



# ManuSelect Group Medical Protection



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ManuSelect Group Medical Protection ('ManuSelect') is a brand new, innovative group medical insurance designed for small to medium-sized companies who need simple administration yet comprehensive healthcare benefits which is worth paying for.

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ManuSelect distinguishes its protection with well-designed, comprehensive benefits to provide you a total healthcare solution.

- Disease Management Program with extra specialist's consultation in addition to the general outpatient visits.
- Network Surgery Benefit and Network Surgery Cash Allowance for specified day case surgeries such as gastroscopy and colonoscopy.
- Non-confinement Cancer and Dialysis Benefit to cover medical expenses for treatments of cancer and severe renal failure without a stay in hospital.
- 'WeCare' medical network to provide clinical services different from the traditional ones.
- Choice of comprehensive and simple plans with varieties of optional benefits.

This product brochure is for reference only. Please refer to the policy of ManuSelect (including the provisions, Benefit Schedule and Surgical Schedule) for details of the terms, conditions and exclusions.



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# 01

## Your guide to make the right choice

Before you begin to strengthen your employee benefits on areas of medical protection, you may consider the following questions.

### **How can my employees use their medical benefits effectively?**

ManuSelect will reimburse medical expenses under different circumstances such as staying in private or public hospitals, minor surgical operations without a stay in hospital, outpatient consultation before being admitted to and after discharged from a hospital, and so on. The insurance features a Network Surgery Benefit which reimburses the full amount of surgical expenses of specified day case surgeries performed at any of the designated day surgery centres of the designated medical network and, at the same time, the insured members will receive a Network Surgery Cash Allowance.

### **How can my company help employees to reduce their financial burden in paying large medical bills?**

ManuSelect provides Supplementary Major Medical Benefit (SMM) and Non-confinement Cancer and Dialysis Benefit to protect your employees. SMM aims to reduce the financial burden if an insured member has to have a serious surgical operation or complicated treatment or is staying in hospital for a long time because of sickness or injury. The Non-confinement Cancer and Dialysis Benefit covers reimbursement of medical expenses for chemotherapy, radiotherapy, targeted therapy and renal dialysis performed at a clinic. This means the Hospital and Surgical Benefit and SMM can be effectively used in case the member needs to stay in hospital for treatments.

### **How can my company help to ease employees' financial worries if they are diagnosed with a critical illness?**

The Critical Illness Benefit pays insured members a lump sum living benefit, which they can use in any way they want, for example, spending on quality food, health supplements or leisure, or paying their household bills.



### **How can my company help employees if they suffer from cancer or diabetes?**

If your employees are unfortunately diagnosed with cancer or diabetes, they usually need prolonged treatment. ManuSelect will help your employees to overcome this challenge with the Disease Management Program, which provides extra specialist's consultation visits and special rate on treatments to support their needs. The program aims to ease their worries, help them to use the medical benefits effectively and reduce their financial burden.

### **What is 'WeCare' medical network?**

ManuSelect provides your employees with a totally new 'WeCare' medical network, which uses a list of screened doctors (including over 1,400 experienced medical practitioners from general practice to different specialties) at convenient locations to provide excellent attention and services to our customers.

### **What administration work is involved?**

Your company simply needs to tell us when you enrol new employees and dependents and when they are not working for you or no longer qualified. An information pack with a medical services card will be issued to your employees after their enrolment is accepted. Prior to each policy anniversary, we will inform you of the renewal arrangement for the next policy year.

### **How should my company budget the premium for the next policy year?**

We will regularly review the benefits and premium rates of ManuSelect, taking into account the medical trend, medical cost, inflation and so on. To help you to maintain a stable budget, we do not set the premiums based on each company's own past history of claims. Under normal circumstances, we would make any change to benefits and premium rates step by step. We will keep you informed of the details and arrangements when approaching each year's renewal.



# 02

## Benefits at a glance

ManuSelect is well-structured with a broad range of features to protect your employees under different circumstances, aiming to provide them with quality medical services and to ease their worries.

### BASIC COVER

#### Hospital and Surgical Benefit

- Total of six plans to allow different levels of protection for different classes or grades of employees.
- Well-designed, comprehensive benefits for different circumstances such as staying in private or public hospitals, minor surgical operations without a stay in hospital, outpatient consultation before admitting to and after discharging from a hospital and so on.
- Reimbursement of the full amount of surgical expenses for specified day case surgeries performed at the designated medical network, together with a cash allowance.
- Additional protection of an extra 100% of the limit of benefit amount of certain items for a stay in hospital overseas due to an accidental injury.
- Emergency Assistance Benefits for travelling overseas.
- The Medpass Service to help insured employees being admitted to a hospital in mainland China (within a list of over 250 hospitals) without needing to pay an admission deposit.

### OPTIONAL COVER

#### Supplementary Major Medical Benefit

- Top-up protection to reimburse typical hospital and surgical expenses over the amount of basic cover. This can help to reduce the financial burden of serious surgical operations, complicated treatments, prolonged stay in hospital, and so on.

## OPTIONAL COVER **Non-confinement Cancer and Dialysis Benefit**

- Extra protection to reimburse the medical expenses of chemotherapy, radiotherapy, targeted therapy and renal dialysis treatment at clinic.

### **Critical Illness Benefit**

- A lump sum living benefit payment if an insured member is diagnosed with one of the 60 critical illnesses.

### **Clinical Benefit and Disease Management Program**

- A wide range of outpatient cover including consultation and medication by Western and Chinese medicine practitioners, physiotherapy and chiropractic treatments, laboratory investigation and prescription of western medication.
- Clinical cover at 'WeCare' medical network for Plans 1 to 4.
- Simply present the Manulife Medical Services Card at the medical network for clinical visits without having to fill in a claim form.
- Waiver of the doctor's referral for certain specialties including dermatology, gynaecology, ophthalmology, orthopaedics and traumatology, otorhinolaryngology, paediatrics and urology.
- The Disease Management Program provides attentive care with extra specialist's consultation visits and special rate on treatments to insured members who are diagnosed with cancer or diabetes.

## Your choice on the range of protection for your employees and their dependents

BASIC COVER	Employee	Spouse	Child
Hospital and Surgical Benefit	✓	✓	✓
OPTIONAL COVER (Only available on top of the basic cover)			
Supplementary Major Medical Benefit (SMM)	✓	✓	✓
Non-confinement Cancer and Dialysis Benefit (only available if SMM is chosen)	✓	✓	✓
Critical Illness Benefit	✓	Not available	Not available
Clinical Benefit and Disease Management Program	✓	✓	✓

# 03

## Schedule of benefits

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>BASIC COVER</b>						
<b>A Hospital and Surgical Benefit (1)</b>						
Reimbursement percentage	100%	100%	100%	100%	100%	100%
<b>1 Hospital Room and Board</b>						
Days per disability	120	120	120	120	Not applicable	Not applicable
Limit per day	\$3,500	\$1,800	\$1,000	\$600		
<b>2 Intensive Care</b>						
Days per disability	15	15	15	15	Not applicable	Not applicable
Limit per day	\$7,000	\$3,600	\$2,000	\$1,200		
<b>3 Hospital Services</b>						
Limit per disability	\$50,000	\$30,000	\$16,000	\$12,000	Not applicable	Not applicable
<b>4 Hospital Physician's Services</b>						
Days per disability	120	120	120	120	Not applicable	Not applicable
Limit per day	\$3,500	\$1,800	\$1,000	\$600		
<b>5 Surgeon's Fee (2)</b>						
Limit per disability						
Complex	\$160,000	\$120,000	\$64,000	\$50,000	Not applicable	Not applicable
Major	\$80,000	\$60,000	\$32,000	\$25,000		
Intermediate	\$40,000	\$30,000	\$16,000	\$12,500		
Minor	\$20,000	\$15,000	\$8,000	\$6,250		
<b>6 Anaesthetist's Fee (2)</b>						
Limit per disability						
Complex	\$48,000	\$36,000	\$19,200	\$15,000	Not applicable	Not applicable
Major	\$24,000	\$18,000	\$9,600	\$7,500		
Intermediate	\$12,000	\$9,000	\$4,800	\$3,750		
Minor	\$6,000	\$4,500	\$2,400	\$1,875		
<b>7 Operation Theatre Fee (2)</b>						
Limit per disability						
Complex	\$48,000	\$36,000	\$19,200	\$15,000	Not applicable	Not applicable
Major	\$24,000	\$18,000	\$9,600	\$7,500		
Intermediate	\$12,000	\$9,000	\$4,800	\$3,750		
Minor	\$6,000	\$4,500	\$2,400	\$1,875		
<b>8 Hospital Specialist's Services (3)</b>						
Days per disability	120	120	Not applicable	Not applicable	Not applicable	Not applicable
Limit per day	\$5,000	\$2,500				



	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>9 Companion Bed (4)</b> Days per disability Limit per day	30 \$2,000	30 \$1,000	30 \$400	30 \$300	Not applicable	Not applicable
<b>10 Private Nursing (3)</b> Days per disability Limit per day	120 \$2,000	120 \$1,000	Not applicable	Not applicable	Not applicable	Not applicable
<b>11 Simple In-patient Benefit (5)</b> Limit per disability Room and board limit to	Not applicable	Not applicable	Not applicable	Not applicable	\$25,000 Ward	\$15,000 Ward
<b>12 Pre- and Post-hospitalization Out-patient Care (6)</b> Limit per disability	\$10,000	\$8,000	\$4,000	\$3,000	\$1,000	\$1,000
<b>13 Network Surgery Benefit (7)</b>	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
<b>14 Network Surgery Cash Allowance (8)</b> Limit per disability	\$2,000	\$1,500	\$800	\$600	Not applicable	Not applicable
<b>15 Hospital Cash for HK Government Hospital Ward (9)</b> Days per disability Limit per day	45 \$2,000	45 \$1,500	45 \$800	45 \$600	45 \$500	45 \$300
<b>16 Increased Overseas Accidental Benefit (this applies to items 5 to 8 above) (10) (for employee only)</b>	100%	100%	100%	100%	Not applicable	Not applicable
<b>17 Compassionate Benefit (for employee only)</b>	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>18 Emergency Assistance Benefits (11)</b> Provide advance payment of medical deposits for an emergency hospitalization overseas, arrangements of emergency medical evacuation and repatriation of remains when travelling outside the country of residence (12), compassionate visit by a relative, transporting unattended children back to their country of residence and local burial, and a 24-hour hotline for medical, travel and legal help	No limit	No limit	No limit	No limit	No limit	No limit
<b>19 Emergency Medical Assistance in Mainland China (Medpass Service) (13)</b>	Yes	Yes	Yes	Yes	Yes	Yes

#### OPTIONAL COVER

<b>B Supplementary Major Medical Benefit (1) (14)</b> Reimbursement percentage Limit per disability Deductible per disability Room and board limit to	80% \$200,000 \$1,000 Private	80% \$100,000 \$1,000 Semi-private	80% \$70,000 \$1,000 Ward	80% \$50,000 \$1,000 Ward	Not applicable	Not applicable
<b>C Non-confinement Cancer and Dialysis Benefit (15)</b> (applies to chemotherapy, radiotherapy, targeted therapy and renal dialysis treatment) Reimbursement percentage Limit per course	100% \$200,000	100% \$150,000	100% \$120,000	100% \$100,000	Not applicable	Not applicable

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>OPTIONAL COVER</b>						
<b>D Critical Illness Benefit</b> Covers 60 common critical illnesses One lump sum	See P.12 \$200,000	See P.12 \$150,000	See P.12 \$100,000	See P.12 \$50,000	Not applicable	Not applicable
<b>E Clinical Benefit and Disease Management Program (16)</b>						
<b>1 Network outpatient (17)</b>						
<b>Network General Practitioner's Visit</b> Maximum number of visits per year Co-payment per visit	30 Nil	30 Nil	30 Nil	30 Nil	No limit \$50	No limit \$50
<b>Network Specialist's Visit (18)</b> Maximum number of visits per year Co-payment per visit	10 Nil	10 Nil	10 Nil	10 Nil	Not applicable	Not applicable
<b>Network Physiotherapist's Treatment (19)</b> Maximum number of visits per year Co-payment per visit	10 Nil	10 Nil	10 Nil	10 Nil	Not applicable	Not applicable
<b>2 Non-network outpatient</b>						
<b>General Practitioner or Specialist's Visit (18)</b> Maximum number of visits per year Limit per visit Reimbursement percentage	5 \$350 60%	5 \$350 60%	5 \$250 60%	5 \$250 60%	Not applicable	Not applicable
<b>Chinese Medicine Practitioner's Visit (including treatment by Chinese Herbalist, Bonesetter, Acupuncturist and Tui Na Therapist)</b> Maximum number of visits per year Limit per visit Reimbursement percentage	10 \$300 100%	10 \$300 100%	10 \$250 100%	10 \$250 100%	Not applicable	Not applicable
<b>Chiropractor's Treatment</b> Maximum number of visits per year Limit per visit Reimbursement percentage	10 \$500 100%	10 \$500 100%	10 \$350 100%	10 \$350 100%	Not applicable	Not applicable
Overall maximum number of network and non-network outpatient visits per year	50	50	30	30	Not applicable	Not applicable
<b>Diagnostic X-ray and Laboratory Fee (20)</b> Limit per year Reimbursement percentage	\$2,000 100%	\$2,000 100%	\$1,500 100%	\$1,500 100%	Not applicable	Not applicable
<b>Prescription - Outside Clinic (21)</b> Limit per year Reimbursement percentage	\$2,000 100%	\$2,000 100%	\$1,500 100%	\$1,500 100%	Not applicable	Not applicable

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>3 Disease Management Program (22)</b>						
<b>3.1 Cancer Care</b>						
<b>Oncologist's Consultation Visit (without medication)</b> Maximum number of visits per year Co-payment per visit	No limit Nil	No limit Nil	No limit Nil	No limit Nil	Not applicable	Not applicable
X-ray, laboratory test and advanced diagnostic imaging (23) (24)	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
Radiotherapy and chemotherapy (23) (24)	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
<b>3.2 Diabetes Control (25)</b>						
<b>Endocrinologist or Family Medicine Specialist's Consultation Visit (without medication)</b> Maximum number of visits per year Co-payment per visit	10 Nil	10 Nil	10 Nil	10 Nil	Not applicable	Not applicable
<b>Blood Test</b> Maximum number of visit per year	1	1	1	1	Not applicable	Not applicable
<b>Ankle-Brachial Index (ABI) Examination</b> Maximum number of visit per year	1	1	1	1	Not applicable	Not applicable
<b>Dietitian's Consultation Visit (23)</b> Maximum number of visit per year Co-payment per visit	1 Nil	1 Nil	1 Nil	1 Nil	Not applicable	Not applicable
<b>X-ray and laboratory test (23) (24)</b>	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
<b>Medication (26)</b>	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable

All amounts shown in the schedule of benefits above are in Hong Kong dollars.



## Notes

- (1) Benefits specified as per disability under the Hospital and Surgical Benefit and Supplementary Major Medical Benefit means any sicknesses or injuries arising from the same (or a related) cause or concurrently from different causes during the same hospital confinements, except after 90 days following the latest discharge from the hospital.
- (2) The classification of surgeries is provided in the Surgical Schedule of the policy.
- (3) The Hospital Specialist's Services and Private Nursing require a written referral from the attending registered physician.
- (4) The Companion Bed only covers charges for one extra bed but not the meals for the companion or family member.
- (5) The Simple In-patient Benefit will only reimburse charges for hospital room and board, intensive care, hospital services, hospital physician's services, surgeon's fee, anaesthetist's fee, operation theatre fee and hospital specialist's services, and it is limited to staying at ward level of a hospital. If the insured member is staying at semi-private level, any eligible expenses should be multiplied by 50% for a claim under this benefit. If the insured member is staying at private level, any eligible expenses should be multiplied by 25% for a claim under this benefit.
- (6) The Pre- and Post-hospitalization Out-patient Care covers one outpatient doctor's visit before being admitted to a hospital and any outpatient doctor's visits within 180 days after discharged from the hospital for treatment of the same disability.
- (7) The Network Surgery Benefit applies to specified day case surgeries such as gastroscopy and colonoscopy recommended by a doctor of the designated medical network in writing and performed at any of the designated day surgery centres of the designated medical network. This benefit only reimburses the charges for the surgical operation and the use of operation room. Insured members may ask for more details from the designated medical network.
- (8) The insured members will be entitled to the Network Surgery Cash Allowance (if applicable) only if they are entitled to the Network Surgery Benefit for a covered disability.
- (9) The insured members will be entitled to the Hospital Cash for HK Government Hospital Ward if they are staying in a ward bed at a public hospital in Hong Kong. Other benefits under the Hospital and Surgical Benefit will not be paid except the Hospital Room and Board.
- (10) The Increased Overseas Accidental Benefit does not apply to a hospital stay in mainland China, Hong Kong and Macau.
- (11) The Emergency Assistance Benefits are provided through Inter Partner Assistance Hong Kong Limited ('IPA') and according to the terms and conditions of the Emergency Assistance Benefits Provisions issued by IPA.
- (12) Country of residence (for the Emergency Assistance Benefits) means the Hong Kong Special Administrative Region unless it is stated otherwise.
- (13) The Medpass Service provides a hospital deposit guarantee for a medically necessary stay in a hospital in mainland China (except Hong Kong and Macau). The insured member must pay the full amount of the hospital bill.
- (14) The Supplementary Major Medical Benefit reimburses hospital and surgical expenses of items 1 to 10 which are exceeding the basic cover. If the insured member is staying at a level of accommodation higher than that shown in the schedule of benefits, the reimbursement percentage should be replaced by an adjusted reimbursement percentage according to the table below.

Level of accommodation shown in the schedule of benefits	Level of accommodation of actual confinement	Adjusted reimbursement percentage
Ward	Semi-private	50%
Ward	Private	25%
Semi-private	Private	50%

- (15) The Non-confinement Cancer and Dialysis Benefit is only available if your company has chosen the Supplementary Major Medical Benefit in the application. This benefit is provided per course, which means if an insured member has not undergone any consultation, treatment and medication of any kind (whether in Western or Chinese medicine practice) and has not confined in a hospital for a covered sickness for a continuous period of 90 days, any subsequent consultation, treatment and medication for the same sickness will be considered as a separate course.
- (16) Each of the benefits under the Clinical Benefit and Disease Management Program is limited to one visit per day.
- (17) 'WeCare' medical network applies to Plans 1 to 4 and the Network General Practitioner's Visit and Network Specialist's Visit under these plans provide medication up to five days if it is considered as necessary by the doctor. Another designated doctor network applies to Plans 5 to 6. The network doctors may charge insured members for extra fees on special medication other than the standard one.
- (18) The Network Specialist's Visit and Specialist's Visit require a written referral from a registered medical practitioner, except for certain specialties including dermatology, gynaecology, ophthalmology, orthopaedics and traumatology, otorhinolaryngology, paediatrics and urology. A referral letter is valid for the same or related conditions for six months from the issue date. Another referral letter is needed for any consultation or treatment for a new or unrelated medical condition, or if the six months has ended.
- (19) The Network Physiotherapist's Treatment requires a written referral from a registered medical practitioner.
- (20) The Diagnostic X-ray and Laboratory Fee requires a written referral from a registered medical practitioner or Chinese Medicine Practitioner.
- (21) The Prescription requires a prescription letter issued by a registered medical practitioner.
- (22) All benefits under the Disease Management Program are only available from the designated medical network. Insured members must provide proof of being diagnosed with cancer or diabetes before any consultation or service is provided.
- (23) These items under the Disease Management Program require a written referral by the attending registered medical practitioner of the designated medical network under the Disease Management Program.
- (24) Special rates are provided for certain examinations, investigations and treatments. Insured members should pay these medical expenses themselves. Whether there is reimbursement of these medical expenses under any other parts of the schedule of benefits depends on the terms and conditions and exclusions of the policy.
- (25) The Diabetes Control does not cover type 1 diabetes (congenital) and gestational diabetes (a condition in which women who have not previously being diagnosed with diabetes have shown high blood glucose level during pregnancy).
- (26) A special rate is provided for certain medication. Insured members should pay the medication expenses themselves.

## List of critical illnesses covered under the Critical Illness Benefit

### Cancer

1. Cancer

### Illnesses related to organ failure

2. AIDS Due to Blood Transfusion
3. Aplastic Anaemia
4. Chronic Adrenal Insufficiency
5. Coma
6. End Stage Liver Disease
7. End Stage Lung Disease
8. Fulminant Viral Hepatitis
9. HIV Due to Assault
10. Kidney Failure
11. Major Organ Transplantation
12. Medullary Cystic Disease
13. Occupationally Acquired HIV
14. Systemic Lupus Erythematosus
15. Total and Permanent Disability

### Illnesses related to circulatory system

16. Cardiomyopathy
17. Coronary Artery Bypass Surgery
18. Heart Attack (Myocardial Infarction)
19. Heart Valve Surgery
20. Infective Endocarditis
21. Other Serious Coronary Artery Diseases
22. Primary Pulmonary Arterial Hypertension
23. Surgery to Aorta

### Illnesses related to nervous system

24. Alzheimer's Disease /Irreversible Organic Degenerative Brain Disorders (Dementia)
25. Amyotrophic Lateral Sclerosis
26. Apallic Syndrome
27. Bacterial Meningitis
28. Benign Brain Tumour
29. Blindness
30. Creutzfeld-Jacob Disease
31. Encephalitis
32. Loss of Hearing
33. Major Head Trauma
34. Multiple Sclerosis
35. Muscular Dystrophy
36. Paralysis
37. Parkinson's Disease
38. Poliomyelitis
39. Primary Lateral Sclerosis
40. Progressive Bulbar Palsy
41. Progressive Muscular Atrophy
42. Progressive Supranuclear Palsy
43. Spinal Muscular Atrophy
44. Stroke

### Other major illnesses

45. Acute Necrotic Pancreatitis
46. Chronic Relapsing Pancreatitis
47. Ebola Hemorrhagic Fever
48. Elephantiasis
49. Haemolytic Streptococcal Gangrene
50. Loss of Limbs
51. Loss of One Limb and One Eye
52. Loss of Speech
53. Major Burns
54. Myasthenia Gravis
55. Pheochromocytoma
56. Severe Crohn's Disease
57. Severe Rheumatoid Arthritis
58. Severe Ulcerative Colitis
59. Systemic Sclerosis
60. Terminal Illness

## Major exclusions

Below is a summary of the major exclusions which apply to the Hospital and Surgical Benefit, Supplementary Major Medical Benefit, Non-confinement Cancer and Dialysis Benefit and Clinical Benefit:

- Medical examination or check-up, or any investigation not for treatment or diagnosis of a covered sickness or injury or not medically necessary;
- Congenital anomalies or any related complications regardless of the time of discovery or treatment;
- Dental care and treatment, except necessary treatment within 24 hours due to accidental injury to sound nature teeth;
- Cosmetic procedures or plastic surgery, eye examination, surgical procedure for correction of eye refraction except surgery or treatment medically necessary for repairing damage caused solely by accidental injury;
- Pregnancy, childbirth, miscarriage, abortion, birth control, contraception, infertility, sterilization, impotence and sex changes;
- Injury or sickness arising from war, invasion, strike, riot, revolution, insurrection, acts of terrorism, civil commotion, radioactive contamination, nuclear contamination, biological contamination and chemical contamination, or participating in military service or police force;
- Rest cure or sanatoria care, or functional disorders of the mind including investigation and treatment of psychological, emotional, mental or behavioural conditions;
- Vaccination, immunization, inoculation or any preventive treatment or medicine;
- Drug addiction, alcoholism, wilful misuse of drugs or alcohol, services or supplies for smoking cessation program, or treatment of nicotine addiction;
- Suicide or attempted suicide or intentional self-inflicted injury, whether sane or insane;
- Any charges such as room, board, nursing care and hospital services which are not in accordance with the diagnosis and treatment of the covered disability;
- Pre-existing conditions unless:
  - (a) such benefit is in respect of medical treatment received or recommended after a period of three consecutive months ending after the effective date and during which no medical treatment of such injury 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 such benefit;
- Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or ARC (AIDS Related Complex);
- Participating or committing or attempt to commit in any illegal activity, criminal offence or assault;
- Hospital confinement primarily or solely for physiotherapy or for the investigation of signs or symptoms with diagnostic imaging (such as magnetic resonance imaging (MRI), computerized tomography (CT) scan and positron emission tomography (PET) scan), laboratory or other diagnostic procedures;
- Procurement or use of any medical appliances or devices such as spectacles, contact lenses, hearing aids and wheelchair and non-medical services such as television, telephone, photocopy and medical report charges, and any items for personal use;

- Below exclusions are applied to consultation, treatment and medication performed by a Chinese Medicine Practitioner including Chinese Herbalist, Bonesetter, Acupuncturist and Tui Na Therapist:
  - (a) Treatment not performed by a Chinese Medicine Practitioner as defined in the policy;
  - (b) Expenses for Chinese medical equipment or appliances;
  - (c) Proprietary Chinese medicine defined under the Chinese Medicine Ordinance;
  - (d) Tonic drugs, cosmetic drugs and drugs for replenishing the vital essence and for reinforcing the vital function;
  - (e) Aromatic stimulants, sedative or tranquilizers, and any medical treatment relating to anxiety, depression, emotional or psychological disorders or psychiatric disorders;
  - (f) Expenses for injection by syringe, brewing of herbal medication and any services not medically necessary;
  - (g) Consultation for moxibustion, body and foot massage, Qi Gong, ear reflexology, cupping and scraping and any other forms of alternative treatment;
  - (h) Expensive herbal medication or tonic and nutrient herbs.

**Below is a summary of the major exclusions which apply to the Critical Illness Benefit:**

If a critical illness is arising from or related to

- Pre-existing conditions;
- Taking of drugs or poison or alcohol;
- Suicide, attempted suicide or self-inflicted injury, whether sane or insane;
- Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or infection by Human Immunodeficiency Virus (HIV), except the Occupationally Acquired HIV, AIDS Due to Blood Transfusion and HIV Due to Assault;
- War, invasion, act of foreign enemy, hostilities, terrorism, civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion;
- Travelling in any aircraft, except as a fare paying passenger in a regular scheduled commercial aircraft;
- Underwater activities requiring breathing apparatus or racing other than on foot;
- Participation in any criminal event or illegal act;
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation;
- Congenital condition which was diagnosed or for which there were signs or symptoms prior to the insured employee's attainment of the age of 16.

The above is only a brief summary of some of the major exclusions for reference only. Please see the terms and conditions and exclusions of the policy for complete and full details of the exclusions and range of cover.

There is no exclusion for the Compassionate Benefit.



# 04

## Yearly premium table

PLAN 1	BASIC COVER	OPTIONAL COVER			
Attained age*	Hospital and Surgical Benefit	Supplementary Major Medical Benefit	Non-confinement Cancer and Dialysis Benefit	Critical Illness Benefit (for employee only)	Clinical Benefit and Disease Management Program
Child	\$3,828	\$684	\$60	Not applicable	\$2,832
16-29	\$3,540	\$564	\$96	\$144	\$1,740
30-39	\$4,980	\$1,128	\$300	\$408	\$2,496
40-49	\$5,448	\$2,160	\$732	\$948	\$2,832
50-54	\$8,400	\$3,516	\$1,296	\$1,632	\$3,276
55-59	\$10,956	\$4,320	\$1,896	\$2,340	\$3,504
60-64	\$12,252	\$5,076	\$3,384	\$3,528	\$3,744
65-69^	\$17,544	Not applicable	Not applicable	Not applicable	\$3,996

PLAN 2	BASIC COVER	OPTIONAL COVER			
Attained age*	Hospital and Surgical Benefit	Supplementary Major Medical Benefit	Non-confinement Cancer and Dialysis Benefit	Critical Illness Benefit (for employee only)	Clinical Benefit and Disease Management Program
Child	\$2,700	\$456	\$48	Not applicable	\$2,832
16-29	\$2,616	\$372	\$72	\$108	\$1,740
30-39	\$3,480	\$756	\$228	\$312	\$2,496
40-49	\$3,720	\$1,440	\$552	\$720	\$2,832
50-54	\$5,424	\$2,352	\$972	\$1,224	\$3,276
55-59	\$7,356	\$2,880	\$1,428	\$1,764	\$3,504
60-64	\$8,196	\$3,384	\$2,556	\$2,652	\$3,744
65-69^	\$11,652	Not applicable	Not applicable	Not applicable	\$3,996

PLAN 3	BASIC COVER	OPTIONAL COVER			
Attained age*	Hospital and Surgical Benefit	Supplementary Major Medical Benefit	Non-confinement Cancer and Dialysis Benefit	Critical Illness Benefit (for employee only)	Clinical Benefit and Disease Management Program
Child	\$1,980	\$324	\$36	Not applicable	\$2,760
16-29	\$1,968	\$264	\$60	\$72	\$1,692
30-39	\$2,520	\$528	\$180	\$204	\$2,436
40-49	\$2,604	\$1,008	\$444	\$480	\$2,760
50-54	\$3,768	\$1,644	\$780	\$816	\$3,192
55-59	\$5,076	\$2,016	\$1,140	\$1,176	\$3,408
60-64	\$5,628	\$2,376	\$2,040	\$1,776	\$3,636
65-69^	\$7,920	Not applicable	Not applicable	Not applicable	\$3,888

\* Age means the age based on the last birthday on the effective date of the policy and thereafter at the start date of each premium period.

^ Applicable to renewal for employee only.

PLAN 4	BASIC COVER	OPTIONAL COVER			
Attained age*	Hospital and Surgical Benefit	Supplementary Major Medical Benefit	Non-confinement Cancer and Dialysis Benefit	Critical Illness Benefit (for employee only)	Clinical Benefit and Disease Management Program
Child	\$1,680	\$228	\$36	Not applicable	\$2,760
16-29	\$1,632	\$192	\$48	\$36	\$1,692
30-39	\$2,124	\$384	\$156	\$108	\$2,436
40-49	\$2,160	\$720	\$372	\$240	\$2,760
50-54	\$3,192	\$1,176	\$648	\$408	\$3,192
55-59	\$4,128	\$1,440	\$960	\$600	\$3,408
60-64	\$4,572	\$1,692	\$1,704	\$900	\$3,636
65-69^	\$6,372	Not applicable	Not applicable	Not applicable	\$3,888

PLAN 5	BASIC COVER	OPTIONAL COVER	PLAN 6	BASIC COVER	OPTIONAL COVER
Attained age*	Hospital and Surgical Benefit	Clinical Benefit	Attained age*	Hospital and Surgical Benefit	Clinical Benefit
Child	\$1,452	\$600	Child	\$1,200	\$600
16-29	\$1,440	\$600	16-29	\$1,188	\$600
30-39	\$1,836	\$600	30-39	\$1,512	\$600
40-49	\$1,872	\$600	40-49	\$1,524	\$600
50-54	\$2,676	\$600	50-54	\$2,112	\$600
55-59	\$3,576	\$600	55-59	\$2,796	\$600
60-64	\$3,972	\$600	60-64	\$3,084	\$600
65-69^	\$5,568	\$600	65-69^	\$4,272	\$600

\* Age means the age based on the last birthday on the effective date of the policy and thereafter at the start date of each premium period.

^ Applicable to renewal for employee only.

All amounts shown in the premium table above are in Hong Kong dollars.

The schedule of benefits and premium rates may change on each policy anniversary taking into consideration factors such as the medical trend, medical cost and inflation as well as the overall claims history of ManuSelect. ManuSelect is a yearly renewable policy and there is no guarantee of renewal. The policy will terminate if premium has not been paid.

### Renewal bonus

Your company will be rewarded for your support and loyalty to Manulife. We offer your company a renewal bonus on the premium, which effectively reduces your expenses.

Policy year	Third policy year	Sixth policy year	Ninth policy year
Renewal bonus (Calculated based on the 'current premium' charged in the debit note for that policy year)	One month's premium of the third policy year	One month's premium of the sixth policy year	One month's premium of the ninth policy year

The above renewal bonus is available only if the total amount of premium due as stated in the debit note has been fully paid. We will refund the renewal bonus to your company by cheque no later than six months after you have paid the premium.

# 05

## Care with dedicated, value-added services

### Medical services card

We will give each insured member a Manulife Medical Services Card to show that they are a member of the policy when they use the medical network services such as outpatient visits and the Disease Management Program, and to get emergency assistance overseas.

### Dedicated service hotlines for the Disease Management Program

This is designed to make things simple for insured members so they can use the Disease Management Program if they need it. They simply need to contact the dedicated service hotlines. The medical network representative will provide guidance and help them to make an appointment with the specialists.

Cancer Care Service Hotline on 2863 5527

(Service hours: Monday to Friday from 9am to 5:30pm, Saturday from 9am to 1pm, except public holidays)

Diabetes Control Service Hotline on 3110 2785

(Service hours: Monday to Friday from 9am to 8pm, except public holidays)

The above service hotlines are provided by the designated medical network for that service and the hours they are open may change without notice.

### iDoctor - Manulife Network Doctor Locator App

iDoctor gives insured members an immediate and convenient service to easily search for and access general information of the network doctors. Insured members can download the free Manulife iDoctor App from the Apple App Store or Google Play.



**iDoctor**  
Manulife  
Network Doctor  
Locator App



iPhone Version



Android Version



### **Online services at [www.manulife.com.hk](http://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 employees' and their dependents' records, searching the network doctor list, 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, search for network doctors, and so on.

Wellness information is available from our online services.

### **e-Alert to update your employees**

We will notify your employees after completion of their medical claims if they have registered their email address with us. Employees will receive payment for claims by direct credit to their bank account or by cheque.

### **A variety of ways to contact us**

#### **Customer service hotlines**

We have hotlines handled by our professional, experienced customer service officers to answer questions from your company and your employees.

Employer hotline on 2108 1234

Member hotline on 2108 1388

(Service hours: Monday to Friday from 9am to 6pm, except public holidays)

#### **Customer service centres**

At certain times, your company and your employees may want to speak to someone in person. Our professional, experienced customer service officers are ready to serve you at our customer service centres. The centres are open from Monday to Friday, 9 am to 6 pm, except public holidays.

Causeway Bay - 23/F, The Lee Gardens, 33 Hysan Avenue, Causeway Bay, Hong Kong

Kwun Tong - 21/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street,  
Kwun Tong, Kowloon, Hong Kong

#### **Personal attention**

One simple phone call is all it takes! Call your servicing agent or consultant to get professional advice and help. Our customers are loyal to us because of the dedication, personalized service and attention provided to them.

# 06

## Application guidelines

### Company size

- This group medical protection is suitable for companies with 3 to 50 insured employees.

### Member limitation

- Employees who are eligible to enrol must be actively working and at or over the age of 16 but under the age of 65.
- Employees' dependents are eligible to enrol if their spouse is at or over the age of 16 but under the age of 65 and any child is under the age of 19 and over 14 days old (or under the age of 25 if the child is a full-time student with valid proof). The dependents must depend on the insured employee for support and maintenance, be unmarried (in the case of children) and their names must have been reported to your company (in other words, the policyholder) in writing before they incur any claims.
- Insured employees and their spouses once enrolled (and as long as their cover has been continuous under your company's policy) can renew the benefits up to the age of 64. If the insured employees are still employed after this, your company can renew their cover for the Hospital and Surgical Benefit, Clinical Benefit and Disease Management Program up to the age of 69.
- Employees and dependents must be Hong Kong residents.

### Choice of plan

- All eligible employees must be enrolled and those of the same class or grade must be enrolled under the same plan.
- If you choose to enrol the employees' dependents in any plan, they must be enrolled in the same plan as that of the insured employees.
- If you are choosing any optional cover, it should be applied to all plans you have chosen for your employees.
- Companies with fewer than 10 insured employees can choose up to two plans only. Companies with 10 to 20 insured employees can choose up to three plans only. Companies with more than 20 insured employees can choose up to six plans.
- Plan 5 and Plan 6 are only available if there are at least three insured employees enrolled under any of the other plans, in other words, Plans 1 to 4.

### **Effective date and renewal**

- The effective date of your policy must be the first day of a month and each policy anniversary should be every 12 months. Your company may change the plan(s) or add optional cover on any policy anniversary.

### **How to apply**

Your servicing agent or consultant will help you with the simple application procedures. You will need to fill in and provide the following documents.

1. Application for Group Life & Health Insurance Plan
2. ManuSelect Group Medical Protection Plan Selection Form
3. Group Life & Health Insurance Plan - Employee Enrolment Form (if your company has fewer than 10 insured employees) or Group Life & Health Insurance Plan - Group Employee Enrolment Sheet (if your company has 10 insured employees or more)
4. Photocopy of the business registration of your company
5. Crossed cheque for the first year's premium made payable to 'Manulife (International) Limited'

### **Top-up your employee benefits for better financial protection**

You can also consider strengthening the financial protection for your employees by providing an extra group life insurance, which provides cash benefits in a lump sum to an insured employee's beneficiary if the insured employee passes away, whether the cause is work-related or not. Furthermore, there are various types of riders you may choose from to add extra benefits due to accidental bodily injury or disability.

### **Show you appreciate your employees with healthcare and financial protection**

We offer a wide range of employee benefits to suit companies of different sizes, in different business sectors and with different needs. A well-designed employee benefits plan saves your company time and effort while providing protection to take care of your employees when they need it most.

Call your servicing agent or consultant, or our employer hotline on 2108 1234 to find out everything you need to know about ManuSelect.

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

ManuSelect Group Medical Protection is underwritten and issued by Manulife (International) Limited (Incorporated in Bermuda with limited liability).

To view our Privacy Policy, you can go to our website at [www.manulife.com.hk](http://www.manulife.com.hk). You may also 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 on 2108 1188.

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### **About Manulife (International) Limited**

Manulife (International) Limited is a member of the Manulife group of companies.

Manulife Financial Corporation is a leading international financial services group that helps people achieve their dreams and aspirations by putting customers' needs first and providing the right advice and solutions. We operate as John Hancock in the United States and Manulife elsewhere. We provide financial advice, insurance, as well as wealth and asset management solutions for individuals, groups and institutions. At the end of 2016, we had approximately 35,000 employees, 70,000 agents, and thousands of distribution partners, serving more than 22 million customers. As of March 31, 2017, we had \$1 trillion (HK\$5,860 billion) in assets under management and administration, and in the previous 12 months we made almost \$26.3 billion in payments to our customers. Our principal operations are in Asia, Canada and the United States where we have served customers for more than 100 years. With our global headquarters in Toronto, Canada, we trade as 'MFC' on the Toronto, New York, and the Philippine stock exchanges and under '945' in Hong Kong.

### **The Employee Benefits Operations**

Through its Employee Benefits Operations, Manulife helps corporations/employers encourage the financial and physical health of their employees. Our excellent and highly innovative services in protection have been widely recognized by customers. Our group insurance services obtained the ISO 9001 accreditation in 2005 – a strong testament to our achievements in delivering quality customer services. In 2011, Manulife Hong Kong won the Silver Award in the HKMA Quality Award in recognition of our outstanding achievements and lasting commitment to the process of quality management.



