

Manulife Supreme VHIS Flexi Plan

宏利晉悅自願醫保靈活計劃

Available in Hong Kong only
只適用於香港



Feature Highlights

 **3 plan levels with different ward classes**



**Well-rounded
lifetime protection**



Extensive cancer support

 **Benefit limit reset doubling annual benefit limit and designated benefit limits once**

Flexible annual deductible options

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



Rewards for staying healthy



Tax deduction offers extra savings

Manulife Supreme VHIS Flexi Plan is an indemnity hospital insurance product provided and underwritten by Manulife. This product leaflet provides only general information on this product. It does not form part of the policy and does not contain full terms of the policy. Before making a purchase, you should read the policy provisions for the exact terms and conditions that apply to this product. To view the policy provisions, please visit our website www.manulife.com.hk. You can ask us for a copy.





3 plan levels with different ward classes

Manulife Supreme offers 3 plan levels for you to choose from, each with different designated ward classes (see note 4). You can choose the plan level that best meets your budget and needs. No matter which plan level you choose, day case procedures are also covered to give you greater flexibility.

	Manulife Supreme VHIS Flexi Plan (Smart)	Manulife Supreme VHIS Flexi Plan (Advance)
	Smart Plan	Advance Plan
For Hong Kong, Australia and New Zealand	General ward	Semi-private room
For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand) (see note 5)	Semi-private room	Standard private room
For outside Asia (Emergency treatment only)*	Manulife Supreme VHIS Flexi Plan (Deluxe)	
	Deluxe Plan	
For worldwide excluding United States	Standard private room	
For United States (Emergency treatment only)*		

* For non-emergency treatment received outside Asia (applicable to Smart and Advance Plans) and in the United States (applicable to Deluxe Plan), the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the 'Limitations of benefits' section below for details. For avoidance of doubt, the geographical coverage for non-conventional treatment for covered cancer and treatment for late stage cancer is worldwide and subject to the limits as stated in Benefit Schedule.



Feature Highlights	Plan at a glance	Value-added services	Benefit schedule	Example	Notes	Important Information
	 Well-rounded lifetime protection Manulife Supreme is guaranteed renewable annually throughout the lifetime of the insured person (see note 6) upon payment of premium. Depending on the chosen plan level, the insured person is well-protected for treatments throughout Asia (including Australia and New Zealand) or even worldwide (excluding United States), as well as emergency treatments anywhere in the world (see note 4). It offers: Full coverage for a wide range of benefits with no sub-limits applied (see note 1), including: Hospitalization benefits: Room and board, doctor’s visits, specialist’s fees, intensive care, etc. Diagnostic benefits: Inpatient and outpatient advanced diagnostic imaging tests, including CT scans, MRI scans, PET scans, etc. Surgical benefits: Inpatient and outpatient surgeries Prescribed non-surgical cancer treatments: Radiotherapy (including proton therapy), chemotherapy, targeted therapy, immunotherapy and hormonal therapy Other enhanced benefits: Psychiatric treatments, hospital companion bed, outpatient kidney dialysis, pregnancy complications, emergency outpatient care and emergency dental care Wide coverage on pre- and post-hospitalization care to safeguard you throughout the healthcare journey, including follow-up outpatient visits, home nursing, additional outpatient ancillary benefits, Chinese medicine practitioner outpatient care, rehabilitation, etc. To support you in the recovery journey, for follow-up outpatient visits and additional outpatient ancillary benefits, the coverage is extended to visits within 365 days after discharge from hospital or completion of day case procedure during which a major or complex surgery was performed or as a direct result of designated critical illnesses (namely covered cancer (see note 7), heart attack and stroke). Extensive cancer support With Manulife Supreme, you are supported with extensive coverage for cancer – giving you the flexibility to choose the treatment that’s right for you, wherever you are. Industry-leading^ Worldwide coverage for non-conventional treatment for covered cancer (see notes 7 and 8) offers flexibility to seek treatment beyond standard options, namely clinical trial drug and/or surgery as well as off-label cancer drug treatment. First-in-market^ Worldwide coverage for late stage cancer (see note 9) supports you wherever the suitable care is available. The above are highlights of the benefits offered. Please note the benefits we will pay are subject to limits. Please refer to the Benefit Schedule below including the benefit limits and the policy provisions for more details. ^ The description about this feature/benefit is ‘first-in-market’ or ‘industry-leading’ is based on comparisons with other publicly available Voluntary Health Insurance Scheme issued by Hong Kong’s major life insurance companies for individual customers as at December 10, 2025.					
	Manulife Supreme VHIS Flexi Plan 4					

First-in-market^

Benefit limit reset

If you reach your annual benefit limit within a policy year, Manulife Supreme gives you the option to reset the annual benefit limit and designated benefit limits (see note 10) in that policy year, applicable once per policy. Once the reset is exercised, your annual benefit limit and designated benefit limits will be doubled within the same policy year. This ensures you have continued financial support for crucial medical needs.

Case example



Mr Lee, aged 52, was diagnosed with liver cancer and is covered by Smart Plan. He has not yet submitted any claims for current policy year, and has not yet exercised benefit limit reset for the policy.

Let's have a look at how the coverage of **benefit limit reset** and **non-conventional treatment** for covered cancer helping him to pay for his medical treatment expenses in one policy year:

Manulife Supreme VHIS Flexi Plan (Smart)	
Annual deductible:	HK\$0
Annual benefit limit:	HK\$5,000,000 per policy year
Benefit limit of non-conventional treatment for covered cancer:	HK\$800,000 per policy year

Claims	Eligible medical expenses (HK\$)	Claim amount (HK\$)	Balance of annual benefit limit (HK\$)	Balance of non-conventional treatment for covered cancer (HK\$)
Mr Lee underwent a complex liver resection at a private hospital in Hong Kong.				
 1st claim Liver cancer surgery	\$700,000	\$700,000	\$4,300,000 (\$5,000,000 - \$700,000)	\$800,000
After the surgery, Mr Lee received a series of targeted therapy in Hong Kong.				
 2nd claim Targeted therapy	\$1,800,000	\$1,800,000	\$2,500,000 (\$4,300,000 - \$1,800,000)	\$800,000
Mr Lee participated in a clinical trial in United States involving a targeted drug not yet widely available.				
 3rd claim Non-conventional treatment	\$600,000	\$600,000	\$1,900,000 (\$2,500,000 - \$600,000)	\$200,000 (\$800,000 - \$600,000)
Mr Lee was infected with pneumonia. He was confined to an isolation room of a private hospital in Hong Kong for 2 weeks.				
 4th claim Confinement due to pneumonia	\$400,000	\$400,000	\$1,500,000 (\$1,900,000 - \$400,000)	\$200,000

^ The description about this feature/benefit is 'first-in-market' or 'industry-leading' is based on comparisons with other publicly available Voluntary Health Insurance Scheme issued by Hong Kong's major life insurance companies for individual customers as at December 10, 2025.



Claims (con't)	Eligible medical expenses (HK\$)	Claim amount (HK\$)	Balance of annual benefit limit (HK\$)	Balance of non-conventional treatment for covered cancer (HK\$)
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Mr Lee received a series of immunotherapy in Hong Kong, which costed HK\$2,000,000, to further control the cancer.

He noticed that the balance of annual benefit limit was not enough to cover the medical treatment cost, so he **requested to exercise benefit limit reset**. After the reset, the annual benefit limit and the respective per policy year limits (see note 10) will be doubled for this policy year.

- Annual benefit limit: doubled from HK\$5,000,000 per policy year to HK\$10,000,000 for this policy year
- Benefit limit of non-conventional treatment for covered cancer: doubled from HK\$800,000 per policy year to HK\$1,600,000 for this policy year

	5th claim Immunotherapy	\$2,000,000	\$2,000,000	\$4,500,000 (\$1,500,000 + \$5,000,000 (benefit limit reset) - \$2,000,000)	\$1,000,000 (\$200,000 + \$800,000 (benefit limit reset))
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If Mr Lee did not exercise the benefit limit reset, the claim would be limited to HK\$1,500,000 (i.e. the remaining annual benefit limit for that policy year), and HK\$500,000 will be at his own cost. Moreover, no more medical claim would be accepted in the same policy year.

Mr Lee participated in a clinical trial in the United States involving a novel targeted drug not yet widely available. Since he exercised the benefit limit reset earlier, he is eligible for full coverage for this medical treatment.

	6th claim Non-conventional treatment	\$600,000	\$600,000	\$3,900,000 (\$4,500,000 - \$600,000)	\$400,000 (\$1,000,000 - \$600,000)
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- By exercising **benefit limit reset**, Mr Lee is able to **receive full coverage*** for eligible medical expenses while still enjoying the balance of benefit limits for this policy year:
- Total claim amount: **HK\$6,100,000**
 - Balance of annual benefit limit for this policy year: **HK\$3,900,000**
 - Balance of non-conventional treatment for covered cancer: **HK\$400,000**

As the benefit limit reset can only be exercised once per policy, Mr Lee will not be able to exercise the benefit limit reset again. For upcoming policy years, he will continue to enjoy the benefit limits as stated in the Benefit Schedule.

* Full coverage pertains to the above scenarios only. The actual claims assessment and benefit payable is assessed on case by case basis, subject to the terms and conditions of the policy (including but not limited to annual deductibles, annual benefit limit, lifetime benefit limits and the benefit limits stated in the benefit schedule).

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



Flexible annual deductible options

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

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

Your protection needs will change as you reach different life stages. That’s why the plan gives you a one-time option to reduce the annual deductible at age 50, 55, 60, 65, 70, 75, 80 or 85 without having to provide any health information for re-underwriting (see note 11).



Coverage for unknown pre-existing conditions starts after 30 days

Any unknown pre-existing conditions (see note 12) the insured person might have at the time of application will also be covered, subject to the applicable benefit limit(s) stated in the Benefit Schedule, 30 days after the policy effective date.

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

Besides, any eligible medical expenses incurred as a result of congenital condition(s) that have manifested and been diagnosed after the insured person reaches age 8 will also be covered (see note 13).



Access to hospital across Chinese Mainland

The plan offers access to **both public and private hospitals in Chinese Mainland** which increases the ease and flexibility of seeking medical treatment, enabling life insured to receive timely and appropriate care.



Rewards for staying healthy

If you make no claim for at least 2 consecutive policy years, a health discount of up to 16% will automatically be applied to the premium due and payable in the policy year following the no claim period (excluding premiums for any supplementary benefit(s)) (see notes 2 and 14). Please refer to the following table for the health discount you will receive:

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



Tax deduction offers extra savings
(see notes 2 and 3)

Hong Kong taxpayers could apply for tax deduction on the premiums paid for Manulife Supreme. The relevant premiums paid by the policy holder for the coverage for himself/herself and his/her specified family member(s) (see note 3) are eligible for tax deduction up to a ceiling of HK\$8,000 per insured person per year. There is no limit on the number of specified family member(s) that are eligible for tax deduction. In other words, the more VHIS policies you purchase for your family, the higher the potential tax savings you may enjoy!



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



Extended protection for added peace of mind

You can choose to attach **Outpatient Benefit** (see note 15), a supplementary benefit, to Manulife Supreme to complement your coverage. For details, please refer to the relevant product leaflet.

Migration to Manulife’s VHIS plan

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

Plan at a glance

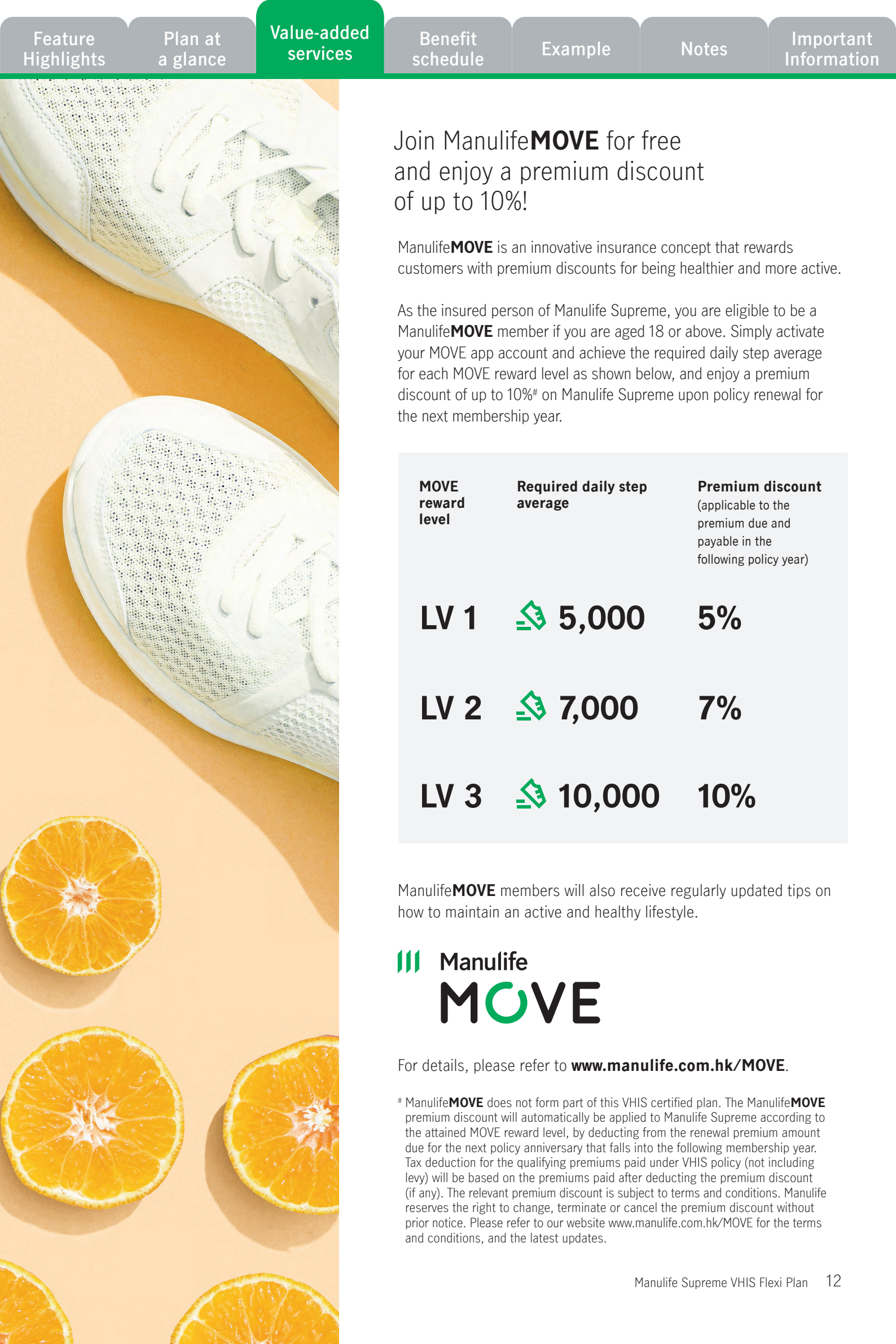
Manulife Supreme VHIS Flexi Plan

Product objective & nature	An indemnity hospital insurance product for customers with medical insurance needs. A VHIS Flexi Plan certified by the Health Bureau of the Government of the Hong Kong Special Administrative Region ('HHB').	
Product type	Standalone basic plan	
Plan choice	Manulife Supreme VHIS Flexi Plan (Smart)	
	Deductible	Certification no.
	HK\$0	F00041-06-000-03
	HK\$22,800	F00041-07-000-03
	HK\$45,000	F00041-08-000-03
	HK\$100,000	F00041-09-000-03
	Manulife Supreme VHIS Flexi Plan (Advance)	
	Deductible	Certification no.
	HK\$0	F00041-01-000-06
	HK\$8,000	F00041-02-000-06
	HK\$22,800	F00041-03-000-06
	HK\$45,000	F00041-04-000-04
	HK\$100,000	F00041-05-000-03
	Manulife Supreme VHIS Flexi Plan (Deluxe)	
	Deductible	Certification no.
HK\$0	F00041-10-000-01	
HK\$8,000	F00041-11-000-01	
HK\$22,800	F00041-12-000-01	
HK\$45,000	F00041-13-000-01	
HK\$100,000	F00041-14-000-01	
Product coverage	Coverage is limited to reasonable and customary expenses for medically necessary services. Please refer to the 'Important Information' section and Benefit Schedule below and policy provisions for details.	
Annual benefit limit	- Smart Plan: HK\$5,000,000 per policy year - Advance Plan: HK\$12,000,000 per policy year - Deluxe Plan: HK\$30,000,000 per policy year	
Lifetime benefit limit	- Smart Plan: HK\$20,000,000 - Advance Plan: HK\$60,000,000 - Deluxe Plan: HK\$120,000,000	
Geographical coverage (see note 4)	- Non-emergency treatment - Smart and Advance Plans: Asia, including Australia and New Zealand (see note 5)* - Deluxe Plan: worldwide excluding United States* Cash benefit for confinement in a ward class lower than the designated ward class (lower ward class) of a private hospital (applicable to Advance and Deluxe Plans only) and psychiatric treatments are limited to Hong Kong and Macau only. Non-conventional treatment for covered cancer: worldwide - Emergency treatment - Worldwide - Extended territorial scope of cover for late stage cancer - Smart and Advance Plans: Worldwide except Asia - Deluxe Plan: United States	

Designated ward class (see note 4)

Plan levels	Territorial scope	Designated ward class
Smart Plan	For Hong Kong, Australia and New Zealand	General ward
	For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private room
	For outside Asia (Emergency treatment only)*	
Advance Plan	For Hong Kong, Australia and New Zealand	Semi-private room
	For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Standard private room
	For outside Asia (Emergency treatment only)*	
Deluxe Plan	For worldwide excluding United States	Standard private room
	For United States (Emergency treatment only)*	
Annual deductible options (per policy year)	- Smart Plan: HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000 - Advance Plan: HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000 - Deluxe Plan: HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000	
Benefit term	The coverage period is 1 year. Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium (see note 6).	
Premium payment period	Premiums are payable for each policy year throughout the lifetime of the insured person. Premiums are not guaranteed (see note 6).	
Premium payment modes	Annually / Semi-annually / Quarterly / Monthly	
Issue age	15 days – 80 years old (attained age)	
Policy currency	Hong Kong Dollar (HK\$)	
Premium information	Please visit manulife.com.hk or contact our insurance advisor for a copy of the standard premium schedule.	
Optional service	- Complimentary international medical assistance service/worldwide emergency assistance service (see note 16) - Complimentary medical referral services (see note 16)	
Optional supplementary benefit	Outpatient Benefit (see note 15)	

* For non-emergency treatment received outside Asia (applicable to Smart and Advance Plans) and in the United States (applicable to Deluxe Plan), the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the ‘Limitations of benefits’ section below for details. For avoidance of doubt, the geographical coverage for non-conventional treatment for covered cancer and treatment for late stage cancer is worldwide and subject to the limits as stated in Benefit Schedule.



Join Manulife**MOVE** for free and enjoy a premium discount of up to 10%!

Manulife**MOVE** is an innovative insurance concept that rewards customers with premium discounts for being healthier and more active.

As the insured person of Manulife Supreme, you are eligible to be a Manulife**MOVE** member if you are aged 18 or above. Simply activate your MOVE app account and achieve the required daily step average for each MOVE reward level as shown below, and enjoy a premium discount of up to 10%# on Manulife Supreme upon policy renewal for the next membership year.

MOVE reward level	Required daily step average	Premium discount (applicable to the premium due and payable in the following policy year)
LV 1	 5,000	5%
LV 2	 7,000	7%
LV 3	 10,000	10%

Manulife**MOVE** members will also receive regularly updated tips on how to maintain an active and healthy lifestyle.



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

Manulife**MOVE** does not form part of this VHIS certified plan. The Manulife**MOVE** premium discount will automatically be applied to Manulife Supreme according to the attained MOVE reward level, by deducting from the renewal premium amount due for the next policy anniversary that falls into the following membership year. Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any). The relevant premium discount is subject to terms and conditions. Manulife reserves the right to change, terminate or cancel the premium discount without prior notice. Please refer to our website www.manulife.com.hk/MOVE for the terms and conditions, and the latest updates.

Feature Highlights	Plan at a glance	Value-added services	Benefit schedule	Example	Notes	Important Information
Extended medical support (The following items do not form part of this VHIS certified plan) We offer extended medical support[™] to take care of your different needs throughout your medical journey. Below are some highlights of the services available. For more details, please visit www.manulife.com.hk/extended-medical-support-en.  			 Pre-assessment service and cashless service Cashless day surgery eService (applicable to HK\$0 deductible) For designated day surgeries by designated doctors at designated day procedure centers or hospitals. Apply before the surgery and upon approval, we will pay the approved medical expenses on your behalf. Cashless outpatient cancer treatment service You may apply for this cashless service for chemotherapy and/or radiotherapy received at designated medical centers and provided by designated doctors, once you have been diagnosed with cancer and successfully claimed hospitalization or surgical benefits. Apply before the treatment and upon approval, we will pay the service provider the pre-authorized amount on your behalf. Credit service for hospitalization Apply before your hospital admission and upon approval, we will pay the pre-approved amount to the hospital directly on your behalf.	Learn more   		



Holistic ‘Medical Professional Support Service’

Learn more

We know that dealing with illness can be physically, psychologically and financially demanding. As your partner for health, we are here for you with our Holistic ‘Medical Professional Support Service’.



Healthcare hotline

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

Personalized Medical Case Manager

If you have a confirmed or suspected cancer diagnosis or planning to undergo a designated surgery such as percutaneous transluminal coronary angioplasty ‘PTCA’ and total knee replacement, a personalized medical case manager will be assigned to support you through your treatment journey – from giving you dedicated care and support and choices of medical service provider, to helping you with pre-approval services and following up on claims-related matters.



CancerCompanion Service

In addition to the above services, a team of health professionals is here to support you from cancer prevention and diagnosis to treatment. This includes access to second medical opinions, cancer drug support services, preventive and post treatment services, and more – caring for both your physical and emotional well-being.



∞ Pre-assessment service and cashless service, Holistic ‘Medical Professional Support Service’ and CancerCompanion Service do not form part of this VHIS certified plan. These services are administrative arrangements and are not part of the product features. For the avoidance of doubt, the use of the service does not imply any expenses or diagnoses associated with the service are covered in the insurance policy(ies). Manulife reserves the right to change our designated medical services provider(s) for each service from time to time, or terminate these services at any time without prior notice.

Manulife and its insurance advisor do not have relevant licenses and/or qualifications to provide medical services. Medical service providers are independent contractor and are not employees, agent, or servants of Manulife. Manulife shall not be responsible and/or liable for any services, diagnosis, advice or treatment or other acts or omissions of medical service providers. Manulife shall not be liable for any acts or omission of any other service providers.

These services are supportive in nature and does not provide diagnosis, treatment or medical advice. The information provided is not medical advice or recommendation. It should not be relied upon by the users in their decision making in relation to their medical conditions. If you need any medical care or emergency medical service, please visit doctor for consultation immediately. Insured person should always seek the advice of physicians or other qualified health providers in relation to any health problems, conditions, treatment or any other matters.

All related expenses (such as costs arising from medication, consultations, examinations, tests, etc.) will be borne and paid by the customer, unless otherwise specified. Please note that some of these services are only available to insured persons located in designated regions only (e.g. Hong Kong), please refer to the relevant terms and conditions for details.

These services are subject to terms and conditions, please refer to relevant leaflet for details.



Support the insured person’s well-being round the clock and around the world

(The following items do not form part of this VHIS certified plan)
You may opt for the following value-added services:

- **International medical assistance / Worldwide emergency assistance** – Free 24-hour alarm centre hotline for prompt medical care in the event of an emergency when travelling abroad. (see note 16)

Learn more



- **Second medical opinion referral services** for a second medical opinion from a network of leading specialist doctors in the United States of America (‘USA’) and a privileged rate when receiving medical treatment from selected hospitals in the USA. (see note 16)



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

Certified Plan	Manulife Shelter VHIS Standard Plan	Manulife Supreme VHIS Flexi Plan
Basic benefits - Room and board - Miscellaneous charges - Attending doctor’s visit fee - Specialist’s fee - Intensive care - Surgeon’s fee - Anaesthetist’s fee - Operating theatre charges - Prescribed diagnostic imaging tests - Pre- and post-confinement/day case procedure outpatient care - Psychiatric treatments	Standard VHIS coverage	Full coverage (see note 1)
Prescribed non-surgical cancer treatments	HK\$80,000 per policy year	
Other benefits	- Special bonus - Medical negligence benefit - Compassionate death benefit (HK\$10,000) - Accidental death benefit (HK\$10,000)	- Cash benefit for designated day case procedures - Cash benefit for confinement in lower ward class of a private hospital (applicable to Advance and Deluxe Plans only) - Compassionate death benefit (HK\$80,000) - Accidental death benefit (HK\$80,000)
Enhanced benefits	×	- Medical implants - Private nurse’s fee - Hospital companion bed - Outpatient kidney dialysis - Post-confinement home nursing - Additional post-confinement/day case procedure outpatient ancillary benefit - Post-surgical procedure/day case procedure - Chinese medicine practitioner outpatient care - Reconstructive surgery for specific cancer - Rehabilitation - Expenses for living donor surgery - Hospice care - Pregnancy complications - Emergency outpatient care - Emergency dental care - Non-conventional treatment for covered cancer
Territorial scope of cover	Worldwide	Non-emergency treatment: - Smart and Advance Plans: Asia, including Australia and New Zealand (see note 5)* - Deluxe Plan: Worldwide excluding United States* Cash benefit for confinement in lower ward of a private hospital (applicable to Advance and Deluxe Plans only) and psychiatric treatments: Hong Kong and Macau Non-conventional treatment for covered cancer: Worldwide Emergency treatment: Worldwide
Extended territorial scope of cover for late stage cancer	×	Smart and Advance Plans: Worldwide except Asia Deluxe Plan: United States

Certified Plan	Manulife Shelter VHIS Standard Plan	Manulife Supreme VHIS Flexi Plan		
Designated ward class	No restriction	Plan levels	Territorial scope	Designated ward class
		Smart Plan	For Hong Kong, Australia and New Zealand	General ward
			For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Semi-private room
			For outside Asia (Emergency treatment only)*	
		Advance Plan	For Hong Kong, Australia and New Zealand	Semi-private room
			For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand)	Standard private room
			For outside Asia (Emergency treatment only)*	
		Deluxe Plan	For worldwide excluding United States	Standard private room
			For United States (Emergency treatment only)*	
Annual benefit limit	HK\$420,000 per policy year	Smart Plan: HK\$5,000,000 per policy year Advance Plan: HK\$12,000,000 per policy year Deluxe Plan: HK\$30,000,000 per policy year		
Lifetime benefit limit	×	Smart Plan: HK\$20,000,000 Advance Plan: HK\$60,000,000 Deluxe Plan: HK\$120,000,000		
Annual deductible options	×	Smart Plan: HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000 Advance Plan: HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000 Deluxe Plan: HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000		
Benefit term	Guaranteed renewable annually up to age 100 of the insured person upon payment of premium	Guaranteed renewable annually throughout the lifetime of the insured person upon payment of premium		
Waiting period and coverage on unknown pre-existing conditions (% of eligible medical expenses incurred)	1 st policy year: 0% 2 nd policy year: 25% 3 rd policy year: 50% 4 th policy year onwards: 100%	First 30 days after policy's commencement: 0% 31 st day onwards: 100%		

* For non-emergency treatment received outside Asia (applicable to Smart and Advance Plans) and in the United States (applicable to Deluxe Plan), the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the ‘Limitations of benefits’ section below for details. For avoidance of doubt, the geographical coverage for non-conventional treatment for covered cancer and treatment for late stage cancer is worldwide and subject to the limits as stated in Benefit Schedule.

Benefit Schedule

Manulife Supreme VHIS Flexi Plan

Plan level	Smart Plan	Advance Plan	Deluxe Plan
Territorial scope of cover			
Non-emergency treatment	Asia, including Australia and New Zealand (see note 5)* Cash benefit for confinement in lower ward class of a private hospital (applicable to Advance and Deluxe Plans only) and psychiatric treatments: Hong Kong and Macau only Non-conventional treatment for covered cancer: worldwide		Worldwide excluding United States*
Emergency treatment	Worldwide		
Extended territorial scope of cover			
- Late stage cancer^{(1) (2)} for benefit items I. Basic benefits (a) – (k) and III. Enhanced benefits (i) – (xiv)	Worldwide except Asia		United States
- Aggregate benefit limit for late stage cancer^{(1) (2)} within extended territorial scope of cover⁽³⁾ for benefit items I. Basic benefits (a) – (k) and III. Enhanced benefits (i) – (xiv)	HK\$800,000 per policy year		HK\$1,200,000 per policy year
Designated ward class			
	For Hong Kong, Australia and New Zealand: General ward ⁽⁴⁾ Semi-private room ⁽⁴⁾		For worldwide excluding United States: Standard private room ⁽⁴⁾
	For Chinese Mainland, Macau and the rest of Asia (except Hong Kong, Australia and New Zealand): Semi-private room ⁽⁴⁾ Standard private room ⁽⁴⁾		
	For outside Asia (emergency treatment only)*: Semi-private room ⁽⁴⁾ Standard private room ⁽⁴⁾		
Annual benefit limit for benefit items I. Basic benefits (a) – (I), II. Other benefits (i) – (ii) and III. Enhanced benefits (i) – (xv)	HK\$5,000,000 per policy year	HK\$12,000,000 per policy year	HK\$30,000,000 per policy year
Benefit limit reset ⁽⁵⁾		Once per policy	
Lifetime benefit limit for benefit items I. Basic benefits (a) – (I), II. Other benefits (i) – (ii) and III. Enhanced benefits (i) – (xv)	HK\$20,000,000	HK\$60,000,000	HK\$120,000,000
Annual deductible options for benefit items I. Basic benefits (a) – (I) and III. Enhanced benefits (i) – (xv)	HK\$0 / HK\$22,800 / HK\$45,000 / HK\$100,000	HK\$0 / HK\$8,000 / HK\$22,800 / HK\$45,000 / HK\$100,000	

Plan level	Smart Plan	Advance Plan	Deluxe Plan
Benefit items ⁽⁶⁾ ⁽⁷⁾	Benefit limit		
I. Basic benefits			
(a) Room and board	Full cover ⁽¹⁵⁾		
(b) Miscellaneous charges	Full cover ⁽¹⁵⁾ ⁽¹⁶⁾		
(c) Attending doctor’s visit fee	Full cover ⁽¹⁵⁾		
(d) Specialist’s fee ⁽⁸⁾	Full cover ⁽¹⁵⁾		
(e) Intensive care	Full cover ⁽¹⁵⁾		
(f) Surgeon’s fee	Full cover ⁽¹⁵⁾ regardless of the surgical category		
(g) Anaesthetist’s fee	Full cover ⁽¹⁵⁾		
(h) Operating theatre charges	Full cover ⁽¹⁵⁾		
(i) Prescribed diagnostic imaging tests ⁽⁸⁾ ⁽¹⁰⁾	Full cover ⁽¹⁵⁾ Coinsurance: 0%		
(j) Prescribed non-surgical cancer treatments ⁽¹¹⁾	Full cover ⁽¹⁵⁾		
(k) Pre- and post-confinement/day case procedure outpatient care ⁽⁸⁾	Full cover ⁽¹⁵⁾ for the following specified visits, except chiropractic treatment, physiotherapy, occupational therapy or speech therapy: • All prior outpatient visits or emergency consultations (within 30 days before each confinement or day case procedure) • 1 prior outpatient visit or emergency consultation (more than 30 days before each confinement or day case procedure) • All follow-up outpatient visits per confinement or day case procedure (within 90 days after discharge from hospital or completion of day case procedure) • All follow-up outpatient visits per confinement or day case procedure during which surgical procedure categorised as major or complex in the Schedule of Surgical Procedures has been performed on the insured person (within 365 days after discharge from hospital or completion of day case procedure) • All follow-up outpatient visits per confinement or day case procedure as a direct result of designated critical illnesses (within 365 days after discharge from hospital or completion of day case procedure) Full cover ⁽¹⁵⁾ for chiropractic treatment, physiotherapy, occupational therapy or speech therapy: • Maximum 3 follow-up outpatient visits in total per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		
(l) Psychiatric treatments	Full cover ⁽¹⁵⁾		
II. Other benefits			
(i) Cash benefit for designated day case procedures ⁽⁹⁾	HK\$1,000 per day		HK\$1,600 per day
(ii) Cash benefit for confinement in lower ward class of a private hospital ⁽¹²⁾ ⁽¹³⁾ (applicable to Advance and Deluxe Plans only)	N/A	HK\$1,000 per continuous 24 hours period	HK\$1,600 per continuous 24 hours period
(iii) Compassionate death benefit	HK\$80,000		
(iv) Accidental death benefit	HK\$80,000		

Plan level	Smart Plan	Advance Plan	Deluxe Plan
III. Enhanced benefits			
(i) Medical implants ⁽⁹⁾	Specified items ⁽¹⁷⁾ : HK\$800,000 per policy year Other items ⁽¹⁷⁾ : HK\$200,000 per policy year		
(ii) Private nurse’s fee ⁽⁸⁾	Full cover ⁽¹⁵⁾ (Maximum 30 days per policy year, 2 visits per day)		Full cover ⁽¹⁵⁾ (Maximum 90 days per policy year, 2 visits per day)
(iii) Hospital companion bed ⁽¹⁴⁾	Full cover ⁽¹⁵⁾		
(iv) Outpatient kidney dialysis ⁽⁸⁾	Full cover ⁽¹⁵⁾		
(v) Post-confinement home nursing ⁽⁸⁾	Full cover ⁽¹⁵⁾ (Maximum 30 days per policy year, 2 visits per day (within 120 days after discharge from hospital following a surgical procedure or admission to intensive care unit))		Full cover ⁽¹⁵⁾ (Maximum 90 days per policy year, 2 visits per day (within 180 days after discharge from hospital following a surgical procedure or admission to intensive care unit))
(vi) Additional post-confinement/day case procedure outpatient ancillary benefit ⁽⁸⁾	HK\$1,000 per visit Maximum 30 outpatient visits per policy year, 1 visit per day – within 90 days after discharge from hospital or completion of day case procedure – within 365 days after discharge from hospital or completion of day case procedure which surgical procedure categorised as major or complex in the schedule of surgical procedures has been performed on the insured person; or – within 365 days after discharge from hospital or completion of day case procedure as a direct result of designated critical illnesses		HK\$1,600 per visit
(vii) Post-surgical procedure/day case procedure Chinese medicine practitioner outpatient care	HK\$600 per visit (Maximum 20 outpatient visits per policy year, 1 visit per day (within 90 days after discharge from hospital following a surgical procedure or completion of day case procedure))		HK\$800 per visit
(viii) Reconstructive surgery for specific cancer ⁽⁸⁾	HK\$200,000 per specific cancer surgery		HK\$280,000 per specific cancer surgery
(ix) Rehabilitation ⁽⁸⁾	HK\$50,000 per policy year		HK\$88,000 per policy year
(x) Expenses for living donor surgery	HK\$640,000 per living donor surgery		HK\$880,000 per living donor surgery
(xi) Hospice care ⁽⁸⁾	HK\$80,000 per policy year		HK\$132,000 per policy year
(xii) Pregnancy complications ^{(8) (18)}	Full cover ⁽¹⁵⁾		
(xiii) Emergency outpatient care	Full cover ⁽¹⁵⁾		
(xiv) Emergency dental care	Full cover ⁽¹⁵⁾		
(xv) Non-conventional treatment ⁽¹⁹⁾ for covered cancer ⁽²⁾	HK\$800,000 per policy year		HK\$1,200,000 per policy year

* For non-emergency treatment received outside Asia (applicable to Smart and Advance Plans) and in the United States (applicable to Deluxe Plan), the benefits shall be payable in accordance with the VHIS Standard Plan Terms and Benefits. Please refer to the ‘Limitations of benefits’ section below for details. For avoidance of doubt, the geographical coverage for non-conventional treatment for covered cancer and treatment for late stage cancer is worldwide and subject to the limits as stated in Benefit Schedule.

Benefit Schedule (Cont'd)

Remarks (In respect of the Benefit Schedule)

- (1) For details, please refer to the 'Geographical limitation' section and the related definitions in 'Definitions' section in the 'Supplement for Limitations of Benefits' of the policy provisions.
- (2) The cancer must be confirmed by histological evidence of malignancy on a pathology report by a registered medical practitioner.
- (3) The aggregate benefit limit for late stage cancer within extended territorial scope of cover is subject to the annual benefit limit and the lifetime benefit limit.
- (4) General ward shall mean a hospital room with more than two patient beds (not including any companion bed).

Semi-private room shall mean a hospital room with not more than two patient beds (not including any companion bed) and a bath/shower room for sharing.

Standard private room shall mean a hospital room for the insured person's private use with its own private facilities including a bedroom and bath/shower room(s) only, but excluding a room of any higher ward class with its own kitchen, dining or sitting room(s) or otherwise.

Hospitals offer various accommodation options with different facilities, and the categorisation used by the hospitals may be different from the definitions above. If you are unsure of whether a particular accommodation option meets the general ward, semi-private room and standard private room definitions under these policy provisions, please contact us before confinement.

- (5) For avoidance of doubt, after the benefit limit reset has been exercised (i) benefits payable after the reset shall be subject to the lifetime benefit limit; and (ii) the deductible will not be counted afresh to the policy for that policy year. For details, please refer to the 'Supplement for Benefit Limit Reset' of the policy provision.
- (6) Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- (7) Eligible expenses and/or expenses incurred shall also be subject to the limitations as specified in the 'Supplement for Limitations of Benefits' and the 'Supplement for Benefit Calculations' of the policy provisions.
- (8) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- (9) Provided that surgeon's fee under item (f) of basic benefits is payable.
- (10) Tests covered here only include computed tomography ('CT' scan), magnetic resonance imaging ('MRI' scan), positron emission tomography ('PET' scan), PET-CT combined and PET-MRI combined.
- (11) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (12) Only applicable for the confinement in a lower ward class of a Hong Kong and Macau private hospital.
- (13) Provided that room and board under item (a) of basic benefits is payable.
- (14) Provided that room and board or intensive care under items (a) or (e) of basic benefits respectively is payable.
- (15) Full cover shall mean no itemised benefit sublimit, and the benefit payable shall be subject to the deductible (if applicable), annual benefit limit and lifetime benefit limit.
- (16) Save and except for the benefit items listed under the 'Medical implants' section in the 'Supplement for Enhanced Benefits' of the policy provisions.
- (17) For details, please refer to the 'Medical implants' section in the 'Supplement for Enhanced Benefits' of the policy provisions.
- (18) This benefit is payable for designated eligible expenses provided that the date of first diagnosis of the covered pregnancy complications must be at least 12 months after the policy effective date. Please refer to the policy provisions for details of covered pregnancy complications and the covered eligible expenses.
- (19) For details, please refer to the 'Non-conventional Treatment for Covered Cancer' section and the related definitions in 'Definitions' section in the 'Supplement for Enhanced Benefits' of the policy provisions.



1

Illustrative example

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

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

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

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

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

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

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

2

Illustrative example

How is the tax deduction calculated?

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

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

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

As there is no limit on the number of specified family members that are eligible for tax deduction, the more VHIS policies Mr Wong purchases for his family, the higher the potential tax savings he may enjoy (see notes 2 and 3)!



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

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

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

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

- Full cover / Full coverage shall mean no itemised benefit sub-limits, and the benefit payable shall be subject to the remaining deductible (if applicable), annual benefit limit, lifetime benefit limit and other limitations. Full cover / Full coverage applies to designated benefit items only, while other benefit items are not fully reimbursable and subject to respective benefit item's limits. Please refer to Benefit Schedule and the policy provisions for details.
- Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any).
- Please note that this plan will not be eligible for tax deduction if the insured person is not a holder of Hong Kong Identity Card. Whether tax deduction is allowable for the qualifying premiums paid under VHIS policy (not including levy) are subject to the Inland Revenue Ordinance and the circumstances of the policy holder (as taxpayer) and the insured person(s) (as specified relative(s)). Please refer to the website of the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ('IRD') or contact the IRD directly for any tax related enquiries. Manulife does not provide tax and/or legal advice. You should consult independent tax and/or legal advisor if needed.
- The benefits are subject to the geographical limitation, the limitation on choice of hospitals and the limitation on choice of ward class. Please refer to the 'Limitations of benefits' section below for details.
- Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- The period of coverage of your policy is 1 policy year and is renewable annually at each policy anniversary. You have a guaranteed right to renew this policy subject to the terms and conditions at renewal. You can choose to renew your policy as VHIS Standard Plan at policy renewal, subject to the plan available at the time. The premiums are not guaranteed and may be adjusted depending on the age nearest birthday of the insured person at each policy anniversary. Please also see paragraph 3 - 'Premium adjustment' and paragraph 8 - 'Renewal' under the 'Important Information' section below and the 'Manulife Supreme VHIS Flexi Plan - Standard Premium Schedule'.
- Covered cancer shall mean a malignant tumour, characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. Such cancer must be confirmed by histological evidence of malignancy on a pathology report by a registered medical practitioner. The following are excluded: (a) all tumours which are histologically described as benign, carcinoma-in-situ, pre-malignant, non-invasive, borderline or having low malignant potential; (b) cervical dysplasia or cervical intraepithelial neoplasia, including CIN-1, CIN-2 or CIN-3; (c) all skin cancers other than malignant Melanomas; (d) prostate cancers which are histologically described as TNM Classification T1a or T1b or are of another equivalent or lesser classification; (e) malignant tumour of the thyroid which is histologically described as TNM Classification T1N0M0 or a lesser classification; (f) chronic lymphocytic leukaemia classified as less than Rai Stage 3; and (g) all tumours in the presence of Human Immunodeficiency Virus (HIV) infection.
- Non-conventional treatment shall mean clinical trial drug and/or surgery and off-label cancer drug treatment.
 - Clinical trial drug and/or surgery shall mean the treatment regimen of a covered cancer with a drug, a combination of drugs or surgery (as the case may be) which fulfills either one of the following conditions (a) such treatment regimen has completed phase iii (phase 3) clinical trial with achievement of the positive endpoints of the phase 3 clinical trial for the same covered cancer which the insured person is being treated at the time of recommendation by the attending registered medical practitioner in the relevant field; or (b) such treatment regimen is on active phase 3 clinical trial for the same covered cancer which the insured person is being treated and at the same time the insured person is enrolled in such clinical trial. The phase 3 clinical trial must be approved and registered by the relevant institutional review board. Acceptable registries include (i) registries found on the United States National Library of Medicine; (ii) primary and partner registries found on the world health organisation's (WHO) international clinical trials registry platform (ICTRP); or (iii) any other local registry for clinical trials where the treatment is performed. Such clinical trial drug and/or surgery must be based on the recommendation of a registered medical practitioner in the relevant field and as a result of documented failure or non-response of at least one conventional treatment. For the avoidance of doubt, any conventional treatment will not be considered as a clinical trial drug and/or surgery.
 - Off-label cancer drug treatment shall mean the treatment regimen of a covered cancer with a drug, a combination of drugs (as the case may be), which at the time of undergoing treatment, are recommended by the attending registered medical practitioner and (a) has already received approval from a designated regulatory authority for treatment of a cancer with approved indications, as stipulated by the designated regulatory authority, which differ from the approved indications for the same cancer of a different clinical stage or a different cancer the insured person is being treated; or (b) has already received approval from a recognised authority, in the locality where the treatment is received, for treatment of a cancer with approved indications, as stipulated by the authority, which differ from the approved indications for the same cancer of a different clinical stage or a different cancer the insured person is being treated. For the avoidance of doubt, any conventional treatment shall not be considered as an off-label cancer drug treatment.
- Late stage cancer shall mean any of the following (a) stage III or IV covered cancer under the American Joint Committee on Cancer (AJCC) cancer staging system; (b) grade III or IV brain tumour under the World Health Organization Classification of Tumours; (c) stage III or IV Hodgkin lymphoma/ non-Hodgkin lymphoma under the Lugano classification; or (d) acute myelogenous leukaemia, acute lymphocytic leukaemia or aematological malignancy (excluding chronic lymphocytic leukaemia classified as less than Rai Stage 3). Such late stage cancer must be confirmed by histological evidence of malignancy on a pathology report by a registered medical practitioner.
- Benefit limit reset the benefit limits as stated in the Benefit Schedule for that policy year, includes (a) annual benefit limit; (b) the per policy year limits of items (i), (ii), (v), (vi), (vii), (ix), (xi) and (xv) of 'Enhanced benefits'; and (c) aggregate benefit limit for late stage cancer within extended territorial scope of cover. During the lifetime of the insured person, each policy shall be entitled for this benefit once only.
- You may apply to lower the annual deductible of this plan to HK\$0 or any other options available at that time at age 50, 55, 60, 65, 70, 75, 80 or 85 of the insured person within 31 days before the relevant policy anniversary without providing further evidence of good health. You can only apply this once at policy renewal during the lifetime of the insured person. Upon reduction of the annual deductible, the premium payable shall include the standard premium according to the prevailing standard premium schedule adopted by the Company for such annual deductible option, and any premium loading the policy holder has agreed for the policy. For the avoidance of doubt, the policy holder still has the right to request the Company to increase the annual deductible at any policy renewal, without providing further evidence of good health on the insured person.

Feature Highlights	Plan at a glance	Value-added services	Benefit schedule	Example	Notes	Important Information
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12.

Pre-existing condition(s) shall mean, in respect of the insured person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the policy issuance date or the policy effective date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a pre-existing condition, where - (a) it has been diagnosed; (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received. The Company may impose case-based exclusion(s) to the pre-existing condition(s) notified to the Company in the application for the plan and any subsequent information or document submitted to the Company for the purpose of the application.

Unknown pre-existing condition(s) refers to any pre-existing condition(s) that the policy holder and/or insured person was not aware and would not reasonably have been aware of at the time of application. Please refer to the policy provisions for the full terms and conditions.
13.

The benefits actually paid are subject to your policy terms and conditions, including but not limited to the case-based exclusion(s).
14.

In the event that any benefit under the policy provisions for a policy year that falls in the no claim period becomes payable after the health discount has been applied to the premium, the health discount shall be recalculated for all policy years subsequent to such benefit. The policy holder shall repay to the Company the difference between the health discount actually provided by the Company and the recalculated health discount to be entitled immediately upon the Company's demand. The aforesaid description and the health discount table are for general information only. You should read the policy provisions for exactly how the health discount is calculated and given.

For the avoidance of doubt, if you are also eligible for the Manulife**MOVE** discount, the health discount will be calculated based on the premium due and payable after deducting the Manulife**MOVE** discount.
15.

Outpatient Benefit does not form part of this VHIS certified plan. The relevant premium is not eligible for tax deduction. This is an optional supplementary benefit which is subject to the product's availability. The approval of any application and issuance of Outpatient Benefit are subject to our final decision.
16.

International medical assistance (for Hong Kong or Macau residents) / worldwide emergency assistance (for non-Hong Kong or non-Macau residents) and second medical opinion do not form part of this VHIS certified plan. These are provided by third party service providers which are independent contractors and are not our agents. We shall make no representation, warranty or undertaking as to the availability of any medical opinions given by the medical service providers including hospitals or any services given by the service providers. We shall not be liable for any fault, negligence and/or default in the services provided by the service providers. These services may be subject to service charges payable to and determined by the third party service providers from time to time. The Company will not be liable for any transactions therein or any default in the services offered by the third party service providers. The services may change from time to time. Please visit our company website (www.manulife.com.hk) for the latest medical referral services provision and emergency assistance benefits provisions (for Hong Kong or Macau residents) / PRC and worldwide emergency assistance benefits provisions (for non-Hong Kong or non-Macau residents) for the terms and conditions of these services. For the avoidance of doubt, for international medical assistance and worldwide emergency assistance, the insured person's place of permanent residence is based on his/her information when the request to use the services is made.

Important Information

1. Nature of the product

The product is an indemnity hospital insurance product without savings element. There is no cash value for the product. The product is aimed at customers who want a medical insurance product and can pay the premium as long as they want medical protection. As a result, you are advised to save enough money to cover the premiums in the future. The premium pays for the insurance and related costs.

2. Cooling-off period

If you are not happy with your policy, you have a right to cancel it within the cooling-off period and get a refund of any premiums and any levy paid. To do this, you must give us, within the cooling-off period, your written notice signed by you at Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong. In other words, your written notice to cancel your policy must reach us directly at the relevant address within a period of 21 calendar days immediately following the day we deliver to you or your nominated representative the policy or a notice telling you about the availability of the policy and the expiry date of the cooling-off period, whichever is the earlier.

3. Premium adjustment

The premiums will vary depending on the age nearest birthday of the insured person at each policy anniversary and are not guaranteed. In addition, we will regularly review our products, including revising the premium rates, to make sure we can continue to provide cover. When reviewing the premium rates, we will consider our claims experience, medical cost inflation, and other factors. We can change the premium on each policy anniversary based on the prevailing standard premium schedule.

4. Premium term and the result of not paying the premium

You should continue to pay the premium (or premiums) on time throughout the benefit term. If you do not pay a premium on time, you have 31 days from the due date to pay it, during which the policy will continue in force. If we do not receive the premium after the 31-day period ends, the policy will end without further notice and the insured person will not be covered.

5. Credit risk

Any premiums you paid would become part of our assets and so you will be exposed to our credit risk. Our financial strength may affect our ability to meet the ongoing obligations under the insurance policy.

6. Inflation risk

The cost of living and healthcare in the future are likely to be higher than it is today due to inflation. As a result, your current planned benefits may not be enough to meet your future needs.

7. Condition for ending the policy

The policy will end if:

- i. the insured person dies;
- ii. you fail to pay the premium within 31 days after the due date; or
- iii. we have ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write this policy;

whichever happens first.

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

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

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

8. Renewal

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

9. Suicide

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

10. Claims procedure

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

11. Reasonable and customary and medically necessary

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

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

In determining whether a charge is ‘reasonable and customary’, we shall make reference to the followings (if applicable):

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

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

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

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

General Exclusions

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

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

However, the exclusion under this entire section (iii) shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the policy provisions shall apply.
- iv. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where section (iii) applies).
- v. Any charges in respect of services for:
 - a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident, or except to the extent covered by the reconstructive surgery for specific cancer; or
 - b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
- vi. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his/her family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this section (vi) does not apply to:
 - a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - b) removal of pre-malignant conditions; and
 - c) treatment for prevention of recurrence or complication of a previous disability.
- vii. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident or to the extent covered by the emergency dental care. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered except to the extent covered by the emergency dental care mentioned above.
- viii. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause; except to the extent covered by the pregnancy complications.
- ix. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
- x. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, except to the extent covered by the post-surgical procedure/day case procedure Chinese medicine practitioner outpatient care; and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.

- xi. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received, except to the extent where-
 - a) a medical service which the insured person is being treated has been approved by a designated regulatory authority in use according to the approved indications stipulated by the designated regulatory authority; or
 - b) covered by the non-conventional treatment for covered cancer payable under ‘Non-conventional Treatment for Covered Cancer’ section of the ‘Supplement for Enhanced Benefits’ of the policy provisions.
- xii. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
- xiii. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- xiv. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

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

Limitations of benefits

i. Geographical limitation

- (a) Eligible expenses and/or other expenses incurred within respective territorial scope of cover as stated in the Benefit Schedule shall be payable in accordance with the policy provisions.
- (b) The benefit payable under item (ii) of ‘other benefits’ as stated in the Benefit Schedule shall only be applicable to confinement in lower ward class of Hong Kong and Macau private hospitals (applicable to Advance and Deluxe Plans only).
- (c) For any non-emergency treatment received outside the territorial scope of cover as stated in the Benefit Schedule,
 - the eligible expenses incurred shall be payable in accordance with the VHIS Standard Plan Terms and Benefits (For details, please refer to the website of HHB’s VHIS Office – www.vhis.gov.hk) and are not subject to the ward class adjustment factor as stated in the ‘limitation on choice of ward class’ section below; and
 - no benefit shall be payable under items (i)-(xii) of ‘enhanced benefits’ and item (i) (Smart Plan)/items (i)-(ii) (Advance and Deluxe Plans) of ‘other benefits’ as stated in the Benefit Schedule.
- (d) For any emergency treatment received outside the territorial scope of cover as stated in the Benefit Schedule, eligible expenses and/or other expenses incurred shall be payable in accordance with the policy provisions.
- (e) Notwithstanding above (a), (c) and (d), in the event that the insured person suffers from a late stage cancer, if the eligible expenses:
 - (i) are directly related to and as a result of such late stage cancer;
 - (ii) are incurred within the extended territorial scope of cover as stated in the benefit schedule; and
 - (iii) are covered under the items (a)-(k) of ‘basic benefits’ and items (i)-(xiv) of ‘enhanced benefits’ as stated in the Benefit Schedule,
 such eligible expenses shall be payable in accordance with the terms and benefits in the policy provisions, subject to the limit of extended territorial scope of cover as stated in the Benefit Schedule.
 If the eligible expenses incurred within the extended territorial scope of cover as stated in the Benefit Schedule involve both late stage cancer and other disabilities, and apportionment of such charges is not available, then the eligible expenses in its entirety shall be payable in accordance with items under ‘basic benefits’ and items (i)-(xiv) of ‘enhanced benefits’ as stated in the Benefit Schedule, subject to the aggregate benefit limit for late stage cancer within extended territorial scope of cover as stated in the Benefit Schedule.

ii. Limitation on choice of hospitals

The benefit payable under item (ii) of ‘other benefits’ as stated in the Benefit Schedule shall only be applicable to confinement in lower ward class of Hong Kong and Macau private hospitals (applicable to Advance and Deluxe Plans only).

iii. Limitation on choice of ward class

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

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

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

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

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

In this product leaflet, ‘you’ and ‘your’ refer to the policy holder. ‘Manulife’, ‘the Company’, ‘we’, ‘us’ and ‘our’ refer to Manulife (International) Limited, which is a VHIS provider.

You should not buy this product unless you fully understand the product features and risks. For more information, please visit our website www.manulife.com.hk or contact your Manulife insurance advisor or call our customer service hotline on (852) 2510 3383. If you have any doubts, please get professional advice from independent advisors.

From January 1, 2018, the Insurance Authority starts collecting levy on insurance premiums from policy holders for policies issued in Hong Kong. For details of the levy and its collection arrangement, please visit our website at www.manulife.com.hk/link/levy-en.

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