

ManuSelect Group Medical Protection

宏利精選團體醫療保障



ManuSelect Group Medical Protection

ManuSelect Group Medical Protection (“ManuSelect”) is a packaged group medical insurance plan designed to SMEs. The plan offers well-designed and comprehensive benefits to provide your employees a total healthcare solution.

ManuSelect Group Medical Protection 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 varieties of optional benefits including Supplementary Major Medical, Non-Confinement Cancer & Dialysis, Critical Illness, Clinical and Disease Management Programs



Reimbursement of the full amount of surgical expenses for specified day case surgeries performed at the designated day surgery centers, together with cash allowances



Quality medical network offers clinical services different from traditional ones



Suitable for employers with a minimum of 3 employees



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



Benefits at a glance

Product nature	Provide medical insurance plan
Product type	Standalone group medical insurance plan
Eligibility	<p>Applicable to employers with a minimum of 3 employees.</p> <p>The issue age for both employee and spouse is from 16 to 64. Coverage for insured employees could be up to age 69 for Hospital and Surgical, Clinical and Disease Management Benefits.</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.</p> <p>The word “age” means the attained age at the policy anniversary.</p> <p>Insured members must be a Hong Kong resident.</p>
Basic coverage	<p>Hospital and Surgical Benefits</p> <ul style="list-style-type: none">• Offer network surgery benefit which reimburses the full amount of surgical expenses of specified day case surgeries such as gastroscopy and colonoscopy performed at designated day surgery centers, at the same time, the insured members will receive a network surgery cash allowance.
Optional coverage	<ol style="list-style-type: none">1) Supplementary Major Medical Benefits (SMM)2) Non-confinement Cancer and Dialysis Benefit (only available if SMM is chosen)<ul style="list-style-type: none">• Extra protection to reimburse the medical expenses of chemotherapy, radiotherapy, targeted therapy and renal dialysis treatment at clinic.3) Critical Illness Benefit (for Employee only)<ul style="list-style-type: none">• A lump sum living benefit payment if an insured member is diagnosed with one of the 60 critical illnesses.4) Clinical Benefit and Disease Management Program<ul style="list-style-type: none">• Offer clinical medical network cover.• 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.

Benefits schedule

This benefits schedule must be read in conjunction with the policy provisions of ManuSelect.

Basic coverage — Hospital and Surgical Benefit

Maximum benefits limits (HK\$)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%	100%	100%	100%	100%	100%
1. Hospital room and board						
Days per disability	120 days	120 days	120 days	120 days	Not applicable	Not applicable
Limit per day	3,500	1,800	1,000	600		
2. Intensive care						
Days per disability	15 days	15 days	15 days	15 days	Not applicable	Not applicable
Limit per day	7,000	3,600	2,000	1,200		
3. Hospital services						
Limit per disability	50,000	30,000	16,000	12,000	Not applicable	Not applicable
4. Hospital physician's services						
Days per disability	120 days	120 days	120 days	120 days	Not applicable	Not applicable
Limit per day	3,500	1,800	1,000	600		
5. Surgeon's fee						
(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		
6. Anaesthetist's fee						
(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		
7. Operation theatre fee						
(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		
8. Hospital specialist's services¹						
Days per disability	120 days	120 days	Not applicable	Not applicable	Not applicable	Not applicable
Limit per day	5,000	2,500				
9. Companion bed²						
Days per disability	30 days	30 days	30 days	30 days	Not applicable	Not applicable
Limit per day	2,000	1,000	400	300		
10. Private nursing¹						
Days per disability	120 days	120 days	Not applicable	Not applicable	Not applicable	Not applicable
Limit per day	2,000	1,000				

Basic coverage — Hospital & Surgical Benefit
Maximum benefits limits (HK\$)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
11. Simple in-patient benefit³						
Limit per disability	Not applicable	Not applicable	Not applicable	Not applicable	25,000	15,000
Room and board limited to					Ward	Ward
12. Pre- and post-hospitalization outpatient care⁴						
Limit per disability	10,000	8,000	4,000	3,000	1,000	1,000
13. Network surgery benefit^{5, 6}	Full cover	Full cover	Full cover	Full cover	Full cover	Full cover
14. Network surgery cash allowance⁷						
Limit per disability	2,000	1,500	800	600	Not applicable	Not applicable
15. Hospital cash for HK government hospital ward⁸						
Days per disability	45 days	45 days	45 days	45 days	45 days	45 days
Limit per day	2,000	1,500	800	600	500	300
16. Increased overseas accidental benefit (this applies to items 5 to 8 above) ⁹ (for employee only)	100%	100%	100%	100%	Not applicable	Not applicable
17. Compassionate benefit (for employee only)	10,000	10,000	10,000	10,000	10,000	10,000
18. Emergency Assistance Benefits¹⁰						
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 ¹¹ , 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
19. Emergency Medical Assistance in Mainland China (Medpass Service) ¹²	Yes	Yes	Yes	Yes	Yes	Yes

Optional coverage — Supplementary Major Medical Benefit¹³**Maximum benefits limits (HK\$)**

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	80%	80%	80%	80%		
Limit per disability	200,000	100,000	70,000	50,000	Not applicable	Not applicable
Deductible per disability	1,000	1,000	1,000	1,000		
Room and board limited to	Private	Semi-private	Ward	Ward		

Optional coverage — Non-confinement Cancer and Dialysis Benefit¹⁴**Maximum benefits limits (HK\$)**

(applies to chemotherapy, radiotherapy, targeted therapy and renal dialysis treatment)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%	100%	100%	100%	Not applicable	Not applicable
Limit per course	200,000	150,000	120,000	100,000		

Optional coverage — Critical Illness Benefit¹⁵**Maximum benefits limits (HK\$)**

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Covers 60 common critical illnesses	See pg 8	See pg 8	See pg 8	See pg 8	Not applicable	Not applicable
One lump sum	200,000	150,000	100,000	50,000		

Optional coverage — Clinical Benefit and Disease Management Program¹⁶**Maximum benefits limits (HK\$)**

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
1. Network outpatient^{17, 18}						
Network general practitioner's visit						
Maximum number of visits per year	30 visits	30 visits	30 visits	30 visits	No limit	No limit
Co-payment per visit	Nil	Nil	Nil	Nil	\$50	\$50
(For example, insured member will need to pay HK\$50 regardless of the medical expenses of that visit.) (applicable to Plan 5 and Plan 6 only)						
Network specialist's visit¹⁹						
Maximum number of visits per year	10 visits	10 visits	10 visits	10 visits	Not applicable	Not applicable
Co-payment per visit	Nil	Nil	Nil	Nil		
Network physiotherapist's treatment²⁰						
Maximum number of visits per year	10 visits	10 visits	10 visits	10 visits	Not applicable	Not applicable
Co-payment per visit	Nil	Nil	Nil	Nil		

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
2. Non-network outpatient						
General practitioner or specialist's visit¹⁹						
Maximum number of visits per year	5 visits	5 visits	5 visits	5 visits		
Limit per visit	350	350	250	250	Not applicable	Not applicable
Reimbursement percentage	60%	60%	60%	60%		
(For example:						
– if the medical expenses are HK\$250, insured member will be reimbursed HK\$250 x 60% = HK\$150.						
– if the medical expenses are HK\$600, eligible amount for claim would be HK\$600 x 60% = HK\$360, subject to the applicable limit per visit. Hence, the reimbursement amount would be HK\$350 under Plan 1 and Plan 2, and HK\$250 under Plan 3 and Plan 4.)						
Chinese medicine practitioner's visit (including treatment by Chinese herbalist, bonesetter, acupuncturist and tui na therapist)						
Maximum number of visits per year	10 visits	10 visits	10 visits	10 visits		
Limit per visit	300	300	250	250	Not applicable	Not applicable
Reimbursement percentage	100%	100%	100%	100%		
Chiropractor's treatment						
Maximum number of visits per year	10 visits	10 visits	10 visits	10 visits		
Limit per visit	500	500	350	350	Not applicable	Not applicable
Reimbursement percentage	100%	100%	100%	100%		
Overall maximum number of network and non-network outpatient visits per year	50 visits	50 visits	30 visits	30 visits	Not applicable	Not applicable
Diagnostic x-ray and laboratory fee²¹						
Limit per year	2,000	2,000	1,500	1,500		
Reimbursement percentage	100%	100%	100%	100%	Not applicable	Not applicable
Prescription - outside clinic²²						
Limit per year	2,000	2,000	1,500	1,500		
Reimbursement percentage	100%	100%	100%	100%	Not applicable	Not applicable

Optional coverage — Clinical Benefit and Disease Management Program¹⁶
Maximum benefits limits (HK\$)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
3. Disease Management Program^{6, 23}						
3.1 Cancer care						
Oncologist's consultation visit (without medication)						
Maximum number of visits per year	No limit	No limit	No limit	No limit	Not applicable	Not applicable
Co-payment per visit	Nil	Nil	Nil	Nil		
X-ray, laboratory test and advanced diagnostic imaging ^{24, 25}	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
Radiotherapy and chemotherapy ^{24, 25}	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
3.2. Diabetes control²⁶						
Endocrinologist or family medicine specialist's consultation visit (without medication)						
Maximum number of visits per year	10 visits	10 visits	10 visits	10 visits	Not applicable	Not applicable
Co-payment per visit	Nil	Nil	Nil	Nil		
Blood test						
Maximum number of visit per year	1 visit	1 visit	1 visit	1 visit	Not applicable	Not applicable
Ankle-Brachial Index (ABI) examination						
Maximum number of visit per year	1 visit	1 visit	1 visit	1 visit	Not applicable	Not applicable
Dietitian's consultation visit²⁴						
Maximum number of visit per year	1 visit	1 visit	1 visit	1 visit	Not applicable	Not applicable
Co-payment per visit	Nil	Nil	Nil	Nil		
X-ray and laboratory test^{24, 25}	Special rate	Special rate	Special rate	Special rate	Not applicable	Not applicable
Medication²⁷	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.

List of critical illnesses covered under the Critical Illness Benefit

Cancer

1. Cancer
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Illnesses related to organ failure

- | | | |
|----------------------------------|---------------------------------|------------------------------------|
| 2. AIDS due to blood transfusion | 7. End stage lung disease | 12. Medullary cystic disease |
| 3. Aplastic anaemia | 8. Fulminant viral hepatitis | 13. Occupationally acquired HIV |
| 4. Chronic adrenal insufficiency | 9. HIV due to assault | 14. Systemic lupus erythematosus |
| 5. Coma | 10. Kidney failure | 15. Total and permanent disability |
| 6. End stage liver disease | 11. Major organ transplantation | |
-

Illnesses related to circulatory system

- | | | |
|--|--|---|
| 16. Cardiomyopathy | 19. Heart valve surgery | 22. Primary pulmonary arterial hypertension |
| 17. Coronary artery bypass surgery | 20. Infective endocarditis | 23. Surgery to aorta |
| 18. Heart attack (Myocardial infarction) | 21. Other serious coronary artery diseases | |
-

Illnesses related to nervous system

- | | | |
|---|------------------------------|------------------------------------|
| 24. Alzheimer's disease or irreversible organic degenerative brain disorders (Dementia) | 30. Creutzfeld-jacob disease | 38. Poliomyelitis |
| 25. Amyotrophic lateral sclerosis | 31. Encephalitis | 39. Primary lateral sclerosis |
| 26. Apallic syndrome | 32. Loss of hearing | 40. Progressive bulbar palsy |
| 27. Bacterial meningitis | 33. Major head trauma | 41. Progressive muscular atrophy |
| 28. Benign brain tumour | 34. Multiple sclerosis | 42. Progressive supranuclear palsy |
| 29. Blindness | 35. Muscular dystrophy | 43. Spinal muscular atrophy |
| | 36. Paralysis | 44. Stroke |
| | 37. Parkinson's disease | |
-

Other major illnesses

- | | | |
|---------------------------------------|----------------------------------|---------------------------------|
| 45. Acute necrotic pancreatitis | 51. Loss of one limb and one eye | 57. Severe rheumatoid arthritis |
| 46. Chronic relapsing pancreatitis | 52. Loss of speech | 58. Severe ulcerative colitis |
| 47. Ebola hemorrhagic fever | 53. Major burns | 59. Systemic sclerosis |
| 48. Elephantiasis | 54. Myasthenia gravis | 60. Terminal illness |
| 49. Haemolytic streptococcal gangrene | 55. Pheochromocytoma | |
| 50. Loss of limbs | 56. Severe crohn's disease | |

How to calculate the reimbursement amount of Supplementary Major Medical Benefit (SMM)?

Mr Chow, age 48, his employer has purchased ManuSelect group medical insurance Plan 3 with Hospital and Surgical Benefit and SMM for all employees including Mr Chow. During coverage period, Mr Chow was diagnosed with appendicitis. He underwent an appendectomy and stayed in a ward of a private hospital in Hong Kong for 5 days. Below are the actual hospital charges and the payable amounts:

Category of medical fees	Benefit limit of ManuSelect (Plan 3)	Billed amount	Shortfall	Claim paid amount
Hospital room and board		HK\$5,500 (HK\$1,100 x 5 days)	HK\$500 ((HK\$1,100–HK\$1,000) x 5 days)	HK\$5,000 (HK\$1,000 x 5 days)
Days per disability	HK\$1,000			
No. of days	120			
Surgeon's fee (Intermediate)	HK\$16,000	HK\$85,000	HK\$69,000	HK\$16,000
Anesthetist's fee (Intermediate)	HK\$4,800	HK\$15,000	HK\$10,200	HK\$4,800
Operation theatre fee (Intermediate)	HK\$4,800	HK\$15,000	HK\$10,200	HK\$4,800
Hospital services	HK\$16,000	HK\$20,000	HK\$4,000	HK\$16,000
Total		HK\$140,500	HK\$93,900	HK\$46,600

Supplementary Major Medical Benefit (SMM)

Limit per disability	HK\$70,000
Deductible per disability	HK\$1,000
Reimbursement percentage for ward level	80%
Room and board limit to	Ward

SMM must be taken in conjunction with Hospital and Surgical Benefit.

If the hospital confinement is at a higher level of accommodation than stated above, the reimbursement percentage applicable for all the excess amount payable should be reduced as follows:

Ward to semi-private: **50%**

Ward to private: **25%**

Actual expenses	–	Claim paid amount	–	Non-medical necessary expenses* (if any)	–	Deductible per disability	x	Reimbursement percentage for SMM ward level	=	Eligible amount for SMM
HK\$140,500		HK\$46,600		HK\$0		HK\$1,000		80%		HK\$74,320

The maximum limit of SMM is HK\$70,000, Manulife shall pay HK\$70,000 for SMM.

The total claim paid of this hospitalization is HK\$46,600 + HK\$70,000 = HK\$116,600

If Mr Chow stayed in semi-private room, Manulife shall apply 50% reimbursement percentage for SMM. Assuming the actual hospital charges spent for the respective categories of medical fees are the same as shown in the table above, below is the illustration of claim paid amount:

Actual expenses	–	Claim paid amount	–	Non-medical necessary expenses* (if any)	–	Deductible per disability	x	Reimbursement percentage for SMM semi-private level	=	Eligible amount for SMM
HK\$140,500		HK\$46,600		HK\$0		HK\$1,000		50%		HK\$46,450

The total claim paid of this hospitalization is HK\$46,600 + HK\$46,450 = HK\$93,050

If Mr Chow stayed in private room, Manulife shall apply 25% reimbursement percentage for SMM. Assuming the actual hospital charges spent for the respective categories of medical fees are the same as shown in the table above, below is the illustration of claim paid amount:

Actual expenses	–	Claim paid amount	–	Non-medical necessary expenses* (if any)	–	Deductible per disability	x	Reimbursement percentage for SMM private level	=	Eligible amount for SMM
HK\$140,500		HK\$46,600		HK\$0		HK\$1,000		25%		HK\$23,225

The total claim paid of this hospitalization is HK\$46,600 + HK\$23,225 = HK\$69,825

*Non-medical necessary expenses such as extra beds, fax and medical reports etc.

Rate table

Annual premium (HK\$) per insured member

Plan 1	Basic coverage		Optional coverage		
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 (renewal for employee only)	17,544	Not applicable	Not applicable	Not applicable	3,996

Plan 2	Basic coverage		Optional coverage		
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 (renewal for employee only)	11,652	Not applicable	Not applicable	Not applicable	3,996

Plan 3	Basic coverage		Optional coverage		
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 (renewal for employee only)	7,920	Not applicable	Not applicable	Not applicable	3,888

Plan 4	Basic coverage		Optional coverage		
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 (renewal for employee only)	6,372	Not applicable	Not applicable	Not applicable	3,888

Plan 5	Basic coverage	Optional coverage	Plan 6	Basic coverage	Optional coverage
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 (renewal for employee only)	5,568	600	65-69 (renewal for employee only)	4,272	600

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 6 months after you have paid the premium.

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 hospital specialist's services or private nursing requires a written referral from the attending registered physician.
2. The companion bed only covers charges for one extra bed but not the meals for the companion or family member.
3. 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.
4. The pre- and post-hospitalization outpatient 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.
5. The network surgery benefit applies to specified day case surgeries including gastroscopy, colonoscopy and cystoscopy recommended by a doctor of the designated medical network in writing and performed at any of the day surgery centres of the designated medical network. The 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.
6. The network day surgery benefit and Disease Management Program are provided by the third party service provider. The third party provider may revise the list of network day surgery centres and medical network under Disease Management Program from time to time without giving you notice. The list of network day surgery centers and medical network under Disease Management Program will be available upon request. The service of network day surgery benefit and Disease Management Program are provided by a third party service provider which is an independent contractor and is not our agent. We make no representation, warranty or undertaking as to the availability of any services of the third party service provider. We shall not be liable to you or the life insured in any respect for any loss, damage, expense, suit, action or proceedings suffered or incurred by you or the life insured, whether directly or indirectly, arising from or in connection with the services provided or advice given by such third party service provider and/or its agents, or the availability of such services. All coverage and indemnity limits of the services are subject to the detailed terms and conditions of the policy provision.
7. 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.
8. 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.
9. The Increased overseas accidental benefit does not apply to a hospital stay in mainland China, Hong Kong and Macau.
10. 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.
11. Country of residence (for the Emergency Assistance Benefits) means the Hong Kong Special Administrative Region unless it is stated otherwise.
12. 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.
13. 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 benefits schedule, the reimbursement percentage should be replaced by an adjusted percentage according to the table below.

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

14. 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.

15. The Critical Illness Benefit shall not be payable for a critical illness if signs and symptoms first appear or the condition first occurs or is first diagnosed or treated or consulted within 90 days after the effective date or the date of any reinstatement of the employee member's insurance under this benefit.
16. Each of the benefits under the Clinical Benefit and Disease Management Program is limited to one visit per day.
17. The network doctors and designated network clinics are provided by the third party service provider. The third party provider may revise the list of network doctors and designated network clinics from time to time without giving you notice. Please see the latest list of network doctors and designated network clinics through www.claimsimple.hk or call our customer service hotline for details. The network doctor services are provided by a third party service provider which is an independent contractor and is not our agent. We make no representation, warranty or undertaking as to the availability of any services of the third party service provider. We shall not be liable to you or the life insured in any respect for any loss, damage, expense, suit, action or proceedings suffered or incurred by you or the life insured, whether directly or indirectly, arising from or in connection with the services provided or advice given by such third party service provider and/or its agents, or the availability of such services. All coverage and indemnity limits of the services are subject to the detailed terms and conditions of the policy provision.
18. For Plan 1 to 4, the network general practitioner's visit and network specialist's visit provides up to 5 days medication. For Plan 5 and 6, the network general practitioner's visit provides up to 3 days medication. The network doctors may charge members for extra fees on special medication other than the standard one.
19. The network specialist's visit or specialist's visit requires 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 6 months from the issue date.
20. The network physiotherapist's treatment requires a written referral from a registered medical practitioner. The referral letter is valid up to 6 months from the date of issuance.
21. The diagnostic x-ray and laboratory fee requires a written referral from a registered medical practitioner or Chinese medicine practitioner. The referral letter is valid once up to 6 months from the date of issuance.
22. The prescription requires a 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.
23. 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.
24. 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.
25. 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 benefit schedule depends on the terms and conditions and exclusions of the policy.
26. 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).
27. A special rate is provided for certain medication. Insured members should pay the medication expenses themselves.

Important information

1. Renewal

The terms and conditions and exclusions, including the benefit structure, benefit level and premium rate of this policy 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. In such event, the Company shall provide the policyholder with a written notice not less than 1 month prior of such policy anniversary. Non-payment of premium will result in termination of the policy. ManuSelect 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 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 request to terminate this policy or any optional coverage under this policy on any policy anniversary by giving the Company one (1) month's 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

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 behavioral 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 or wheelchair and non-medical services such as television, telephone, photocopy and medical report charges, and any items for personal use;
- Additional exclusions for Chinese medicine practitioner's visits including Chinese herbalist, bonesetter, acupuncturist and tui na therapist: (applicable under Clinical Benefit only)
 - (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 or any services not medically necessary;
 - (g) Consultation for moxibustion, body and foot massage, tui na, qi gong, ear reflexology, cupping and scraping and any other forms of alternative treatment;
 - (h) Expensive herbal medication or tonic and nutrient herbs.

Critical Illness Benefit

- Pre-existing conditions:
 - (a) The Critical Illness Benefit shall not be payable in respect of a condition which occurred or was diagnosed prior to the member becoming an employee member under this benefit;
 - (b) The Critical Illness Benefit shall not be payable in respect of any critical illness which is, directly or indirectly, caused by or related to a condition of paragraph (a) above;
 - (c) The Critical Illness Benefit shall not be payable in respect of any condition if, in the opinion of the Company, it is resulted directly or indirectly from a condition of which the employee member was aware, or for which he had received treatment or advice, or for which the existence or onset of signs or symptoms of any illness or disease were present, on or before the date he became an employee member under this benefit;
 - (d) In the event of an employee member requiring surgery for coronary artery disease, the date of diagnosis referred to in paragraphs (a) and (b) above shall be deemed to be the date on which the cause of the need for the surgery was first diagnosed.
- 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 general description of the exclusions. Please see the policy provisions for the full list of exclusions.

There is no exclusion for the Compassionate benefit.

Application guidelines

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 enroll 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 coverage, it should be applied to all plans you have chosen for your employees.
- Companies with fewer than 10 insured employees can choose up to 2 plans only. Companies with 10 to 20 insured employees can choose up to 3 plans only. Companies with more than 20 insured employees can choose up to 6 plans.
- Plan 5 and Plan 6 are only available if there are at least 3 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 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 Enrollment Form (if your company has fewer than 10 insured employees) or the Group Life & Health Insurance Plan - Group Employee Enrollment 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 premium made payable to 'Manulife (International) Limited'

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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