

ManuCare 僱員醫療保障計劃



ManuCare

ManuCare is a packaged medical insurance plan tailored to SMEs. The plan offers different ranges of benefit levels for Hospital & Surgical Benefits and Clinical Benefits. You may simply mix and match the benefits in different classes¹, creating a plan that best suits your employees at affordable premiums.

ManuCare is a group insurance plan underwritten and issued by Manulife (International) Limited (Incorporated in Bermuda with limited liability). This product brochure provides only general information on this product. It does not form part of the policy and does not contain full terms of the policy. You should read the policy provisions for the exact terms and conditions that apply to this product. You can ask us for a copy of the policy provisions before making a purchase.

Features highlights



Basic coverage with Hospital & Surgical Benefits plus optional Clinical Benefits



Medical benefits can be extended to an employee's spouse and dependent children



Suitable for employers with a minimum of 3 employees



24-hour world-wide coverage



Emergency Assistance Benefits², including enquiry hotline, medical evacuation, compassionate visit, repatriation arrangements, and so on



Enjoy a 10% discount if the annual premium is HK\$30,000 or above



Benefits at a glance

Product nature

Provide medical insurance plan

Product type

Standalone group medical insurance plan

Eligibility

Applicable to employers with 3 employees or more.

The issue age for both employee and spouse is from 16 to 64. Coverage for insured employees could be up to age 69³. The word "age" means the attained age at the policy anniversary.

The issue age for a dependent child is from 15 days to 18 years old, or to 24 years old if the child is in full-time attendance at a school or university. The dependent child must be unmarried and depend on the insured employee for support and maintenance. The word "age" means the attained age at the policy anniversary.

Basic coverage

- Comprehensive Hospital & Surgical Benefits
- Hospital cash⁴
- Day confinement benefit⁵
- Compassionate benefit are provided exclusively for employees

Optional coverage

Clinical Benefits

Free coverage

Hospital & Surgical Benefits for accidents in overseas countries⁶ — A 50% increase in benefit limit for insured employee's overseas hospitalization due to injury while travelling outside their country of residence⁷.

Benefits schedule

This benefits schedule must be read in conjunction with the surgical schedule and policy provisions of ManuCare.

Basic coverage — Hospital & Surgical Benefits (100% reimbursement, unless otherwise specified)

Maximum benefits limits (HK\$)

00 /	6 reimbursement, unless otherwise specified)	Class 1	Class 2	Class 3	
1.	Hospital daily room & board				
	Limit per day	F00	000	1.000	
	Max. 45 days per disability	500	800	1,600	
2.	Hospital services				
	Limit per disability	6,000	12,000	20,000	
3.	Hospital physician's services				
	Limit per day	FOO	200	1.600	
	Max. 45 days per disability	500	800	1,600	
٠.	Surgeon's fee ⁸ (Limit per disability)				
	Complex	30,000	48,000	96,000	
	Major	15,000	24,000	48,000	
	Intermediate	7,500	12,000	24,000	
	Minor	3,000	4,800	9,600	
5.	Anaesthetist's fee® (Limit per disability)				
	Complex	9,000	14,400	28,800	
	Major	4,500	7,200	14,400	
	Intermediate	2,250	3,600	7,200	
	Minor	900	1,440	2,880	
i.	Operating theatre fee® (Limit per disability)				
	Complex	9,000	14,400	28,800	
	Major	4,500	7,200	14,400	
	Intermediate	2,250	3,600	7,200	
	Minor	900	1,440	2,880	
7.	Hospital cash⁴				
	Limit per day	250	400	800	
	Max. 45 days per disability	230	400	000	
8.	Day confinement benefit ⁵				
	Limit per disability	4,000	4,000	4,000	
	Reimbursement	90%	90%	90%	
	(For example:				
	- if the medical expenses are HK\$1,000, insured member will be reimbursed HK\$1,000 x 90% = HK\$900.				
	- if the medical expenses are HK\$5,000, eligible amount for claim subject to the applicable limit per disability. Hence, the reimbur	m would be HK\$5,000 x 90%	6 = HK\$4,500,		
).	Emergency Assistance Benefits ²	Unlimited	Unlimited	Unlimited	
0.	Compassionate benefit (For employee only)	1,000	1,000	1,000	

Optional coverage — Clinical Benefits (80% reimbursement, unless otherwise specified)

Maximum benefits limits (HK\$)

,00 /0	rembursement, unless otherwise specified)	Class 1	Class 2	Class 3
1.	General practitioner's visits			
	Limit per visit Max. 20 visits per year	150	180	240
2.	Specialist's visits ⁹			
	Limit per visit Max. 10 visits per year	300	360	500
3.	Chinese medicine practitioner's visits (including treatment by Chinese herbalist, bonesetter, acupuncturist or tui na therapist)			
	Limit per visit Max. 5 visits per year	100	120	150
4.	Diagnostic x-ray & laboratory fee ¹⁰			
	Limit per year Reimbursement	500 100%	800 100%	1,200 100%

Rate table

Annual premium (HK\$) per insured member

** Average attained age = the sum of all insured employees' and spouses' attained age in a benefit class ÷ no. of insured employees and spouses in the respective benefit class

Basic coverage — Hospital & Surgical Benefits

Average attained age##	Class 1	Class 2	Class 3
16 – 24	699	1,139	2,122
25 – 29	811	1,327	2,481
30 – 34	915	1,501	2,811
35 – 39	1,040	1,709	3,207
40 – 44	1,299	2,143	4,026
45 – 49	1,606	2,651	4,987
50 – 54	1,944	3,218	6,068
55 – 59	2,258	3,749	7,080
60 – 64	3,183	5,292	10,008
Child	1,041	1,718	3,231

Optional coverage — Clinical Benefits

Attained age	Class 1	Class 2	Class 3
16 – 64	1,758	2,153	2,882
Child	2,181	2,669	3,574

Please note:

Premium calculation for non-annual payment mode.

If you select to pay the premium in a non-annual payment mode, the actual premium for each payment mode should be calculated according to the formula in the table below:

Payment mode	Premium per payment mode
Once every 2 years	Annual premium® x 2
Semi-annual	Annual premium@ x 0.52
Quarterly	Annual premium@ x 0.265
Monthly ¹¹	Annual premium@ x 0.09

[@] Discounted annual premium (if applicable).



Value-added services

Online services at www.manulife.com.hk

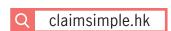
Your company can manage your employee benefits easily and carry out various common administrative tasks, such as viewing the policy status and recent changes, updating the records of employees and their dependents, viewing the surgical schedule, and so on.

Your employees can use their own personal log-in details to view their benefits, check their history of claims, and so on.

ClaimSimple.hk

Support 3 key services – Manulife eClaims, Find My Doctor and My Medical Card, to let you enjoy true one-stop convenience! So you can look forward to a faster, simpler user experience every time. Members can simply log on to www.claimsimple.hk to access the services.





Find a doctor, use your medical card, submit claims — one stop, in one go!

e-Alert for members

Insured members who have registered their e-mail address with us will receive e-mail message from Manulife notifying the completion of their medical claims.

Customer service hotlines

Employer hotline — (852) 2108 1234 Member hotline — (852) 2108 1388

(Service hours: Mon-Fri 9am to 6pm, except public holidays)

Customer service centres

21/F, Tower A, Manulife Financial Centre, 223–231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong (Service hours: Mon–Fri 9am to 6pm, except public holidays)

The above value-added services are only available for selected group medical insurance plans. Contact our Manulife servicing agent or our customer service hotline to get professional advice and assistance.

Notes

- Employer can set up a maximum of 3 plans only if 10 or more insured employees are covered in the policy; otherwise, a maximum of 2 plans can be selected.
- Please refer to the Emergency Assistance Benefits Provisions of Inter Partner Assistance Hong Kong Limited (IPA) for the terms and conditions of
- 3. The maximum issue age shall be 64 for all existing and newly joined employees.
- Payable to an insured member who confined in a general public ward of a government hospital in Hong Kong; all the other Hospital & Surgical Benefits in the plan will not be payable.
- Applicable to an insured member confined in a hospital as a bed patient for less than six (6) hours as a result of sickness or injury; all the Hospital & Surgical Benefits in the plan will not be payable.
- This benefit is provided under the Hospital & Surgical Benefits Provision for insured employee. It does not apply to (a) any separate limit(s) specified for overseas item(s) in the benefits schedule; or (b) hospitalization in the People's Republic of China, including the Hong Kong SAR or Macau SAR. Any limit for any benefit item without specifying any overseas coverage in the benefits schedule with a similar or equivalent benefit item]specified in the benefits schedule for certain overseas coverage will not be affected. It merely applies to limit of benefits for the following benefit items namely: hospital daily room and board, hospital services, hospital physician's services; surgeon's fee; anaesthetist's fee and operation theatre fee, if applicable. It does not apply to any aggregate or total limit for multiple benefit items.
- For the definition of 'country of residence', please refer to the policy provisions. 7.
- Please refer to the benefits schedule and surgical schedule of the relevant insurance policy for benefit limits and classification of operations respectively.
- Subject to a written referral letter from a registered doctor (except gynaecology, paediatrics, otorhinolaryngology (ENT), ophthalmology (Eye), orthopaedics & traumatology, dermatology and urology). The referral letter is valid up to 6 months from the date of issuance.
- 10. Subject to the written referral letter from a registered doctor or registered Chinese medicine practitioner. The referral letter is valid once up to 6 months from the date of issuance.
- 11. Monthly payments can be selected only if the annual premium of the plan is HK\$30,000 or above.

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Important information

1. Renewal

The benefits schedule and premium rates may be subject to change on each policy anniversary with reference to factors such as but not limited to employee statistics, the claim history of each policy, medical trends and inflation. Non-payment of premium will result in termination of the policy. ManuCare is a yearly renewable policy. There is no guarantee of renewal.

2. Claim procedure

If any of the insured members wishes to make a claim, he/she shall send us the completed claim form and any claim-related documents within 90 days from date from date of the covered event happened.

For detail claims procedure, you may visit our website at www.manulife.com.hk/glhclaims-en or contact our servicing agent or our customer service.

3. Termination procedure

The policyholder may terminate this policy or a benefit under this policy at any premium due date by giving the Company one month prior written notice. Unexpired premium due to policy termination will not be refunded.

Manulife may also terminate the policy or any benefit on any policy anniversary, and in such event shall mail to you in written notice not less than one month prior to such date.

In addition, if the number of employees falls below three(3), or such other number or percentage of employees is less than the minimum participation requirements outlined in the policy contract at any premium due date, Manulife may terminate the policy.

Manulife may terminate the policy at any time if the policyholder fails to provide or submit any documents required by Manulife or satisfy the requirements set by Manulife in respect of the policy which would render Manulife unable to comply with any applicable laws, legislation, ordinances, statutes, regulations, rules, orders, protocols, directives, requirements, standards, codes of practice, guidelines, policies, guidance notes, notices, and circulars having legal effect or issued or made by any competent governmental, statutory or regulatory body having regulatory or supervisory authority, jurisdiction or control over Manulife.

4. Information disclosure

All application forms/health declaration forms completed by the policyholder and/or insured member shall be true to the best of their knowledge and form the basis of the policy to be issued.

Failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the coverage, may render the policy voidable by the Company and the Company reserves the right to request the refund of claim payment. In the event of doubt as to whether a fact or information is material, it should be disclosed in all application forms/health declarations forms.

5. Reasonable and customary charges

It 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 the Company in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred. In determining whether charges are reasonable and customary charges, the Company shall make reference to the followings (if applicable) –

- a) treatment or service fee statistics and surveys in the insurance or medical industry;
- b) internal or industry claim statistics;
- c) gazette published by the Government; and/or
- d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

6. Medically necessary

It shall mean the need to have medical service for the purpose of investigating or treating the relevant sickness or injury in accordance with the generally accepted standards of medical practice and such medical service must:

- a) require the expertise of, or be referred by, a doctor;
- b) be consistent with the diagnosis and necessary for the investigation and treatment of the sickness or injury;
- c) 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 member, his family, caretaker or the doctor;
- d) 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;
- e) be furnished at the most appropriate level which, in the prudent professional judgment of the doctor, can be safely and effectively provided to the insured member; and
- f) with respect to hospital confinement, not primarily for diagnostic scanning purpose, imaging examination or physical therapy.

General exclusions

- 1. Routine physical examinations, health check-ups or tests not for treatment, diagnosis of an insured sickness or injury or any treatment which is not medically necessary unless otherwise are specified in the Clinical Benefits Schedule.
- 2. Congenital anomalies, infertility, sterilization.
- 3. Dental care and treatment, except as necessitated by accidental injuries to sound nature teeth wholly occurring during the period of insurance.
- 4. Cosmetic surgery, eye glasses and refractions or hearing aids, and prescriptions therefor except as necessitated by injuries wholly occurring during the period of insurance.
- Childbirth and pregnancy related.
- 6. Injury or sickness arising directly or indirectly from war or any act of war, riots, insurrection, or civil commotion.
- 7. Rest cures, treatment in sanatoria, or functional disorders of the mind.
- 8. Vaccination and immunization injections.
- 9. Drug addiction or alcoholism treatment.
- 10. Suicide, attempted suicide or intentionally self- inflicted injury, whether sane or insane.
- 11. Room, board, home nursing care or special hospital services not in accordance with the diagnosis and treatment of the disability.
- 12. Pre-existing conditions unless:
 - a) such benefit is in respect of medical treatment or recommended after a period of three consecutive months ending after the effective date and during which no medical treatment of such injuries or sickness shall have been received or recommended, or
 - b) such benefit is in respect of medical treatment received or recommended one year after the effective date the insured member becomes insured under this policy.
- 13. Treatment of Human Immunodeficiency Virus (AIDS) or ARC (AIDS-related Complex).
- 14. Expenses that are recoverable from Employees' Compensation Law, any government or public programme of medical benefits, other group or individual insurance.

Additional exclusions for Chinese medicine practitoner's visits including Chinese herbalist, bonesetter, acupuncturist and tui na therapist:

- 1. Any treatment not rendered by Chinese medicine practitioners as defined in the policy.
- 2. Any expense for Chinese medical equipment or appliances.
- 3. Any proprietary Chinese medicine defined under the Chinese Medicine Ordinance.
- 4. Any tonic drugs, cosmetic drugs and drugs for replenishing the vital essence and for reinforcing the vital function.
- 5. Aromatic stimulants, sedative or tranquilizers, and any medical treatment relating to anxiety, depression, emotional or psychological disorders or psychiatric disorders.
- 6. Expenses for any injection by syringe.
- 7. Any consultation for moxibustion, body and foot massage, Qi Gong, ear reflexology, cupping and scraping and any other forms of alternative treatments to be determined by Manulife unless such benefit is provided.

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

About Manulife Hong Kong

Manulife Hong Kong, through Manulife International Holdings Limited, owns Manulife (International) Limited, Manulife Investment Management (Hong Kong) Limited and Manulife Provident Funds Trust Company Limited. As a member of the Manulife group of companies, Manulife Hong Kong offers a diverse range of protection and wealth products and services to individual and corporate customers in Hong Kong and Macau.

About Manulife

Manulife Financial Corporation is a leading international financial services provider that helps people make their decisions easier and lives better. With our global headquarters in Toronto, Canada, we provide financial advice and insurance, operating as Manulife across Canada, Asia, and Europe, and primarily as John Hancock in the United States. Through Manulife Investment Management, the global brand for our global wealth and asset management segment, we serve individuals, institutions and retirement plan members worldwide. At the end of 2020, we had more than 37,000 employees, over 118,000 agents, and thousands of distribution partners, serving over 30 million customers. As of September 30, 2021, we had CAD\$1.4 trillion (HK\$8.6 trillion) in assets under management and administration, and in the previous 12 months we made CAD\$31.6 billion in payments to our customers.

Our principal operations are in Asia and Canada, and the United States, where we have served customers for more than 155 years. We trade as 'MFC' on the Toronto, New York, and the Philippine stock exchanges and under '945' in Hong Kong. Not all offerings are available in all jurisdictions. For additional information, please visit manulife.com.

Please send correspondence on group life and medical insurance to: P.O. Box 70302, Kowloon Central Post Office Fax: (852) 2234 5371

In this product brochure, 'you' and 'your' refer to the policyholder. 'Manulife', 'the Company', 'we', 'us' and 'our' refer to Manulife (International) Limited (incorporated in Bermuda with limited liability).

To view our privacy policy, please go to our website: www.manulife.com.hk. You can request Manulife not to use your personal information for direct marketing purposes by writing to our Privacy Officer at 22/F, Tower A, Manulife Financial Centre, 223–231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong, or by calling our Customer Service Hotline at (852) 2108 1188.

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