

EliteCare

「精英倍保」醫療計劃



EliteCare

EliteCare is a packaged plan for safeguarding your key executives with greater and more comprehensive medical protection.

As a protective measure, EliteCare helps you avoid major expenses if an executive employee becomes ill or incapacitated. This provides prestige value to your business benefits and builds confidence in your company's image.

EliteCare 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 coverage that includes Clinical, Dental and Maternity Benefits



Full refund on some major hospitals and clinical expenses, subject to an overall maximum limit per year



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



Free choice¹ of doctors, dentists and hospitals



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



Simple application procedure and easy administration



Benefits at a glance

Product nature	Provide medical insurance plan
Product type	Standalone group medical insurance plan
Eligibility	<p>Applicable to employers with 3 employees or more.</p> <p>Maternity Benefits is only applicable to employer with 10 or more employees and 3 female members.</p> <p>The issue age for both employee and spouse is from 16 to 64. The word 'age' means the attained age at the policy anniversary.</p> <p>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.</p> <p>Insured members must be a Hong Kong resident.</p>
Medical underwriting	<p>Employers with 3 to 9 employees: Medical underwriting is required and subject to Manulife's approval.</p> <p>Employers with 10 or more employees: No medical underwriting is required.</p>
Basic coverage	<p>Hospital & Surgical Benefits including hospital services, hospital physician's services, home nursing³ and hospital specialist's services³ with full refund of expenses⁴.</p> <p>Additional benefits of companion bed and mental illness or nervous disorder confinement benefit⁵ are available under Plan 2.</p>
Optional coverage	<ul style="list-style-type: none">• Clinical Benefits• Dental Benefits• Maternity Benefits
Conversion benefits^{6,7}	<p>If an employer's group medical insurance plan has 20 insured employees or above, the employer may opt for the medical insurance conversion privilege upon policy set up or renewal.</p> <p>The eligible insured employees together with their eligible insured dependent(s) (if any) will be entitled to an option to apply for a designated individual hospital benefits plan without health declaration upon the employees' cessation of employment – helping them obtain medical protection hassle free.</p>

Benefits schedule

This benefits schedule must be read in conjunction with the surgical schedule and policy provisions of EliteCare. If any optional coverage is selected, the plan must be the same as that of the basic coverage of Hospital & Surgical Benefits.

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

	Maximum benefit limits (HK\$)	
	Plan 1	Plan 2
1. Hospital daily room & board		
Limit per day	4,800	6,000
Days per disability	Unlimited	Unlimited
2. Hospital services (including advanced diagnostic imaging, chemotherapy, radiotherapy and renal dialysis)		
Limit per disability	Full refund	Full refund
3. Hospital physician's services		
Limit per day	Full refund	Full refund
Days per disability	Unlimited	Unlimited
4. Surgeon's fee⁸ (Limit per disability)		
Complex	320,000	600,000
Major	160,000	300,000
Intermediate	80,000	150,000
Minor	40,000	75,000
5. Anaesthetist's fee⁸ (Limit per disability)		
Complex	96,000	180,000
Major	48,000	90,000
Intermediate	24,000	45,000
Minor	12,000	22,500
6. Operating theatre fee⁸ (Limit per disability)		
Complex	96,000	180,000
Major	48,000	90,000
Intermediate	24,000	45,000
Minor	12,000	22,500
7. Companion bed		
Limit per day	Not applicable	Full refund
Days per disability (Only applicable to insured member below age 18)		Unlimited
8. Intensive care		
Limit per disability	55,000	100,000
Days per disability	Unlimited	Unlimited
9. Home nursing³		
Limit per disability	Full refund	Full refund
Days per disability	Unlimited	Unlimited
10. Hospital specialist's services³		
Limit per day	Full refund	Full refund
Days per disability	Unlimited	Unlimited

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

Maximum benefit limits (HK\$)

	Plan 1	Plan 2
11. Mental illness or nervous disorder confinement benefit⁵		
Limit per disability	Not applicable	10,000
12. Day confinement benefit⁹		
Limit per disability	4,000	4,000
Reimbursement	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 would be HK\$5,000 x 90% = HK\$4,500, subject to the applicable limit per disability. Hence, the reimbursement amount would be HK\$4,000.)		
13. Pre-and post-hospitalization benefits¹⁰		
Limit per disability	10,000	12,000
14. Hospital cash¹¹		
Limit per day	1,000	2,000
Days per disability	60 days	60 days
15. Compassionate benefit (For employee only)	10,000	10,000
16. Emergency Assistance Benefits²	Unlimited	Unlimited
Overall maximum limit per year	1,200,000	2,000,000

Benefits schedule

Optional coverage — Clinical Benefits¹² (100% reimbursement)

	Maximum benefit limits (HK\$)	
	Plan 1	Plan 2
1. General practitioner's visits		
Limit per visit	Full refund	Full refund
Maximum number of visits per year	Unlimited	Unlimited
2. Specialist's visits¹³		
Limit per visit	Full refund	Full refund
Maximum number of visits per year	Unlimited	Unlimited
3. Chinese medicine practitioner's visits (including treatment by Chinese herbalist, bonesetter, acupuncturist or tui na therapist)		
Limit per year	2,200	5,000
Maximum number of visits per year	Unlimited	Unlimited
4. Physiotherapist¹⁴ or chiropractor treatment		
Limit per year	2,200	5,000
Maximum number of visits per year	Unlimited	Unlimited
5. Mental illness or nervous disorder treatment		
Limit per year	Not applicable	3,000
Maximum number of visits per year		Unlimited
6. Diagnostic X-ray & laboratory fee¹⁵		
Limit per year	9,000	12,000
7. Prescription¹⁶		
Limit per year	9,000	12,000
8. Routine check-up		
Limit per year	1,300	4,000
Overall maximum limit per year	400,000	500,000

Maximum one visit per day for each clinical benefit item above, subject to the maximum limit of visits and/or benefit for each item.

**Optional coverage — Dental Benefits
(100% reimbursement)**

Maximum benefit limits (HK\$)

	Plan 1	Plan 2
1. Teeth cleaning and oral examination		
Limit per visit	500	600
Maximum number of visits per year	2 visits	2 visits
2. X-ray required prior to performance of dental services		
Limit per film	160	200
Limit per year	2,300	2,500
3. Extractions		
Limit per tooth	1,200	2,000
4. Fillings		
Limit per year	1,200	2,000

**Optional coverage — Maternity Benefits¹⁷
(100% reimbursement)**

Maximum benefit limits (HK\$)

	Plan 1	Plan 2
1. Normal delivery	30,000	40,000
2. Caesarean section	45,000	60,000
3. Miscarriage	15,000	20,000

Rate table

Annual premium (HK\$) per insured member

Attained age	Basic coverage		Optional coverage					
	Hospital & Surgical		Clinical		Dental		Maternity	
	Plan 1	Plan 2	Plan 1	Plan 2	Plan 1	Plan 2	Plan 1	Plan 2
0 – 19	9,462	10,964	5,111	6,955	1,543	1,969	5,140	5,708
20 – 24	13,133	14,881	6,452	8,337	1,543	1,969	5,140	5,708
25 – 29	13,760	15,566	6,536	8,417	1,543	1,969	5,140	5,708
30 – 34	14,777	16,697	6,447	8,353	1,543	1,969	5,140	5,708
35 – 39	15,837	17,917	6,366	8,284	1,543	1,969	5,140	5,708
40 – 44	16,969	19,327	6,324	8,292	1,543	1,969	5,140	5,708
45 – 49	17,987	20,736	9,596	11,707	1,543	1,969	5,140	5,708
50 – 54	21,389	24,944	10,075	12,277	1,543	1,969	5,140	5,708
55 – 59	25,956	30,588	10,591	12,905	1,543	1,969	5,140	5,708
60 – 64	30,570	36,471	12,519	14,969	1,543	1,969	5,140	5,708

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	Annual premium x 0.09



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.



 claimsimple.hk

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

1. The information is for reference only. All coverage and benefit limits are subject to the detailed terms and conditions of the relevant insurance policy.
2. Emergency Assistance Benefits is provided by a third party service provider which is an independent contractor and is not our agent. We shall make no representation, warranty or undertaking as to the availability of any medical opinions given by the medical service provider or any services given by the service providers. The services may change from time to time. Please visit our website (www.manulife.com.hk) for the latest Emergency Assistance Benefits Provisions for the terms and conditions of the services.
3. Subject to the written referral letter from the registered attending doctor.
4. Subject to the overall maximum limit per year in the benefit schedule.
5. Applicable to an insured member confined in a hospital for treatment of mental illness or nervous disorder; all the other Hospital & Surgical Benefits in the plan will not be payable.
6. Please contact our Manulife servicing agent or our customer service hotline for a quotation.
7. Any premium loading and/or exclusion(s) applied to the applicant and/or his eligible dependent(s) under the group medical policy shall continue to apply to the designated individual medical insurance policy after conversion. The Company reserves the right to terminate the designated individual medical insurance policy, if any of the following occurs subsequent to the issue of the individual medical insurance policy:
 - (1) The applicant and/or his eligible dependent(s) is/are hospitalized on the applicant's last date of employment; or
 - (2) The applicant is not actively at work on his last date of employment; or
 - (3) The applicant's last date of employment as declared by the applicant is not correct; or
 - (4) The applicant and/or his eligible dependent(s) is/are insured under the group medical policy at any time after the issue of the designated individual medical insurance policy.Please refer to the policy provision of the 'Medical Conversion Privilege' for other details. The designated individual hospital benefits plan(s) available will be determined by the Company from time to time.
8. Please refer to the Benefits Schedule and Surgical Schedule of the relevant insurance policy for benefit limits and classification of operations respectively.
9. 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.
10. Subject to the hospital confinement being covered under the hospital daily room and board, pre-hospitalization benefits, including 1 out-patient doctor visit prior to hospital confinement, and post-hospitalization benefits, including out-patient doctor visits within 90 days after discharge from hospitalization, provided that the out-patient visits are for treatment of the same disability that resulted in hospital confinement. The aggregate amount of reimbursement for 'pre-and post-hospitalization benefits' is subject to the maximum limit per disability.
11. Subject to confinement in ward of a government hospital in Hong Kong; all the other Hospital & Surgical Benefits in the Plan will not be payable.
12. Network doctor service for general practitioner's visits, specialist's visits, Chinese medicine practitioner's visits and physiotherapist treatment is available on request. All coverage and indemnity limits are subject to the detailed terms and conditions of the policy provisions.
13. 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.
14. Subject to the written referral letter from a registered doctor, the referral letter is valid up to 6 months from the date of issuance.
15. 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.
16. Subject to the written referral from a registered doctor on prescription of medically necessary Western medication. The referral letter is valid up to 6 months from the date of issuance.
17. Unless otherwise stated, the Maternity Benefits cover female employees and insured members' wives. The Maternity Benefits are subject to the terms and conditions of the relevant insurance policy; no benefit is payable during a continuous period of 9 months (the 'waiting period') from the effective coverage date of the Maternity Benefits of an insured member or insured member's wife.

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. EliteCare 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 the date of the covered event happened.

For detail claims procedure, you may visit our website at www.manulife.com.hk/ghlclaims-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 valid 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.
5. Pregnancy, childbirth, miscarriage, abortion, or any complications arising from pregnancy, and pre-natal or postnatal care.
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 (including investigation and treatment of psychological, emotional, mental or behavioural conditions), unless mental illness or nervous disorder confinement or treatment benefits are specified in the valid Benefits Schedule.
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. Commission of or attempt to commit a criminal offence or assault.

Additional exclusions for Chinese medicine practitioner'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.

Additional exclusions for Dental Benefits

1. All other dental expenses not listed under Benefits Schedule shall be excluded.
2. No benefits shall be payable for services or materials for cosmetic purposes, or repair of congenital malformation solely for cosmetic purposes, except charges for cosmetic dental procedures performed while insured hereunder and incurred as a result of and within twelve months after an accident.
3. For dental procedures performed by other than a licensed Dentist, except dental prophylaxis performed by a licensed dental hygienist under the supervision and direction of a licensed dentist.

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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