Manulife

Manulife Health Saver Enrich*'s No Claim Discount (NCD) Guide

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Manulife Health Saver Enrich

A Guide To How No Claim Discount (NCD) Works

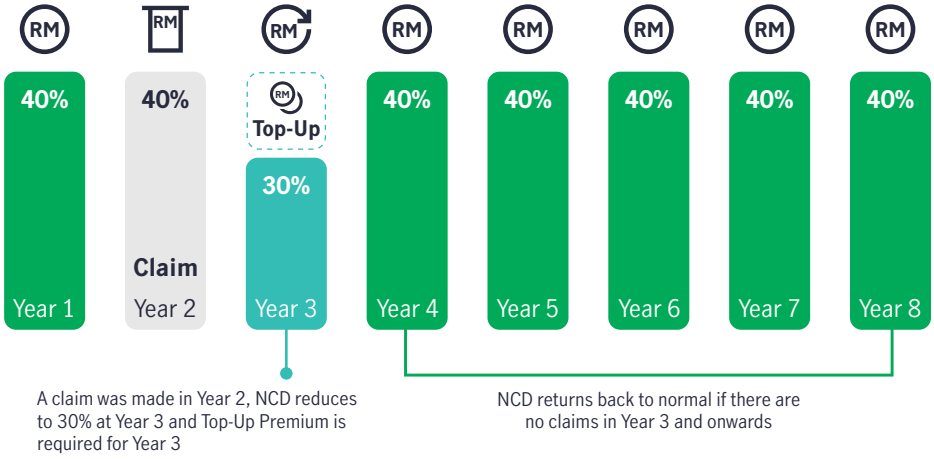
Sabrina, a 30-year-old female, non-smoker, purchased a new medical plan MHSE with RM1,000 Deductible and MHSE 200

Basic Plan	ManuLink Essential	**Face Amount:** RM100,000 (100% Equity Fund)
Rider	Manulife Health Saver Enrich	
Deductible	RM1,000	
Room & Board	MHSE 200	

Upon policy inception, Sabrina enjoys **40% Upfront Discount** on the Insurance Charges.

In Year 2, Sabrina (31-year-old) contracts dengue and is admitted into private hospital for 5 days.

Her NCD will reduce from 40% to 30% in Year 3 and she needs to **Top-Up RM169** on her medical plan for the next year (Year 3).



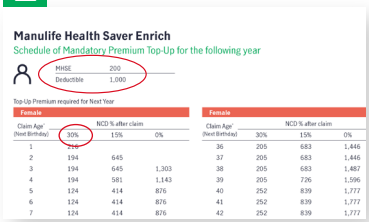
How to find out the mandatory premium top-up amount required upon claim?

1

Determine Insured's information (i.e. age and gender) and plan chosen

E.g. Sabrina chose MHSE 200 with RM1,000 Deductible and made her first claim at age 31

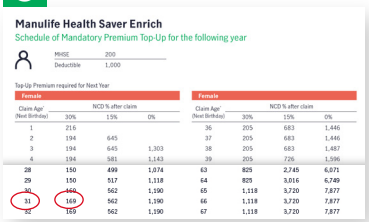
2



Look for the respective schedule and identify which NCD tier % after the insured has filed the claim (E.g. 30%, 15%, 0%)

E.g. look for the schedule with "RM1,000 Deductible MHSE 200", then refer to "NCD tier 30%"

3



Identify the required Top-Up Premium from the schedule

E.g. the Mandatory Top-Up Premium required for the following year from the schedule will be RM169 (One Year top-up)

Note: The NCD Guide applies to both Individual and Family plans for occupation Class 1 and 2. For Occupation Class 3, the top-up premium will be increased by 40%. For Occupation Class 4, the top-up premium will be increased by 65%.

Click arrow icons to view the respective pages

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Contents Page of Schedule of Mandatory Premium Top-Up

Male		Female	
RM500 Deductible	MHSE 200 MHSE 300 MHSE 1,000	**RM500 Deductible**	MHSE 200 MHSE 300 MHSE 1,000
RM1,000 Deductible	MHSE 200 MHSE 300 MHSE 1,000	**RM1,000 Deductible**	MHSE 200 MHSE 300 MHSE 1,000
RM5,000 Deductible	MHSE 200 MHSE 300 MHSE 1,000	**RM5,000 Deductible**	MHSE 200 MHSE 300 MHSE 1,000
RM10,000 Deductible	MHSE 200 MHSE 300 MHSE 1,000	**RM10,000 Deductible**	MHSE 200 MHSE 300 MHSE 1,000

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	267		
2	241	804	
3	241	804	1,628
4	241	728	1,438
5	159	530	1,122
6	159	530	1,122
7	159	530	1,122
8	159	530	1,102
9	159	510	1,053
10	138	458	970
11	138	458	970
12	138	458	970
13	138	458	979
14	138	467	1,002
15	147	491	1,039
16	147	491	1,039
17	147	491	1,039
18	147	491	1,077
19	147	530	1,174
20	190	631	1,336
21	190	631	1,336
22	190	631	1,336
23	190	631	1,337
24	190	633	1,342
25	191	637	1,348
26	191	637	1,348
27	191	637	1,348
28	191	637	1,358
29	191	646	1,381
30	202	671	1,420
31	202	671	1,420
32	202	671	1,420
33	202	671	1,457
34	202	709	1,552
35	243	808	1,710

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	243	808	1,710
37	243	808	1,710
38	243	808	1,738
39	243	837	1,812
40	275	914	1,934
41	275	914	1,934
42	275	914	1,934
43	275	914	1,994
44	275	975	2,148
45	341	1,136	2,404
46	341	1,136	2,404
47	341	1,136	2,404
48	341	1,136	2,478
49	341	1,213	2,671
50	425	1,413	2,991
51	425	1,413	2,991
52	425	1,413	2,991
53	425	1,413	3,133
54	425	1,560	3,499
55	583	1,941	4,110
56	583	1,941	4,110
57	583	1,941	4,110
58	583	1,941	4,397
59	583	2,240	5,145
60	907	3,018	6,389
61	907	3,018	6,389
62	907	3,018	6,389
63	907	3,018	6,682
64	907	3,323	7,445
65	1,237	4,116	8,715
66	1,237	4,116	8,715
67	1,237	4,116	8,715
68	1,237	4,116	9,027
69	1,237	4,441	9,840
70	1,588	5,287	11,192

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,588	5,287	11,192
72	1,588	5,287	11,192
73	1,588	5,287	11,603
74	1,588	5,714	12,672
75	2,051	6,826	14,451
76	2,051	6,826	14,451
77	2,051	6,826	14,451
78	2,051	6,826	14,972
79	2,051	7,368	16,329
80	2,638	8,779	18,587
81	2,638	8,779	18,587
82	2,638	8,779	18,587
83	2,638	8,779	19,158
84	2,638	9,373	20,643
85	3,280	10,918	23,114
86	3,280	10,918	23,114
87	3,280	10,918	23,114
88	3,280	10,918	23,477
89	3,280	11,295	24,507
90	3,688	12,366	26,394
91	3,787	12,698	27,102
92	3,889	13,039	27,831
93	3,993	13,390	28,580
94	4,101	13,752	29,353
95	4,212	14,124	30,148
96	4,326	14,507	26,909
97	4,444	10,682	17,091

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	254		
2	228	759	
3	228	759	1,533
4	228	683	1,344
5	146	487	1,030
6	146	487	1,030
7	146	487	1,030
8	146	487	1,013
9	146	469	969
10	127	423	895
11	127	423	895
12	127	423	895
13	127	423	903
14	127	431	922
15	135	451	955
16	135	451	955
17	135	451	955
18	135	451	982
19	135	480	1,055
20	167	555	1,175
21	167	555	1,175
22	167	555	1,175
23	167	555	1,184
24	167	564	1,206
25	176	587	1,243
26	176	587	1,243
27	176	587	1,243
28	176	587	1,263
29	176	608	1,315
30	199	661	1,400
31	199	661	1,400
32	199	661	1,400
33	199	661	1,438
34	199	701	1,537
35	241	803	1,701

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	241	803	1,701
37	241	803	1,701
38	241	803	1,750
39	241	855	1,878
40	297	988	2,091
41	297	988	2,091
42	297	988	2,091
43	297	988	2,150
44	297	1,049	2,303
45	363	1,208	2,558
46	363	1,208	2,558
47	363	1,208	2,558
48	363	1,208	2,612
49	363	1,265	2,753
50	424	1,411	2,987
51	424	1,411	2,987
52	424	1,411	2,987
53	424	1,411	3,248
54	424	1,683	3,928
55	718	2,389	5,059
56	718	2,389	5,059
57	718	2,389	5,059
58	718	2,389	5,283
59	718	2,623	5,866
60	970	3,229	6,836
61	970	3,229	6,836
62	970	3,229	6,836
63	970	3,229	7,143
64	970	3,548	7,940
65	1,315	4,377	9,267
66	1,315	4,377	9,267
67	1,315	4,377	9,267
68	1,315	4,377	9,600
69	1,315	4,724	10,468
70	1,691	5,627	11,912

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,691	5,627	11,912
72	1,691	5,627	11,912
73	1,691	5,627	12,345
74	1,691	6,077	13,471
75	2,178	7,248	15,345
76	2,178	7,248	15,345
77	2,178	7,248	15,345
78	2,178	7,248	15,892
79	2,178	7,817	17,313
80	2,793	9,295	19,678
81	2,793	9,295	19,678
82	2,793	9,295	19,678
83	2,793	9,295	20,240
84	2,793	9,880	21,703
85	3,425	11,401	24,136
86	3,425	11,401	24,136
87	3,425	11,401	24,136
88	3,425	11,401	24,499
89	3,425	11,778	25,530
90	3,833	12,851	27,419
91	3,932	13,182	28,136
92	4,034	13,533	28,899
93	4,149	13,918	29,721
94	4,267	14,315	30,568
95	4,388	14,721	31,436
96	4,513	15,140	28,086
97	4,642	11,158	17,853

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	347		
2	314	1,045	
3	314	1,045	2,117
4	314	946	1,870
5	207	689	1,458
6	207	689	1,458
7	207	689	1,458
8	207	689	1,433
9	207	663	1,369
10	179	596	1,261
11	179	596	1,261
12	179	596	1,261
13	179	596	1,272
14	179	607	1,302
15	192	638	1,351
16	192	638	1,351
17	192	638	1,351
18	192	638	1,399
19	192	689	1,526
20	246	820	1,736
21	246	820	1,736
22	246	820	1,736
23	246	820	1,738
24	246	822	1,744
25	249	828	1,753
26	249	828	1,753
27	249	828	1,753
28	249	828	1,765
29	249	840	1,796
30	262	872	1,847
31	262	872	1,847
32	262	872	1,847
33	262	872	1,894
34	262	922	2,018
35	315	1,050	2,223

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	315	1,050	2,223
37	315	1,050	2,223
38	315	1,050	2,260
39	315	1,088	2,355
40	357	1,188	2,515
41	357	1,188	2,515
42	357	1,188	2,515
43	357	1,188	2,592
44	357	1,268	2,792
45	443	1,476	3,125
46	443	1,476	3,125
47	443	1,476	3,125
48	443	1,476	3,221
49	443	1,576	3,472
50	552	1,837	3,889
51	552	1,837	3,889
52	552	1,837	3,889
53	552	1,837	4,072
54	552	2,028	4,549
55	758	2,524	5,343
56	758	2,524	5,343
57	758	2,524	5,343
58	758	2,524	5,717
59	758	2,912	6,688
60	1,179	3,923	8,305
61	1,179	3,923	8,305
62	1,179	3,923	8,305
63	1,179	3,923	8,687
64	1,179	4,320	9,679
65	1,608	5,351	11,329
66	1,608	5,351	11,329
67	1,608	5,351	11,329
68	1,608	5,351	11,736
69	1,608	5,774	12,792
70	2,065	6,873	14,550

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,065	6,873	14,550
72	2,065	6,873	14,550
73	2,065	6,873	15,084
74	2,065	7,428	16,474
75	2,666	8,874	18,786
76	2,666	8,874	18,786
77	2,666	8,874	18,786
78	2,666	8,874	19,464
79	2,666	9,579	21,228
80	3,429	11,413	24,162
81	3,429	11,413	24,162
82	3,429	11,413	24,162
83	3,429	11,413	24,905
84	3,429	12,185	26,836
85	4,264	14,193	30,049
86	4,264	14,193	30,049
87	4,264	14,193	30,049
88	4,264	14,193	30,520
89	4,264	14,683	31,859
90	4,794	16,076	34,312
91	4,923	16,508	35,233
92	5,055	16,951	36,180
93	5,191	17,407	37,155
94	5,331	17,877	38,159
95	5,475	18,361	39,193
96	5,623	18,859	34,981
97	5,777	13,887	22,219

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	330		
2	296	986	
3	296	986	1,994
4	296	888	1,748
5	190	633	1,340
6	190	633	1,340
7	190	633	1,340
8	190	633	1,317
9	190	610	1,260
10	165	550	1,164
11	165	550	1,164
12	165	550	1,164
13	165	550	1,174
14	165	560	1,199
15	176	586	1,241
16	176	586	1,241
17	176	586	1,241
18	176	586	1,277
19	176	624	1,371
20	217	721	1,527
21	217	721	1,527
22	217	721	1,527
23	217	721	1,538
24	217	733	1,568
25	229	763	1,616
26	229	763	1,616
27	229	763	1,616
28	229	763	1,642
29	229	790	1,709
30	258	860	1,820
31	258	860	1,820
32	258	860	1,820
33	258	860	1,870
34	258	911	1,998
35	314	1,044	2,211

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	314	1,044	2,211
37	314	1,044	2,211
38	314	1,044	2,275
39	314	1,111	2,442
40	386	1,284	2,718
41	386	1,284	2,718
42	386	1,284	2,718
43	386	1,284	2,795
44	386	1,364	2,994
45	472	1,571	3,326
46	472	1,571	3,326
47	472	1,571	3,326
48	472	1,571	3,396
49	472	1,644	3,579
50	551	1,834	3,883
51	551	1,834	3,883
52	551	1,834	3,883
53	551	1,834	4,223
54	551	2,188	5,106
55	933	3,106	6,576
56	933	3,106	6,576
57	933	3,106	6,576
58	933	3,106	6,868
59	933	3,409	7,626
60	1,261	4,198	8,887
61	1,261	4,198	8,887
62	1,261	4,198	8,887
63	1,261	4,198	9,285
64	1,261	4,612	10,322
65	1,710	5,690	12,047
66	1,710	5,690	12,047
67	1,710	5,690	12,047
68	1,710	5,690	12,481
69	1,710	6,141	13,609
70	2,198	7,315	15,486

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,198	7,315	15,486
72	2,198	7,315	15,486
73	2,198	7,315	16,049
74	2,198	7,900	17,513
75	2,831	9,423	19,948
76	2,831	9,423	19,948
77	2,831	9,423	19,948
78	2,831	9,423	20,659
79	2,831	10,162	22,507
80	3,630	12,083	25,581
81	3,630	12,083	25,581
82	3,630	12,083	25,581
83	3,630	12,083	26,312
84	3,630	12,844	28,214
85	4,453	14,821	31,377
86	4,453	14,821	31,377
87	4,453	14,821	31,377
88	4,453	14,821	31,849
89	4,453	15,311	33,190
90	4,983	16,706	35,645
91	5,112	17,137	36,577
92	5,244	17,593	37,568
93	5,393	18,094	38,638
94	5,547	18,610	39,738
95	5,705	19,138	40,867
96	5,867	19,682	36,512
97	6,034	14,505	23,209

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	427		
2	386	1,286	
3	386	1,286	2,605
4	386	1,164	2,301
5	255	848	1,794
6	255	848	1,794
7	255	848	1,794
8	255	848	1,764
9	255	816	1,684
10	220	733	1,552
11	220	733	1,552
12	220	733	1,552
13	220	733	1,566
14	220	748	1,603
15	236	786	1,663
16	236	786	1,663
17	236	786	1,663
18	236	786	1,723
19	236	848	1,879
20	303	1,010	2,138
21	303	1,010	2,138
22	303	1,010	2,138
23	303	1,010	2,140
24	303	1,012	2,147
25	306	1,019	2,158
26	306	1,019	2,158
27	306	1,019	2,158
28	306	1,019	2,172
29	306	1,034	2,210
30	323	1,073	2,273
31	323	1,073	2,273
32	323	1,073	2,273
33	323	1,073	2,331
34	323	1,134	2,483
35	388	1,292	2,736

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	388	1,292	2,736
37	388	1,292	2,736
38	388	1,292	2,781
39	388	1,339	2,899
40	439	1,462	3,095
41	439	1,462	3,095
42	439	1,462	3,095
43	439	1,462	3,190
44	439	1,561	3,437
45	546	1,817	3,847
46	546	1,817	3,847
47	546	1,817	3,847
48	546	1,817	3,965
49	546	1,940	4,274
50	679	2,261	4,786
51	679	2,261	4,786
52	679	2,261	4,786
53	679	2,261	5,012
54	679	2,496	5,599
55	933	3,106	6,576
56	933	3,106	6,576
57	933	3,106	6,576
58	933	3,106	7,036
59	933	3,585	8,232
60	1,451	4,828	10,222
61	1,451	4,828	10,222
62	1,451	4,828	10,222
63	1,451	4,828	10,691
64	1,451	5,317	11,912
65	1,979	6,586	13,943
66	1,979	6,586	13,943
67	1,979	6,586	13,943
68	1,979	6,586	14,443
69	1,979	7,106	15,744
70	2,541	8,458	17,907

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	500

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,541	8,458	17,907
72	2,541	8,458	17,907
73	2,541	8,458	18,565
74	2,541	9,142	20,275
75	3,281	10,921	23,121
76	3,281	10,921	23,121
77	3,281	10,921	23,121
78	3,281	10,921	23,956
79	3,281	11,789	26,126
80	4,220	14,047	29,739
81	4,220	14,047	29,739
82	4,220	14,047	29,739
83	4,220	14,047	30,653
84	4,220	14,997	33,029
85	5,248	17,469	36,982
86	5,248	17,469	36,982
87	5,248	17,469	36,982
88	5,248	17,469	37,562
89	5,248	18,072	39,211
90	5,901	19,786	42,230
91	6,059	20,317	43,364
92	6,222	20,863	44,529
93	6,389	21,424	45,729
94	6,561	22,003	46,965
95	6,739	22,598	48,237
96	6,921	23,211	43,054
97	7,110	17,092	27,347

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	406		
2	365	1,214	
3	365	1,214	2,453
4	365	1,093	2,151
5	234	778	1,648
6	234	778	1,648
7	234	778	1,648
8	234	778	1,621
9	234	750	1,550
10	203	677	1,432
11	203	677	1,432
12	203	677	1,432
13	203	677	1,444
14	203	689	1,475
15	217	721	1,527
16	217	721	1,527
17	217	721	1,527
18	217	721	1,572
19	217	768	1,687
20	267	888	1,880
21	267	888	1,880
22	267	888	1,880
23	267	888	1,893
24	267	902	1,929
25	282	940	1,989
26	282	940	1,989
27	282	940	1,989
28	282	940	2,021
29	282	973	2,104
30	318	1,058	2,241
31	318	1,058	2,241
32	318	1,058	2,241
33	318	1,058	2,301
34	318	1,121	2,459
35	386	1,285	2,721

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	386	1,285	2,721
37	386	1,285	2,721
38	386	1,285	2,800
39	386	1,367	3,005
40	475	1,580	3,345
41	475	1,580	3,345
42	475	1,580	3,345
43	475	1,580	3,440
44	475	1,678	3,685
45	581	1,933	4,093
46	581	1,933	4,093
47	581	1,933	4,093
48	581	1,933	4,179
49	581	2,023	4,405
50	678	2,257	4,779
51	678	2,257	4,779
52	678	2,257	4,779
53	678	2,257	5,197
54	678	2,692	6,285
55	1,149	3,823	8,094
56	1,149	3,823	8,094
57	1,149	3,823	8,094
58	1,149	3,823	8,453
59	1,149	4,196	9,385
60	1,552	5,166	10,938
61	1,552	5,166	10,938
62	1,552	5,166	10,938
63	1,552	5,166	11,428
64	1,552	5,677	12,704
65	2,104	7,003	14,827
66	2,104	7,003	14,827
67	2,104	7,003	14,827
68	2,104	7,003	15,361
69	2,104	7,559	16,749
70	2,705	9,003	19,060

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	500

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,705	9,003	19,060
72	2,705	9,003	19,060
73	2,705	9,003	19,753
74	2,705	9,723	21,554
75	3,484	11,597	24,552
76	3,484	11,597	24,552
77	3,484	11,597	24,552
78	3,484	11,597	25,427
79	3,484	12,507	27,701
80	4,468	14,871	31,484
81	4,468	14,871	31,484
82	4,468	14,871	31,484
83	4,468	14,871	32,384
84	4,468	15,807	34,724
85	5,480	18,241	38,618
86	5,480	18,241	38,618
87	5,480	18,241	38,618
88	5,480	18,241	39,199
89	5,480	18,845	40,849
90	6,134	20,561	43,871
91	6,292	21,092	45,018
92	6,455	21,653	46,238
93	6,638	22,269	47,554
94	6,828	22,904	48,908
95	7,021	23,554	50,297
96	7,221	24,224	44,938
97	7,427	17,853	28,564

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	227		
2	205	683	
3	205	683	1,384
4	205	618	1,222
5	135	450	953
6	135	450	953
7	135	450	953
8	135	450	937
9	135	433	895
10	117	390	825
11	117	390	825
12	117	390	825
13	117	390	832
14	117	397	851
15	125	417	883
16	125	417	883
17	125	417	883
18	125	417	915
19	125	450	998
20	161	536	1,136
21	161	536	1,136
22	161	536	1,136
23	161	536	1,137
24	161	538	1,140
25	163	541	1,146
26	163	541	1,146
27	163	541	1,146
28	163	541	1,154
29	163	549	1,174
30	171	570	1,208
31	171	570	1,208
32	171	570	1,208
33	171	570	1,239
34	171	603	1,319
35	206	686	1,453

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	206	686	1,453
37	206	686	1,453
38	206	686	1,477
39	206	711	1,540
40	233	777	1,644
41	233	777	1,644
42	233	777	1,644
43	233	777	1,695
44	233	829	1,826
45	290	965	2,043
46	290	965	2,043
47	290	965	2,043
48	290	965	2,106
49	290	1,031	2,270
50	361	1,201	2,543
51	361	1,201	2,543
52	361	1,201	2,543
53	361	1,201	2,663
54	361	1,326	2,975
55	496	1,650	3,494
56	496	1,650	3,494
57	496	1,650	3,494
58	496	1,650	3,738
59	496	1,904	4,373
60	771	2,565	5,430
61	771	2,565	5,430
62	771	2,565	5,430
63	771	2,565	5,680
64	771	2,824	6,328
65	1,051	3,499	7,408
66	1,051	3,499	7,408
67	1,051	3,499	7,408
68	1,051	3,499	7,673
69	1,051	3,775	8,364
70	1,350	4,494	9,514

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,350	4,494	9,514
72	1,350	4,494	9,514
73	1,350	4,494	9,863
74	1,350	4,857	10,771
75	1,743	5,802	12,283
76	1,743	5,802	12,283
77	1,743	5,802	12,283
78	1,743	5,802	12,727
79	1,743	6,263	13,880
80	2,242	7,462	15,798
81	2,242	7,462	15,798
82	2,242	7,462	15,798
83	2,242	7,462	16,284
84	2,242	7,967	17,546
85	2,788	9,280	19,647
86	2,788	9,280	19,647
87	2,788	9,280	19,647
88	2,788	9,280	19,955
89	2,788	9,601	20,831
90	3,135	10,511	22,435
91	3,219	10,794	23,037
92	3,305	11,083	23,656
93	3,394	11,381	24,293
94	3,486	11,689	24,950
95	3,580	12,005	25,626
96	3,677	12,331	22,872
97	3,777	9,080	14,528

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	216		
2	194	645	
3	194	645	1,303
4	194	581	1,143
5	124	414	876
6	124	414	876
7	124	414	876
8	124	414	861
9	124	399	824
10	108	359	761
11	108	359	761
12	108	359	761
13	108	359	767
14	108	366	784
15	115	383	811
16	115	383	811
17	115	383	811
18	115	383	835
19	115	408	896
20	142	472	998
21	142	472	998
22	142	472	998
23	142	472	1,006
24	142	479	1,025
25	150	499	1,057
26	150	499	1,057
27	150	499	1,057
28	150	499	1,074
29	150	517	1,118
30	169	562	1,190
31	169	562	1,190
32	169	562	1,190
33	169	562	1,223
34	169	596	1,306
35	205	683	1,446

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	205	683	1,446
37	205	683	1,446
38	205	683	1,487
39	205	726	1,596
40	252	839	1,777
41	252	839	1,777
42	252	839	1,777
43	252	839	1,827
44	252	892	1,958
45	309	1,027	2,175
46	309	1,027	2,175
47	309	1,027	2,175
48	309	1,027	2,221
49	309	1,075	2,340
50	360	1,199	2,539
51	360	1,199	2,539
52	360	1,199	2,539
53	360	1,199	2,761
54	360	1,430	3,339
55	610	2,031	4,300
56	610	2,031	4,300
57	610	2,031	4,300
58	610	2,031	4,490
59	610	2,229	4,986
60	825	2,745	5,811
61	825	2,745	5,811
62	825	2,745	5,811
63	825	2,745	6,071
64	825	3,016	6,749
65	1,118	3,720	7,877
66	1,118	3,720	7,877
67	1,118	3,720	7,877
68	1,118	3,720	8,160
69	1,118	4,016	8,898
70	1,437	4,783	10,126

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,437	4,783	10,126
72	1,437	4,783	10,126
73	1,437	4,783	10,494
74	1,437	5,166	11,451
75	1,851	6,161	13,044
76	1,851	6,161	13,044
77	1,851	6,161	13,044
78	1,851	6,161	13,508
79	1,851	6,644	14,716
80	2,374	7,901	16,726
81	2,374	7,901	16,726
82	2,374	7,901	16,726
83	2,374	7,901	17,204
84	2,374	8,398	18,447
85	2,911	9,691	20,516
86	2,911	9,691	20,516
87	2,911	9,691	20,516
88	2,911	9,691	20,824
89	2,911	10,011	21,701
90	3,258	10,923	23,306
91	3,342	11,205	23,916
92	3,429	11,503	24,564
93	3,526	11,830	25,263
94	3,627	12,168	25,983
95	3,730	12,513	26,721
96	3,836	12,869	23,873
97	3,945	9,484	15,175

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	295		
2	267	888	
3	267	888	1,799
4	267	804	1,589
5	176	585	1,239
6	176	585	1,239
7	176	585	1,239
8	176	585	1,218
9	176	564	1,164
10	152	507	1,073
11	152	507	1,073
12	152	507	1,073
13	152	507	1,082
14	152	517	1,107
15	163	542	1,148
16	163	542	1,148
17	163	542	1,148
18	163	542	1,190
19	163	585	1,297
20	209	697	1,476
21	209	697	1,476
22	209	697	1,476
23	209	697	1,478
24	209	699	1,482
25	211	704	1,490
26	211	704	1,490
27	211	704	1,490
28	211	704	1,500
29	211	714	1,526
30	223	741	1,570
31	223	741	1,570
32	223	741	1,570
33	223	741	1,610
34	223	783	1,715
35	268	892	1,889

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	268	892	1,889
37	268	892	1,889
38	268	892	1,921
39	268	925	2,002
40	303	1,010	2,138
41	303	1,010	2,138
42	303	1,010	2,138
43	303	1,010	2,203
44	303	1,078	2,374
45	377	1,255	2,657
46	377	1,255	2,657
47	377	1,255	2,657
48	377	1,255	2,739
49	377	1,340	2,951
50	469	1,561	3,305
51	469	1,561	3,305
52	469	1,561	3,305
53	469	1,561	3,461
54	469	1,723	3,867
55	645	2,145	4,542
56	645	2,145	4,542
57	645	2,145	4,542
58	645	2,145	4,859
59	645	2,476	5,685
60	1,002	3,334	7,059
61	1,002	3,334	7,059
62	1,002	3,334	7,059
63	1,002	3,334	7,383
64	1,002	3,672	8,227
65	1,367	4,549	9,630
66	1,367	4,549	9,630
67	1,367	4,549	9,630
68	1,367	4,549	9,975
69	1,367	4,908	10,873
70	1,755	5,842	12,368

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,755	5,842	12,368
72	1,755	5,842	12,368
73	1,755	5,842	12,822
74	1,755	6,314	14,003
75	2,266	7,543	15,968
76	2,266	7,543	15,968
77	2,266	7,543	15,968
78	2,266	7,543	16,545
79	2,266	8,142	18,044
80	2,915	9,701	20,538
81	2,915	9,701	20,538
82	2,915	9,701	20,538
83	2,915	9,701	21,169
84	2,915	10,358	22,810
85	3,625	12,064	25,541
86	3,625	12,064	25,541
87	3,625	12,064	25,541
88	3,625	12,064	25,942
89	3,625	12,481	27,080
90	4,075	13,665	29,166
91	4,185	14,032	29,948
92	4,297	14,408	30,753
93	4,412	14,796	31,581
94	4,531	15,196	32,435
95	4,654	15,607	33,314
96	4,780	16,030	29,734
97	4,910	11,804	18,886

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	280		
2	252	838	
3	252	838	1,694
4	252	755	1,486
5	162	538	1,139
6	162	538	1,139
7	162	538	1,139
8	162	538	1,120
9	162	518	1,071
10	140	467	989
11	140	467	989
12	140	467	989
13	140	467	998
14	140	476	1,019
15	150	498	1,055
16	150	498	1,055
17	150	498	1,055
18	150	498	1,085
19	150	530	1,165
20	184	613	1,298
21	184	613	1,298
22	184	613	1,298
23	184	613	1,308
24	184	623	1,333
25	195	649	1,374
26	195	649	1,374
27	195	649	1,374
28	195	649	1,396
29	195	672	1,453
30	220	731	1,548
31	220	731	1,548
32	220	731	1,548
33	220	731	1,590
34	220	775	1,699
35	267	888	1,880

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	267	888	1,880
37	267	888	1,880
38	267	888	1,934
39	267	944	2,075
40	328	1,091	2,311
41	328	1,091	2,311
42	328	1,091	2,311
43	328	1,091	2,376
44	328	1,159	2,545
45	401	1,336	2,828
46	401	1,336	2,828
47	401	1,336	2,828
48	401	1,336	2,887
49	401	1,398	3,042
50	468	1,559	3,301
51	468	1,559	3,301
52	468	1,559	3,301
53	468	1,559	3,590
54	468	1,859	4,340
55	793	2,640	5,590
56	793	2,640	5,590
57	793	2,640	5,590
58	793	2,640	5,838
59	793	2,898	6,482
60	1,072	3,568	7,554
61	1,072	3,568	7,554
62	1,072	3,568	7,554
63	1,072	3,568	7,893
64	1,072	3,920	8,774
65	1,453	4,837	10,240
66	1,453	4,837	10,240
67	1,453	4,837	10,240
68	1,453	4,837	10,609
69	1,453	5,220	11,567
70	1,868	6,217	13,163

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,868	6,217	13,163
72	1,868	6,217	13,163
73	1,868	6,217	13,642
74	1,868	6,715	14,886
75	2,406	8,010	16,957
76	2,406	8,010	16,957
77	2,406	8,010	16,957
78	2,406	8,010	17,561
79	2,406	8,638	19,131
80	3,086	10,271	21,744
81	3,086	10,271	21,744
82	3,086	10,271	21,744
83	3,086	10,271	22,366
84	3,086	10,917	23,982
85	3,785	12,598	26,671
86	3,785	12,598	26,671
87	3,785	12,598	26,671
88	3,785	12,598	27,072
89	3,785	13,015	28,211
90	4,236	14,200	30,299
91	4,345	14,566	31,091
92	4,458	14,954	31,933
93	4,584	15,380	32,842
94	4,715	15,818	33,777
95	4,849	16,267	34,737
96	4,987	16,730	31,036
97	5,129	12,330	19,728

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	363		
2	328	1,093	
3	328	1,093	2,215
4	328	990	1,956
5	216	720	1,525
6	216	720	1,525
7	216	720	1,525
8	216	720	1,499
9	216	693	1,432
10	187	623	1,320
11	187	623	1,320
12	187	623	1,320
13	187	623	1,331
14	187	636	1,362
15	201	668	1,414
16	201	668	1,414
17	201	668	1,414
18	201	668	1,465
19	201	721	1,597
20	258	858	1,817
21	258	858	1,817
22	258	858	1,817
23	258	858	1,819
24	258	861	1,825
25	260	866	1,834
26	260	866	1,834
27	260	866	1,834
28	260	866	1,846
29	260	879	1,878
30	274	913	1,932
31	274	913	1,932
32	274	913	1,932
33	274	913	1,982
34	274	964	2,110
35	330	1,098	2,325

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	330	1,098	2,325
37	330	1,098	2,325
38	330	1,098	2,363
39	330	1,138	2,464
40	373	1,243	2,631
41	373	1,243	2,631
42	373	1,243	2,631
43	373	1,243	2,712
44	373	1,327	2,921
45	464	1,544	3,270
46	464	1,544	3,270
47	464	1,544	3,270
48	464	1,544	3,370
49	464	1,649	3,632
50	577	1,922	4,068
51	577	1,922	4,068
52	577	1,922	4,068
53	577	1,922	4,260
54	577	2,121	4,759
55	793	2,640	5,590
56	793	2,640	5,590
57	793	2,640	5,590
58	793	2,640	5,981
59	793	3,047	6,997
60	1,233	4,104	8,689
61	1,233	4,104	8,689
62	1,233	4,104	8,689
63	1,233	4,104	9,088
64	1,233	4,519	10,126
65	1,682	5,598	11,852
66	1,682	5,598	11,852
67	1,682	5,598	11,852
68	1,682	5,598	12,277
69	1,682	6,041	13,383
70	2,160	7,190	15,222

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	1,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,160	7,190	15,222
72	2,160	7,190	15,222
73	2,160	7,190	15,781
74	2,160	7,771	17,235
75	2,789	9,283	19,653
76	2,789	9,283	19,653
77	2,789	9,283	19,653
78	2,789	9,283	20,363
79	2,789	10,021	22,207
80	3,587	11,940	25,277
81	3,587	11,940	25,277
82	3,587	11,940	25,277
83	3,587	11,940	26,054
84	3,587	12,748	28,074
85	4,461	14,849	31,436
86	4,461	14,849	31,436
87	4,461	14,849	31,436
88	4,461	14,849	31,929
89	4,461	15,361	33,330
90	5,016	16,818	35,896
91	5,150	17,270	36,859
92	5,288	17,733	37,850
93	5,430	18,210	38,869
94	5,577	18,702	39,920
95	5,728	19,208	41,001
96	5,883	19,729	36,596
97	6,044	14,528	23,245

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	345		
2	310	1,031	
3	310	1,031	2,085
4	310	929	1,829
5	199	662	1,402
6	199	662	1,402
7	199	662	1,402
8	199	662	1,379
9	199	638	1,318
10	173	575	1,218
11	173	575	1,218
12	173	575	1,218
13	173	575	1,228
14	173	586	1,254
15	184	613	1,298
16	184	613	1,298
17	184	613	1,298
18	184	613	1,336
19	184	652	1,434
20	227	755	1,598
21	227	755	1,598
22	227	755	1,598
23	227	755	1,610
24	227	767	1,640
25	240	799	1,691
26	240	799	1,691
27	240	799	1,691
28	240	799	1,718
29	240	827	1,788
30	270	900	1,905
31	270	900	1,905
32	270	900	1,905
33	270	900	1,956
34	270	953	2,090
35	328	1,092	2,313

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	328	1,092	2,313
37	328	1,092	2,313
38	328	1,092	2,380
39	328	1,162	2,554
40	404	1,343	2,844
41	404	1,343	2,844
42	404	1,343	2,844
43	404	1,343	2,924
44	404	1,427	3,133
45	494	1,644	3,480
46	494	1,644	3,480
47	494	1,644	3,480
48	494	1,644	3,553
49	494	1,720	3,744
50	577	1,919	4,063
51	577	1,919	4,063
52	577	1,919	4,063
53	577	1,919	4,418
54	577	2,289	5,342
55	976	3,250	6,880
56	976	3,250	6,880
57	976	3,250	6,880
58	976	3,250	7,185
59	976	3,567	7,978
60	1,319	4,391	9,297
61	1,319	4,391	9,297
62	1,319	4,391	9,297
63	1,319	4,391	9,714
64	1,319	4,825	10,798
65	1,788	5,953	12,602
66	1,788	5,953	12,602
67	1,788	5,953	12,602
68	1,788	5,953	13,056
69	1,788	6,425	14,237
70	2,299	7,653	16,201

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	1,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	2,299	7,653	16,201
72	2,299	7,653	16,201
73	2,299	7,653	16,790
74	2,299	8,265	18,321
75	2,962	9,858	20,870
76	2,962	9,858	20,870
77	2,962	9,858	20,870
78	2,962	9,858	21,613
79	2,962	10,631	23,546
80	3,798	12,641	26,762
81	3,798	12,641	26,762
82	3,798	12,641	26,762
83	3,798	12,641	27,527
84	3,798	13,436	29,516
85	4,658	15,505	32,825
86	4,658	15,505	32,825
87	4,658	15,505	32,825
88	4,658	15,505	33,319
89	4,658	16,018	34,721
90	5,213	17,477	37,290
91	5,348	17,928	38,266
92	5,486	18,405	39,302
93	5,642	18,929	40,421
94	5,803	19,469	41,572
95	5,968	20,021	42,753
96	6,138	20,590	38,197
97	6,313	15,175	24,280

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	174		
2	157	522	
3	157	522	1,058
4	157	473	935
5	103	344	729
6	103	344	729
7	103	344	729
8	103	344	717
9	103	331	684
10	89	298	630
11	89	298	630
12	89	298	630
13	89	298	636
14	89	304	651
15	96	319	676
16	96	319	676
17	96	319	676
18	96	319	700
19	96	344	763
20	123	410	869
21	123	410	869
22	123	410	869
23	123	410	870
24	123	411	872
25	124	414	877
26	124	414	877
27	124	414	877
28	124	414	883
29	124	420	898
30	131	436	923
31	131	436	923
32	131	436	923
33	131	436	947
34	131	461	1,009
35	158	525	1,111

Male

Claim Age (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	158	525	1,111
37	158	525	1,111
38	158	525	1,130
39	158	544	1,177
40	178	594	1,257
41	178	594	1,257
42	178	594	1,257
43	178	594	1,296
44	178	634	1,396
45	222	738	1,563
46	222	738	1,563
47	222	738	1,563
48	222	738	1,611
49	222	788	1,736
50	276	918	1,944
51	276	918	1,944
52	276	918	1,944
53	276	918	2,036
54	276	1,014	2,275
55	379	1,262	2,672
56	379	1,262	2,672
57	379	1,262	2,672
58	379	1,262	2,859
59	379	1,456	3,344
60	589	1,961	4,152
61	589	1,961	4,152
62	589	1,961	4,152
63	589	1,961	4,343
64	589	2,160	4,839
65	804	2,676	5,665
66	804	2,676	5,665
67	804	2,676	5,665
68	804	2,676	5,868
69	804	2,887	6,396
70	1,032	3,436	7,275

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,032	3,436	7,275
72	1,032	3,436	7,275
73	1,032	3,436	7,542
74	1,032	3,714	8,237
75	1,333	4,437	9,393
76	1,333	4,437	9,393
77	1,333	4,437	9,393
78	1,333	4,437	9,732
79	1,333	4,789	10,614
80	1,715	5,707	12,081
81	1,715	5,707	12,081
82	1,715	5,707	12,081
83	1,715	5,707	12,453
84	1,715	6,093	13,418
85	2,132	7,097	15,024
86	2,132	7,097	15,024
87	2,132	7,097	15,024
88	2,132	7,097	15,260
89	2,132	7,342	15,929
90	2,397	8,038	17,156
91	2,461	8,254	17,617
92	2,528	8,475	18,090
93	2,595	8,703	18,577
94	2,666	8,939	19,080
95	2,738	9,181	19,596
96	2,812	9,429	17,490
97	2,888	6,943	11,109

*Based on claim approval date.

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Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	165		
2	148	493	
3	148	493	996
4	148	444	874
5	95	316	670
6	95	316	670
7	95	316	670
8	95	316	659
9	95	305	630
10	83	275	582
11	83	275	582
12	83	275	582
13	83	275	587
14	83	280	600
15	88	293	621
16	88	293	621
17	88	293	621
18	88	293	639
19	88	312	686
20	108	361	764
21	108	361	764
22	108	361	764
23	108	361	770
24	108	367	784
25	115	382	808
26	115	382	808
27	115	382	808
28	115	382	821
29	115	395	854
30	129	430	910
31	129	430	910
32	129	430	910
33	129	430	935
34	129	455	999
35	157	522	1,105

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	157	522	1,105
37	157	522	1,105
38	157	522	1,137
39	157	555	1,220
40	193	642	1,359
41	193	642	1,359
42	193	642	1,359
43	193	642	1,397
44	193	682	1,497
45	236	786	1,663
46	236	786	1,663
47	236	786	1,663
48	236	786	1,698
49	236	822	1,790
50	276	917	1,942
51	276	917	1,942
52	276	917	1,942
53	276	917	2,112
54	276	1,094	2,553
55	467	1,553	3,288
56	467	1,553	3,288
57	467	1,553	3,288
58	467	1,553	3,434
59	467	1,705	3,813
60	631	2,099	4,443
61	631	2,099	4,443
62	631	2,099	4,443
63	631	2,099	4,642
64	631	2,306	5,161
65	855	2,845	6,023
66	855	2,845	6,023
67	855	2,845	6,023
68	855	2,845	6,240
69	855	3,071	6,804
70	1,099	3,657	7,743

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,099	3,657	7,743
72	1,099	3,657	7,743
73	1,099	3,657	8,025
74	1,099	3,950	8,756
75	1,415	4,711	9,974
76	1,415	4,711	9,974
77	1,415	4,711	9,974
78	1,415	4,711	10,330
79	1,415	5,081	11,253
80	1,815	6,042	12,791
81	1,815	6,042	12,791
82	1,815	6,042	12,791
83	1,815	6,042	13,156
84	1,815	6,422	14,107
85	2,226	7,410	15,689
86	2,226	7,410	15,689
87	2,226	7,410	15,689
88	2,226	7,410	15,924
89	2,226	7,656	16,595
90	2,492	8,353	17,823
91	2,556	8,568	18,289
92	2,622	8,797	18,784
93	2,697	9,047	19,319
94	2,774	9,305	19,869
95	2,852	9,569	20,433
96	2,933	9,841	18,256
97	3,017	7,253	11,604

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	226		
2	204	679	
3	204	679	1,376
4	204	615	1,215
5	135	448	948
6	135	448	948
7	135	448	948
8	135	448	932
9	135	431	890
10	116	387	820
11	116	387	820
12	116	387	820
13	116	387	827
14	116	395	846
15	125	415	878
16	125	415	878
17	125	415	878
18	125	415	910
19	125	448	992
20	160	533	1,129
21	160	533	1,129
22	160	533	1,129
23	160	533	1,130
24	160	535	1,134
25	162	539	1,140
26	162	539	1,140
27	162	539	1,140
28	162	539	1,148
29	162	546	1,168
30	170	567	1,201
31	170	567	1,201
32	170	567	1,201
33	170	567	1,232
34	170	599	1,311
35	205	682	1,444

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	205	682	1,444
37	205	682	1,444
38	205	682	1,468
39	205	707	1,531
40	232	772	1,635
41	232	772	1,635
42	232	772	1,635
43	232	772	1,685
44	232	824	1,815
45	288	960	2,032
46	288	960	2,032
47	288	960	2,032
48	288	960	2,094
49	288	1,025	2,257
50	359	1,194	2,527
51	359	1,194	2,527
52	359	1,194	2,527
53	359	1,194	2,647
54	359	1,318	2,957
55	493	1,641	3,474
56	493	1,641	3,474
57	493	1,641	3,474
58	493	1,641	3,716
59	493	1,893	4,347
60	766	2,550	5,398
61	766	2,550	5,398
62	766	2,550	5,398
63	766	2,550	5,646
64	766	2,808	6,291
65	1,045	3,478	7,364
66	1,045	3,478	7,364
67	1,045	3,478	7,364
68	1,045	3,478	7,628
69	1,045	3,753	8,315
70	1,342	4,467	9,457

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,342	4,467	9,457
72	1,342	4,467	9,457
73	1,342	4,467	9,805
74	1,342	4,828	10,708
75	1,733	5,768	12,211
76	1,733	5,768	12,211
77	1,733	5,768	12,211
78	1,733	5,768	12,651
79	1,733	6,226	13,798
80	2,229	7,418	15,706
81	2,229	7,418	15,706
82	2,229	7,418	15,706
83	2,229	7,418	16,188
84	2,229	7,920	17,443
85	2,772	9,226	19,532
86	2,772	9,226	19,532
87	2,772	9,226	19,532
88	2,772	9,226	19,838
89	2,772	9,544	20,708
90	3,116	10,450	22,303
91	3,200	10,730	22,902
92	3,286	11,018	23,517
93	3,374	11,314	24,150
94	3,465	11,620	24,803
95	3,559	11,935	25,475
96	3,655	12,258	22,737
97	3,755	9,026	14,442

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	214		
2	193	641	
3	193	641	1,295
4	193	577	1,136
5	124	411	871
6	124	411	871
7	124	411	871
8	124	411	856
9	124	396	819
10	107	358	757
11	107	358	757
12	107	358	757
13	107	358	764
14	107	364	780
15	115	381	807
16	115	381	807
17	115	381	807
18	115	381	831
19	115	406	892
20	141	469	993
21	141	469	993
22	141	469	993
23	141	469	1,000
24	141	477	1,019
25	149	496	1,050
26	149	496	1,050
27	149	496	1,050
28	149	496	1,067
29	149	514	1,111
30	168	559	1,183
31	168	559	1,183
32	168	559	1,183
33	168	559	1,215
34	168	592	1,298
35	204	679	1,437

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	204	679	1,437
37	204	679	1,437
38	204	679	1,478
39	204	722	1,587
40	251	835	1,767
41	251	835	1,767
42	251	835	1,767
43	251	835	1,817
44	251	886	1,946
45	307	1,021	2,162
46	307	1,021	2,162
47	307	1,021	2,162
48	307	1,021	2,208
49	307	1,069	2,327
50	358	1,192	2,524
51	358	1,192	2,524
52	358	1,192	2,524
53	358	1,192	2,745
54	358	1,422	3,319
55	607	2,019	4,275
56	607	2,019	4,275
57	607	2,019	4,275
58	607	2,019	4,464
59	607	2,216	4,957
60	820	2,728	5,776
61	820	2,728	5,776
62	820	2,728	5,776
63	820	2,728	6,035
64	820	2,998	6,709
65	1,111	3,698	7,830
66	1,111	3,698	7,830
67	1,111	3,698	7,830
68	1,111	3,698	8,112
69	1,111	3,992	8,846
70	1,429	4,755	10,066

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,429	4,755	10,066
72	1,429	4,755	10,066
73	1,429	4,755	10,432
74	1,429	5,135	11,383
75	1,840	6,125	12,966
76	1,840	6,125	12,966
77	1,840	6,125	12,966
78	1,840	6,125	13,428
79	1,840	6,605	14,629
80	2,360	7,854	16,628
81	2,360	7,854	16,628
82	2,360	7,854	16,628
83	2,360	7,854	17,103
84	2,360	8,348	18,339
85	2,894	9,633	20,395
86	2,894	9,633	20,395
87	2,894	9,633	20,395
88	2,894	9,633	20,702
89	2,894	9,952	21,573
90	3,239	10,859	23,169
91	3,323	11,139	23,775
92	3,409	11,435	24,419
93	3,506	11,761	25,114
94	3,606	12,096	25,829
95	3,708	12,439	26,563
96	3,813	12,793	23,733
97	3,922	9,428	15,085

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	278		
2	251	836	
3	251	836	1,694
4	251	757	1,496
5	166	551	1,167
6	166	551	1,167
7	166	551	1,167
8	166	551	1,147
9	166	530	1,095
10	143	476	1,009
11	143	476	1,009
12	143	476	1,009
13	143	476	1,018
14	143	486	1,042
15	153	511	1,081
16	153	511	1,081
17	153	511	1,081
18	153	511	1,120
19	153	551	1,222
20	197	657	1,390
21	197	657	1,390
22	197	657	1,390
23	197	657	1,392
24	197	658	1,396
25	199	663	1,403
26	199	663	1,403
27	199	663	1,403
28	199	663	1,412
29	199	672	1,437
30	210	698	1,478
31	210	698	1,478
32	210	698	1,478
33	210	698	1,515
34	210	737	1,614
35	252	840	1,778

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	252	840	1,778
37	252	840	1,778
38	252	840	1,807
39	252	870	1,884
40	285	950	2,012
41	285	950	2,012
42	285	950	2,012
43	285	950	2,073
44	285	1,014	2,234
45	355	1,181	2,500
46	355	1,181	2,500
47	355	1,181	2,500
48	355	1,181	2,577
49	355	1,261	2,778
50	441	1,469	3,111
51	441	1,469	3,111
52	441	1,469	3,111
53	441	1,469	3,258
54	441	1,622	3,639
55	607	2,019	4,275
56	607	2,019	4,275
57	607	2,019	4,275
58	607	2,019	4,574
59	607	2,330	5,351
60	943	3,138	6,644
61	943	3,138	6,644
62	943	3,138	6,644
63	943	3,138	6,949
64	943	3,456	7,743
65	1,286	4,281	9,063
66	1,286	4,281	9,063
67	1,286	4,281	9,063
68	1,286	4,281	9,388
69	1,286	4,619	10,234
70	1,652	5,498	11,640

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	5,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,652	5,498	11,640
72	1,652	5,498	11,640
73	1,652	5,498	12,068
74	1,652	5,943	13,179
75	2,133	7,099	15,028
76	2,133	7,099	15,028
77	2,133	7,099	15,028
78	2,133	7,099	15,571
79	2,133	7,663	16,982
80	2,743	9,131	19,331
81	2,743	9,131	19,331
82	2,743	9,131	19,331
83	2,743	9,131	19,924
84	2,743	9,748	21,469
85	3,411	11,354	24,038
86	3,411	11,354	24,038
87	3,411	11,354	24,038
88	3,411	11,354	24,415
89	3,411	11,747	25,487
90	3,835	12,861	27,450
91	3,938	13,206	28,187
92	4,044	13,561	28,944
93	4,153	13,925	29,724
94	4,265	14,302	30,528
95	4,380	14,689	31,354
96	4,499	15,087	27,985
97	4,621	11,109	17,775

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	264		
2	237	789	
3	237	789	1,594
4	237	710	1,398
5	152	506	1,072
6	152	506	1,072
7	152	506	1,072
8	152	506	1,054
9	152	488	1,008
10	132	440	932
11	132	440	932
12	132	440	932
13	132	440	939
14	132	448	960
15	141	469	993
16	141	469	993
17	141	469	993
18	141	469	1,022
19	141	499	1,097
20	173	577	1,222
21	173	577	1,222
22	173	577	1,222
23	173	577	1,231
24	173	587	1,254
25	183	610	1,292
26	183	610	1,292
27	183	610	1,292
28	183	610	1,313
29	183	632	1,367
30	207	688	1,456
31	207	688	1,456
32	207	688	1,456
33	207	688	1,495
34	207	729	1,598
35	251	835	1,768

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	251	835	1,768
37	251	835	1,768
38	251	835	1,819
39	251	888	1,953
40	309	1,027	2,174
41	309	1,027	2,174
42	309	1,027	2,174
43	309	1,027	2,235
44	309	1,091	2,395
45	378	1,257	2,661
46	378	1,257	2,661
47	378	1,257	2,661
48	378	1,257	2,717
49	378	1,315	2,863
50	441	1,468	3,107
51	441	1,468	3,107
52	441	1,468	3,107
53	441	1,468	3,379
54	441	1,750	4,085
55	747	2,485	5,261
56	747	2,485	5,261
57	747	2,485	5,261
58	747	2,485	5,494
59	747	2,728	6,100
60	1,009	3,358	7,109
61	1,009	3,358	7,109
62	1,009	3,358	7,109
63	1,009	3,358	7,428
64	1,009	3,690	8,257
65	1,368	4,552	9,637
66	1,368	4,552	9,637
67	1,368	4,552	9,637
68	1,368	4,552	9,984
69	1,368	4,913	10,887
70	1,758	5,852	12,389

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	5,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,758	5,852	12,389
72	1,758	5,852	12,389
73	1,758	5,852	12,839
74	1,758	6,320	14,010
75	2,265	7,538	15,959
76	2,265	7,538	15,959
77	2,265	7,538	15,959
78	2,265	7,538	16,527
79	2,265	8,129	18,005
80	2,904	9,666	20,465
81	2,904	9,666	20,465
82	2,904	9,666	20,465
83	2,904	9,666	21,050
84	2,904	10,275	22,571
85	3,562	11,857	25,102
86	3,562	11,857	25,102
87	3,562	11,857	25,102
88	3,562	11,857	25,479
89	3,562	12,249	26,552
90	3,987	13,365	28,516
91	4,089	13,710	29,262
92	4,196	14,075	30,055
93	4,315	14,475	30,910
94	4,438	14,888	31,790
95	4,564	15,310	32,693
96	4,693	15,745	29,209
97	4,827	11,604	18,566

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	120		
2	109	362	
3	109	362	733
4	109	327	647
5	72	238	504
6	72	238	504
7	72	238	504
8	72	238	496
9	72	229	474
10	62	206	437
11	62	206	437
12	62	206	437
13	62	206	441
14	62	210	451
15	66	221	467
16	66	221	467
17	66	221	467
18	66	221	484
19	66	238	528
20	85	284	601
21	85	284	601
22	85	284	601
23	85	284	602
24	85	285	604
25	86	287	607
26	86	287	607
27	86	287	607
28	86	287	611
29	86	291	622
30	91	302	639
31	91	302	639
32	91	302	639
33	91	302	656
34	91	319	698
35	109	363	769

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	109	363	769
37	109	363	769
38	109	363	782
39	109	377	815
40	124	411	871
41	124	411	871
42	124	411	871
43	124	411	897
44	124	439	966
45	153	511	1,081
46	153	511	1,081
47	153	511	1,081
48	153	511	1,115
49	153	546	1,202
50	191	636	1,346
51	191	636	1,346
52	191	636	1,346
53	191	636	1,410
54	191	702	1,575
55	262	873	1,849
56	262	873	1,849
57	262	873	1,849
58	262	873	1,979
59	262	1,008	2,315
60	408	1,358	2,875
61	408	1,358	2,875
62	408	1,358	2,875
63	408	1,358	3,007
64	408	1,495	3,350
65	557	1,852	3,922
66	557	1,852	3,922
67	557	1,852	3,922
68	557	1,852	4,062
69	557	1,999	4,428
70	715	2,379	5,036

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	715	2,379	5,036
72	715	2,379	5,036
73	715	2,379	5,221
74	715	2,571	5,702
75	923	3,072	6,503
76	923	3,072	6,503
77	923	3,072	6,503
78	923	3,072	6,738
79	923	3,316	7,348
80	1,187	3,951	8,364
81	1,187	3,951	8,364
82	1,187	3,951	8,364
83	1,187	3,951	8,621
84	1,187	4,218	9,289
85	1,476	4,913	10,401
86	1,476	4,913	10,401
87	1,476	4,913	10,401
88	1,476	4,913	10,565
89	1,476	5,083	11,028
90	1,660	5,565	11,877
91	1,704	5,714	12,196
92	1,750	5,868	12,524
93	1,797	6,025	12,861
94	1,845	6,188	13,209
95	1,895	6,356	13,566
96	1,947	6,528	12,109
97	2,000	4,807	7,691

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	114		
2	103	341	
3	103	341	690
4	103	307	605
5	66	219	464
6	66	219	464
7	66	219	464
8	66	219	456
9	66	211	436
10	57	190	403
11	57	190	403
12	57	190	403
13	57	190	406
14	57	194	415
15	61	203	429
16	61	203	429
17	61	203	429
18	61	203	442
19	61	216	475
20	75	250	529
21	75	250	529
22	75	250	529
23	75	250	533
24	75	254	543
25	79	264	559
26	79	264	559
27	79	264	559
28	79	264	568
29	79	274	592
30	89	298	630
31	89	298	630
32	89	298	630
33	89	298	648
34	89	316	692
35	109	362	765

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	109	362	765
37	109	362	765
38	109	362	788
39	109	385	845
40	134	445	941
41	134	445	941
42	134	445	941
43	134	445	968
44	134	472	1,037
45	163	544	1,151
46	163	544	1,151
47	163	544	1,151
48	163	544	1,176
49	163	569	1,239
50	191	635	1,344
51	191	635	1,344
52	191	635	1,344
53	191	635	1,462
54	191	757	1,767
55	323	1,075	2,276
56	323	1,075	2,276
57	323	1,075	2,276
58	323	1,075	2,377
59	323	1,180	2,640
60	437	1,453	3,076
61	437	1,453	3,076
62	437	1,453	3,076
63	437	1,453	3,214
64	437	1,596	3,573
65	592	1,970	4,170
66	592	1,970	4,170
67	592	1,970	4,170
68	592	1,970	4,320
69	592	2,126	4,711
70	761	2,532	5,361

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	200
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	761	2,532	5,361
72	761	2,532	5,361
73	761	2,532	5,555
74	761	2,735	6,062
75	980	3,262	6,906
76	980	3,262	6,906
77	980	3,262	6,906
78	980	3,262	7,152
79	980	3,518	7,791
80	1,257	4,183	8,855
81	1,257	4,183	8,855
82	1,257	4,183	8,855
83	1,257	4,183	9,108
84	1,257	4,446	9,766
85	1,541	5,130	10,861
86	1,541	5,130	10,861
87	1,541	5,130	10,861
88	1,541	5,130	11,025
89	1,541	5,300	11,489
90	1,725	5,783	12,339
91	1,769	5,932	12,661
92	1,815	6,090	13,005
93	1,867	6,263	13,375
94	1,920	6,442	13,756
95	1,975	6,625	14,146
96	2,031	6,813	12,639
97	2,089	5,021	8,034

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	156		
2	141	470	
3	141	470	953
4	141	426	841
5	93	310	656
6	93	310	656
7	93	310	656
8	93	310	645
9	93	298	616
10	81	268	568
11	81	268	568
12	81	268	568
13	81	268	573
14	81	274	586
15	86	287	607
16	86	287	607
17	86	287	607
18	86	287	629
19	86	310	686
20	111	369	781
21	111	369	781
22	111	369	781
23	111	369	782
24	111	370	784
25	112	372	788
26	112	372	788
27	112	372	788
28	112	372	794
29	112	378	808
30	118	393	831
31	118	393	831
32	118	393	831
33	118	393	853
34	118	415	908
35	142	472	1,000

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	142	472	1,000
37	142	472	1,000
38	142	472	1,017
39	142	490	1,060
40	161	535	1,132
41	161	535	1,132
42	161	535	1,132
43	161	535	1,166
44	161	571	1,256
45	199	664	1,406
46	199	664	1,406
47	199	664	1,406
48	199	664	1,449
49	199	709	1,562
50	248	827	1,751
51	248	827	1,751
52	248	827	1,751
53	248	827	1,833
54	248	913	2,047
55	341	1,136	2,404
56	341	1,136	2,404
57	341	1,136	2,404
58	341	1,136	2,572
59	341	1,310	3,010
60	530	1,765	3,738
61	530	1,765	3,738
62	530	1,765	3,738
63	530	1,765	3,909
64	530	1,944	4,355
65	723	2,408	5,098
66	723	2,408	5,098
67	723	2,408	5,098
68	723	2,408	5,281
69	723	2,598	5,756
70	929	3,093	6,547

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	929	3,093	6,547
72	929	3,093	6,547
73	929	3,093	6,788
74	929	3,343	7,413
75	1,200	3,993	8,454
76	1,200	3,993	8,454
77	1,200	3,993	8,454
78	1,200	3,993	8,759
79	1,200	4,310	9,553
80	1,543	5,136	10,873
81	1,543	5,136	10,873
82	1,543	5,136	10,873
83	1,543	5,136	11,207
84	1,543	5,483	12,076
85	1,919	6,387	13,522
86	1,919	6,387	13,522
87	1,919	6,387	13,522
88	1,919	6,387	13,734
89	1,919	6,608	14,337
90	2,157	7,234	15,441
91	2,215	7,429	15,855
92	2,275	7,628	16,281
93	2,336	7,833	16,720
94	2,399	8,045	17,171
95	2,464	8,262	17,637
96	2,531	8,486	15,741
97	2,600	6,249	9,998

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	149		
2	133	444	
3	133	444	897
4	133	399	786
5	86	285	603
6	86	285	603
7	86	285	603
8	86	285	593
9	86	274	567
10	74	247	524
11	74	247	524
12	74	247	524
13	74	247	528
14	74	252	540
15	79	264	559
16	79	264	559
17	79	264	559
18	79	264	575
19	79	281	617
20	98	325	688
21	98	325	688
22	98	325	688
23	98	325	693
24	98	330	705
25	103	343	727
26	103	343	727
27	103	343	727
28	103	343	739
29	103	356	769
30	116	387	820
31	116	387	820
32	116	387	820
33	116	387	842
34	116	410	899
35	141	470	995

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	141	470	995
37	141	470	995
38	141	470	1,024
39	141	500	1,099
40	174	578	1,224
41	174	578	1,224
42	174	578	1,224
43	174	578	1,258
44	174	614	1,348
45	212	707	1,497
46	212	707	1,497
47	212	707	1,497
48	212	707	1,528
49	212	740	1,611
50	248	825	1,748
51	248	825	1,748
52	248	825	1,748
53	248	825	1,900
54	248	984	2,298
55	420	1,398	2,960
56	420	1,398	2,960
57	420	1,398	2,960
58	420	1,398	3,091
59	420	1,534	3,432
60	567	1,889	3,999
61	567	1,889	3,999
62	567	1,889	3,999
63	567	1,889	4,178
64	567	2,075	4,645
65	769	2,561	5,421
66	769	2,561	5,421
67	769	2,561	5,421
68	769	2,561	5,617
69	769	2,764	6,124
70	989	3,292	6,969

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	300
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	989	3,292	6,969
72	989	3,292	6,969
73	989	3,292	7,222
74	989	3,555	7,881
75	1,274	4,240	8,977
76	1,274	4,240	8,977
77	1,274	4,240	8,977
78	1,274	4,240	9,297
79	1,274	4,573	10,128
80	1,634	5,437	11,511
81	1,634	5,437	11,511
82	1,634	5,437	11,511
83	1,634	5,437	11,840
84	1,634	5,779	12,696
85	2,004	6,669	14,120
86	2,004	6,669	14,120
87	2,004	6,669	14,120
88	2,004	6,669	14,332
89	2,004	6,890	14,935
90	2,243	7,517	16,040
91	2,300	7,712	16,460
92	2,360	7,917	16,906
93	2,427	8,142	17,387
94	2,496	8,374	17,882
95	2,567	8,612	18,390
96	2,640	8,857	16,431
97	2,715	6,527	10,444

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	192		
2	174	578	
3	174	578	1,172
4	174	524	1,035
5	115	381	807
6	115	381	807
7	115	381	807
8	115	381	793
9	115	367	758
10	99	330	699
11	99	330	699
12	99	330	699
13	99	330	705
14	99	336	721
15	106	353	748
16	106	353	748
17	106	353	748
18	106	353	775
19	106	381	845
20	136	454	961
21	136	454	961
22	136	454	961
23	136	454	963
24	136	455	966
25	138	459	971
26	138	459	971
27	138	459	971
28	138	459	977
29	138	465	995
30	145	483	1,023
31	145	483	1,023
32	145	483	1,023
33	145	483	1,049
34	145	510	1,117
35	175	581	1,231

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	175	581	1,231
37	175	581	1,231
38	175	581	1,251
39	175	603	1,304
40	198	658	1,393
41	198	658	1,393
42	198	658	1,393
43	198	658	1,436
44	198	702	1,546
45	246	817	1,730
46	246	817	1,730
47	246	817	1,730
48	246	817	1,784
49	246	873	1,923
50	306	1,017	2,154
51	306	1,017	2,154
52	306	1,017	2,154
53	306	1,017	2,256
54	306	1,123	2,520
55	420	1,398	2,959
56	420	1,398	2,959
57	420	1,398	2,959
58	420	1,398	3,166
59	420	1,613	3,704
60	653	2,173	4,600
61	653	2,173	4,600
62	653	2,173	4,600
63	653	2,173	4,811
64	653	2,393	5,361
65	890	2,964	6,274
66	890	2,964	6,274
67	890	2,964	6,274
68	890	2,964	6,499
69	890	3,198	7,085
70	1,144	3,806	8,058

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	10,000

Top-Up Premium required for Next Year

Male

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,144	3,806	8,058
72	1,144	3,806	8,058
73	1,144	3,806	8,354
74	1,144	4,114	9,124
75	1,477	4,914	10,404
76	1,477	4,914	10,404
77	1,477	4,914	10,404
78	1,477	4,914	10,780
79	1,477	5,305	11,757
80	1,899	6,321	13,382
81	1,899	6,321	13,382
82	1,899	6,321	13,382
83	1,899	6,321	13,794
84	1,899	6,749	14,863
85	2,362	7,861	16,642
86	2,362	7,861	16,642
87	2,362	7,861	16,642
88	2,362	7,861	16,903
89	2,362	8,132	17,645
90	2,655	8,904	19,004
91	2,727	9,143	19,514
92	2,800	9,388	20,038
93	2,875	9,641	20,578
94	2,953	9,901	21,134
95	3,032	10,169	21,706
96	3,114	10,445	19,374
97	3,199	7,691	12,306

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
1	183		
2	164	546	
3	164	546	1,103
4	164	492	968
5	105	350	742
6	105	350	742
7	105	350	742
8	105	350	729
9	105	338	698
10	91	304	645
11	91	304	645
12	91	304	645
13	91	304	650
14	91	310	664
15	97	324	687
16	97	324	687
17	97	324	687
18	97	324	707
19	97	345	759
20	120	400	846
21	120	400	846
22	120	400	846
23	120	400	852
24	120	406	868
25	127	423	895
26	127	423	895
27	127	423	895
28	127	423	909
29	127	438	946
30	143	476	1,009
31	143	476	1,009
32	143	476	1,009
33	143	476	1,036
34	143	505	1,107
35	174	578	1,225

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
36	174	578	1,225
37	174	578	1,225
38	174	578	1,260
39	174	615	1,352
40	214	711	1,506
41	214	711	1,506
42	214	711	1,506
43	214	711	1,548
44	214	755	1,658
45	261	870	1,842
46	261	870	1,842
47	261	870	1,842
48	261	870	1,881
49	261	910	1,982
50	305	1,016	2,150
51	305	1,016	2,150
52	305	1,016	2,150
53	305	1,016	2,338
54	305	1,211	2,828
55	517	1,720	3,642
56	517	1,720	3,642
57	517	1,720	3,642
58	517	1,720	3,803
59	517	1,888	4,223
60	698	2,325	4,921
61	698	2,325	4,921
62	698	2,325	4,921
63	698	2,325	5,142
64	698	2,554	5,716
65	947	3,151	6,672
66	947	3,151	6,672
67	947	3,151	6,672
68	947	3,151	6,912
69	947	3,401	7,537
70	1,217	4,051	8,577

*Based on claim approval date.

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Manulife Health Saver Enrich

Schedule of Mandatory Premium Top-Up for the following year

MHSE	1,000
Deductible	10,000

Top-Up Premium required for Next Year

Female

Claim Age* (Next Birthday)	NCD % after claim		
	30%	15%	0%
71	1,217	4,051	8,577
72	1,217	4,051	8,577
73	1,217	4,051	8,889
74	1,217	4,376	9,700
75	1,568	5,219	11,049
76	1,568	5,219	11,049
77	1,568	5,219	11,049
78	1,568	5,219	11,442
79	1,568	5,628	12,466
80	2,011	6,692	14,168
81	2,011	6,692	14,168
82	2,011	6,692	14,168
83	2,011	6,692	14,573
84	2,011	7,113	15,626
85	2,466	8,209	17,378
86	2,466	8,209	17,378
87	2,466	8,209	17,378
88	2,466	8,209	17,640
89	2,466	8,480	18,382
90	2,760	9,252	19,742
91	2,831	9,491	20,258
92	2,905	9,744	20,808
93	2,987	10,021	21,400
94	3,073	10,307	22,009
95	3,160	10,599	22,634
96	3,249	10,901	20,222
97	3,342	8,034	12,854

*Based on claim approval date.

Manulife

Manulife Insurance Berhad (200801013654 (814942-M))

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16th Floor, Menara Manulife, 6, Jalan Gelenggang,
Damansara Heights, 50490 Kuala Lumpur

www.manulife.com.my
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