing below, I, the policyowner of the Original Coverage, hereby declare, fully understand and agree with the following: 本人，原保單之保單持有人，透過在下方簽署，謹此聲明，本人親自並同意下列條款：</p> <ul style="list-style-type: none"> <p>• 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單計劃申請中所載，將原保單更改為新保單，並與「傳統計劃投保申請書」一同提交。本人清楚明白當更改保單計劃申請獲批准，原保單將在原保單生效時終止及不獲續保，新保單將在原保單終止及不獲續保時生效。本公司將不會就任何有關保單人於原保單終止後發生之可保事件作出賠償，新保單之賠償將根據新保單之條款及保單處理。本人亦清楚明白當新保單的冷靜期結束後，原保單將終止後將不獲續保。</p> <p>• 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，親自並同意本更改保單計劃申請之全部內容，包括但不限於上述「重要事項」及「細則」。</p> <p>• 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. 本人親自並同意就新保單的「傳統計劃投保申請書」及本更改保單計劃申請之條款如有任何衝突或不一致的地方，則以本更改保單計劃申請之條款為準。</p> <div style="margin-top: 20px;"> <p>Sign on this _____ day of _____, _____, _____.</p> <p>簽署日期 _____ Day 日 _____ Month 月 _____ Year 年</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>X</p> <p>Signature(s) of irrevocable beneficiary(ies) (if applicable) 不可更改之受益人簽署 (如適用)</p> </div> </div> <p style="font-size: small; margin-top: 20px;"> Manulife (International) Limited (Incorporated in Bermuda with limited liability) 宏利人壽保險(國際)有限公司 (附屬曼達亞管轄之有限公司) T01VHIS (11/2023) Page 3 of 4 </p>
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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:

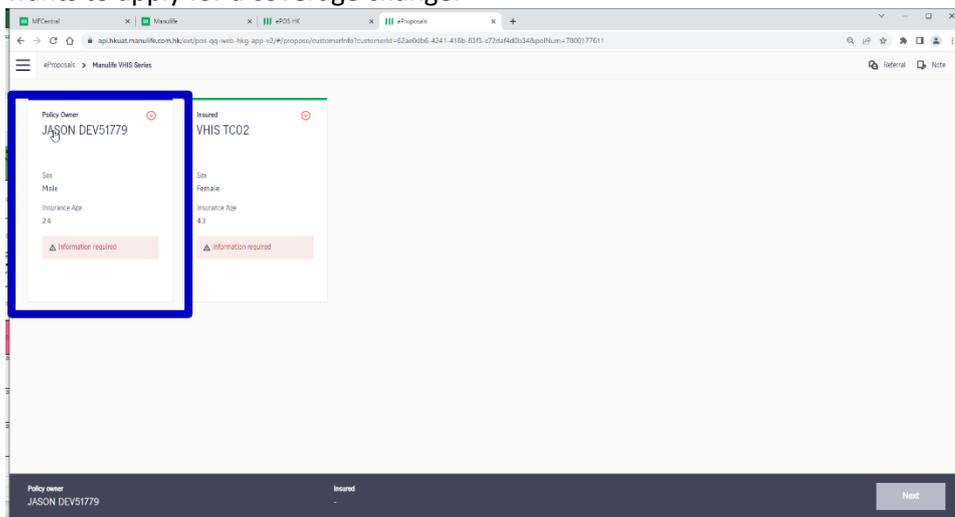
- Policy Number
- Surname
- Given Name

Note:

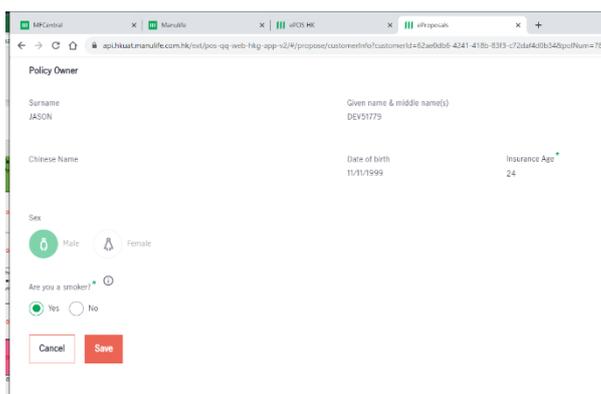
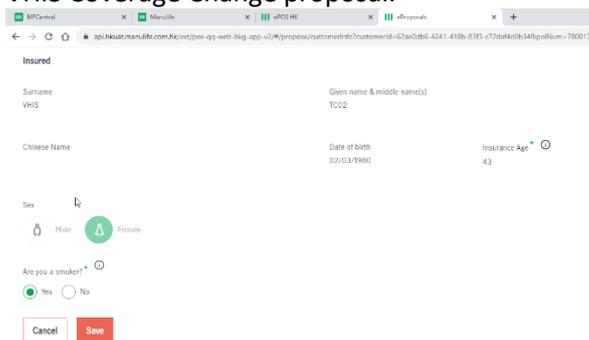
- Only policy within Pre-30 of AVY will be shown.
- Surname and Given Name can refer either the policy owner or the insured.
- Keyword search is only allowed under Surname and/or Given Name if the “Allow Keyword Search in Surname and Given Name separately” checkbox is checked.
- If Policy Number is used 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.

Generate VHIS Coverage Change Proposal

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

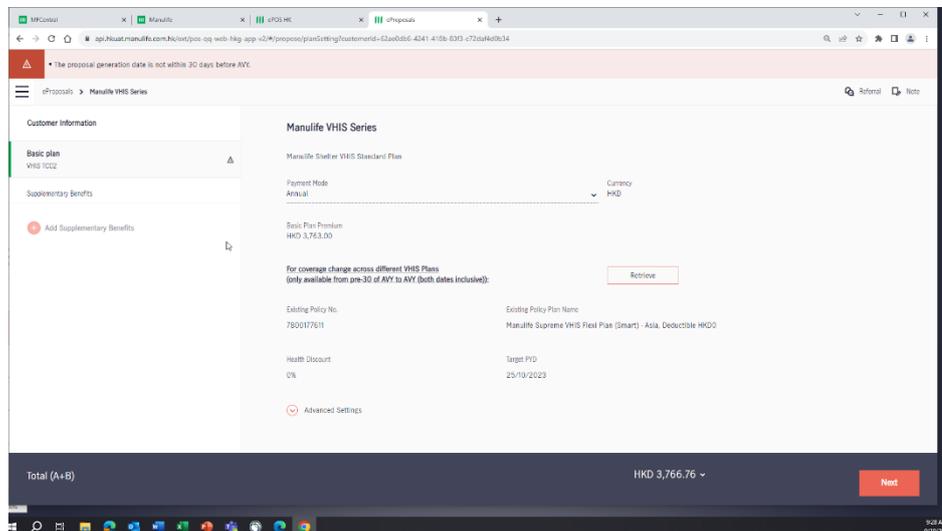


- Verify the Insured's and Owner's information. Please note that Insured and Owner Information would be auto-populated from the original coverage to the VHIS Coverage Change proposal.



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.

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 Birthday¹ / 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 (HV599)	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)		<u>5,370.99</u>			

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
 A06GL221AM3NUWW-1022-
 HV599-E1N
 AG300693A1XVM1UQ-01

Manulife (International) Limited
 (Incorporated in Bermuda with limited liability)

10. Internal Product Comparison

10.1 Key structural differences

	Manulife Shelter VHIS Standard Plan	Manulife First VHIS Flexi Plan	ManuGuard
Cover Period	Up to age 100	Lifetime	Lifetime
Lifetime Benefit Limit	No	No	Yes (only under Major Medical Benefit / Major Medical Plus Benefit)
Annual Benefit Limit	Yes	No	No
Benefit Limit Unit	Per policy year / per surgery	<u>Basic and enhanced benefits (except SMM) (if any):</u> Per policy year / per surgery <u>SMM (if any):</u> Per disability per policy year	Per disability
Unknown Pre-existing Condition(s)	Cover	Cover	Not cover
Waiting Period	No	No	Death Benefit: No Confinement Benefit (accident): No Confinement Benefit (non-accident): Yes
Manulife MOVE	Yes	Yes	No
Tax Concession	Yes	Yes	No

10.2 Benefit items**

	Standard Plan	Flexi Plan	ManuGuard^
Basic benefits			
(a) Room and board	√	√	√
(b) Miscellaneous charges	√	√	√
(c) Attending doctor's visit fee	√	√	√
(d) Specialist's fee	√	√	√
(e) Intensive care	√	√	√
(f) Surgeon's fee	√	√	√
(g) Anaesthetist's fee	√	√	√
(h) Operating theatre charges	√	√	√
(i) Prescribed Diagnostic Imaging Tests	√	√	Cover inpatient claim only, under Miscellaneous Charges (Hospital Service)
(j) Prescribed Non-surgical Cancer Treatments	√	√	Inpatient cover under Miscellaneous Charges (Hospital Service), outpatient over under Outpatient Cancer Treatment & Kidney Dialysis
(k) Pre- and post-Confinement/Day Case Procedure outpatient care	√	√	√
(l) Psychiatric treatments	√	√	√
Other Benefits			
(i) Special bonus	√	√	√
(ii) Compassionate death benefit	√	√	√
(iii) Accidental death benefit	√	√	√
(iv) Medical negligence benefit	√	√	√
Enhanced benefits			
(i) Isolation room	X	√	√
(ii) Hospital companion bed	X	√	√
(iii) Outpatient kidney dialysis	X	√	√
(iv) Post-Confinement home nursing	X	√	√
(v) Emergency outpatient care	X	√	√
(vi) Supplementary medical benefit	X	√ (optional)	√ (optional)

+ For more detail comparison, please see Benefit Comparison for Original Coverage and VHIS Plan(s). The comparison is not exhaustive; there are also differences for the same benefit item under different plans. You should always refer to provision of respective products for the exact terms

^ For ManuGuard, the plan also offers Hospital Cash, Major Illness Care and Benefit Step-up Option

10.3 Annual Premium (Male) [UPDATED]

(a) Standard Plan

Age	Manulife Shelter VHIS Standard Plan	ManuGuard Medical Plan
	-	Ward
25	1,699	2,697
35	2,078	3,299
45	2,901	4,608
55	4,779	7,591

(b) Ward

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Ward		Ward with MM		Ward with MMP	
	25	2,456	2,697	4,182	4,276	4,941
35	3,005	3,299	5,114	5,230	6,042	6,281
45	4,194	4,608	7,141	7,306	8,436	8,774
55	6,944	7,591	11,820	12,024	13,966	14,438

(c) Semi-private

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Semi-private		Semi-private with MM		Semi-private with MMP	
	25	5,038	5,444	7,018	7,024	8,774
35	6,161	6,665	8,583	8,591	10,731	10,737
45	8,603	9,315	11,984	12,001	14,982	15,000
55	14,242	15,341	19,840	19,744	24,803	24,678

(d) Private

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Private		Private with MM		Private with MMP	
	25	9,770	9,747	13,160	13,162	15,800
35	11,948	11,950	16,096	16,111	19,323	19,332
45	16,683	16,723	22,473	22,519	26,979	27,022
55	27,616	27,580	37,203	37,068	44,662	44,479

10.4 Annual Premium (Female) [UPDATED]

(a) Standard Plan

Age	Manulife Shelter VHIS Standard Plan	ManuGuard Medical Plan
	-	Ward
25	1,973	3,137
35	2,840	4,517
45	4,076	6,479
55	4,930	7,837

(b) Ward

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Ward		Ward with MM		Ward with MMP	
	25	2,854	3,137	4,291	4,395	5,070
35	4,108	4,517	6,176	6,315	7,297	7,576
45	5,984	6,479	8,861	9,055	10,470	10,864
55	7,129	7,837	10,718	10,969	12,664	13,162

(c) Semi-private

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Semi-private		Semi-private with MM		Semi-private with MMP	
	25	5,169	5,647	7,201	8,306	9,003
35	7,440	8,128	10,365	11,930	12,958	15,509
45	10,676	11,666	14,872	17,102	18,594	22,232
55	12,914	14,129	17,990	20,726	22,491	26,945

(d) Private

Age	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan	Manulife First VHIS Flexi Plan	ManuGuard Medical Plan
	Private		Private with MM		Private with MMP	
	25	10,025	13,038	13,504	14,951	16,212
35	14,428	18,802	19,438	21,522	23,334	25,824
45	20,703	27,023	27,891	30,893	33,482	37,066
55	25,043	32,715	33,737	37,416	40,500	44,894