

# Child Critical Illness Benefits Guide

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# Important Reminders

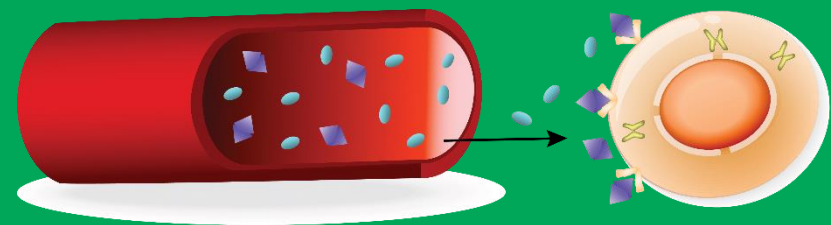
- This CI Guidebook should be read with the proposal and the policy contract. In case of conflict, the policy contract shall prevail.
- The benefit will only be paid if no illness is contracted within 90 days from the policy's effective date or the approval date of the last reinstatement (whichever is later), and if the insured survives a period of not less than 14 days after being diagnosed with a covered illness.
- Exclusions and limitations based on pre-existing conditions may apply.

## Disclaimers

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# Type 1 Diabetes Mellitus



## What do we need to know?

Diabetes Mellitus (Diabetes) is related to high blood sugar levels in the body which can lead to serious health problems such as heart disease, stroke, kidney disease, blindness, and even limb amputations, if not properly controlled.

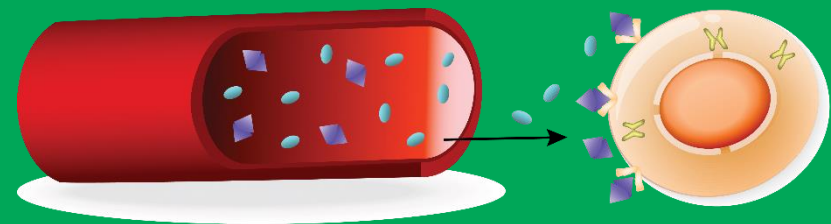


## Why are we concerned?

Type 1 diabetes cannot be prevented, and symptoms usually occur suddenly in healthy children without any known causes. Untreated Type 1 diabetes has a devastating impact on the child's well-being as it gets worse over time.



# Type 1 Diabetes Mellitus



## What is covered?

Among the many types of diabetes, only Type 1 diabetes in children is covered in the Child CI Benefits which is a long-term chronic condition without any cure.

Children with Type 1 diabetes need lifelong insulin injections every day because their immune system attacks the pancreatic cells which create insulin.

Benefits would be payable if all of the following conditions are met:

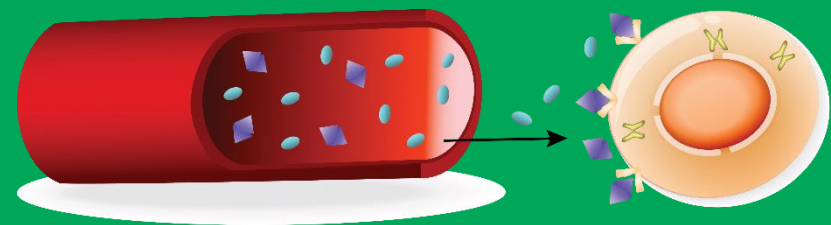
- A final diagnosis of Type 1 diabetes by a diabetes doctor or endocrinologist (medical doctor who specializes in diagnosing and treating health conditions related to problems with the body's hormones like insulin)
- Requiring lifelong insulin injections every day
- Continuous treatment for at least a period of six (6) months from the date of diagnosis



# Type 1 Diabetes Mellitus

## × What is NOT covered?

All other types of diabetes, such as Type 2 diabetes and gestational diabetes

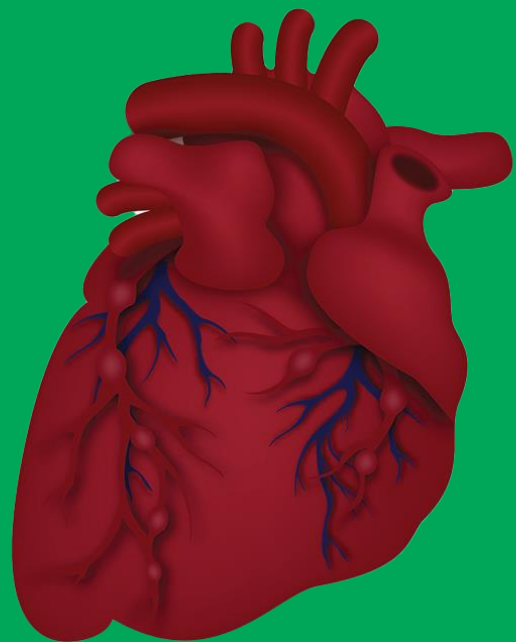


## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/Critical/Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from a diabetes doctor or endocrinologist from a diabetic doctor or endocrinologist
- ✓ Results of blood sugar tests (HbA1c) and urine tests
- ✓ Insulin
- ✓ Treatment plan



# Kawasaki Disease



## What do we need to know?

Kawasaki Disease mostly affects young children which causes swelling of the blood vessels throughout the body (necrotizing vasculitis). If detected and treated early, most children recover without permanent damage to the blood vessels.

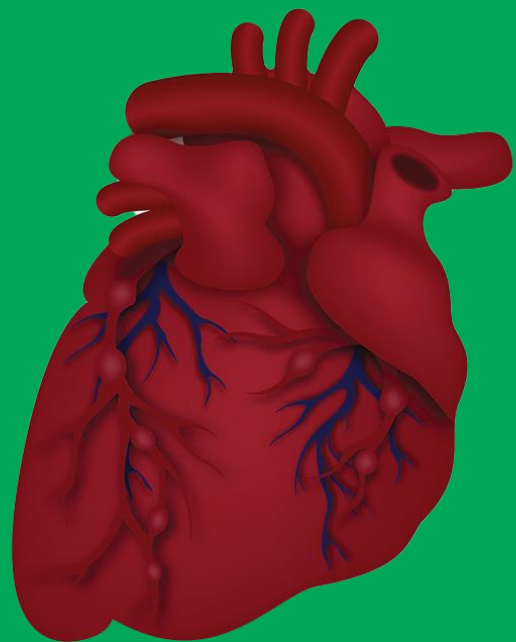


## Why are we concerned?

Although symptoms may just start out mild such as fever, rashes, sore throat, weakness, poor appetite, and swelling of the lymph nodes, Kawasaki Disease is one of the most common causes of acquired heart disease in children.



# Kawasaki Disease



## What is covered?

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Benefits would be payable if all of the following conditions are met:

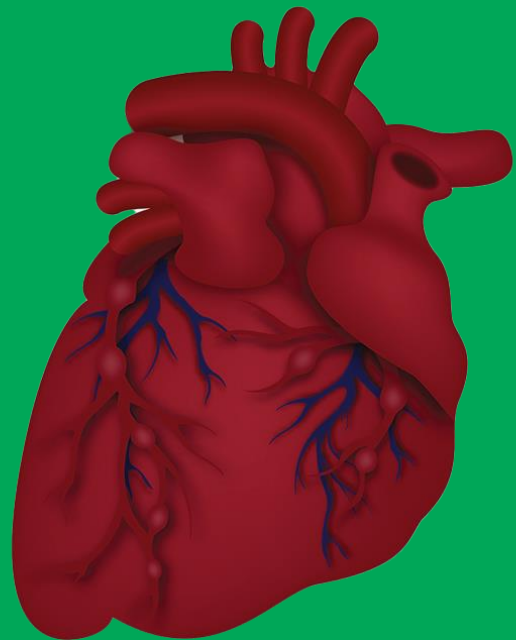
- A final diagnosis of Kawasaki Disease by a cardiologist (medical doctor who treats diseases and conditions of the cardiovascular system (i.e. heart and blood vessels))
- Presence of coronary artery damage due to Kawasaki Disease such as abnormal widening (dilation) or weak bulging area (aneurysm) in one or more coronary arteries with:
  - Abnormal widening of at least six (6) millimeters in diameter; and
  - Damage that lasts for at least six (6) months from the date of initial diagnosis



# Kawasaki Disease

## ✘ What is NOT covered?

Kawasaki Disease with normal coronary arteries (no dilation or aneurysm)

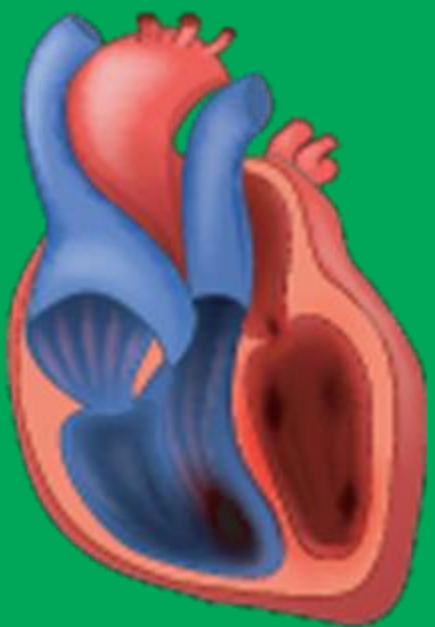


## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/Critical/Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from a cardiologist
- ✓ Results of echocardiogram (ECG), cardiac catheterization, or imaging test of coronary artery damaged



# Rheumatic Fever with Valvular Involvement



## What do we need to know?

Rheumatic Fever (acute rheumatic fever) is a sudden condition where in the immune system attacks the body, thereby causing swelling of the joints, heart, and brain. If rheumatic fever is not treated early, it can eventually lead to rheumatic heart disease which permanently damages the heart valves, which act as one-way door in between the chambers of the heart.



## Why are we concerned?

Any child could get rheumatic fever with heart valve damage, after having a strep throat infection which was not properly treated.



# Rheumatic Fever with Valvular Involvement



## What is covered?

Only rheumatic fever with heart valve damage is covered in the Child CI Benefits as this would eventually require expensive heart valve surgery to prevent life-threatening heart complications.

Benefits would be payable if all of the following conditions are met:

- A final diagnosis of acute rheumatic fever by a pediatrician (medical doctor who treats children) using the revised Jones Criteria, a point system guide used by doctors to diagnose acute rheumatic fever such as presence of strep infection, swelling of joints/heart, fever, rashes, uncontrollable hand/feet movements, etc.
- Presence of heart valve structure or function damaged in one or more heart valves due to rheumatic fever, confirmed by a cardiologist (medical doctor who treats diseases and conditions of the cardiovascular system)



# Rheumatic Fever with Valvular Involvement

## ✘ What is NOT covered?

Rheumatic fever with normal heart valves (no damage in structure and function)

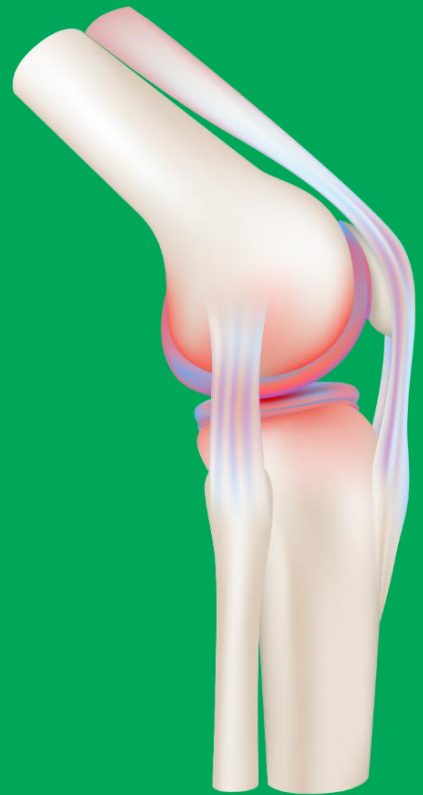


## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from a pediatrician
- ✓ Results of positive strep infection such as throat swab test, blood test
- ✓ Results of echocardiogram (ECG) confirming heart valve damage
- ✓ Medical Certification from a cardiologist indicating one or more heart valve incompetence



# Still's Disease



## What do we need to know?

Still's Disease is also known as juvenile chronic arthritis, which is a rare condition that usually affects children, where the immune system attacks the healthy joints causing inflammation (arthritis), high fever, and salmon-colored (pale red/pink) rash in the trunk, arms, and legs. Continuous inflammation can eventually cause destruction of the joints in many parts of the body.

Only the most severe case of Still's Disease, where destruction of hip or knee joints are extensive and disabling is covered in the Child CI Benefits.

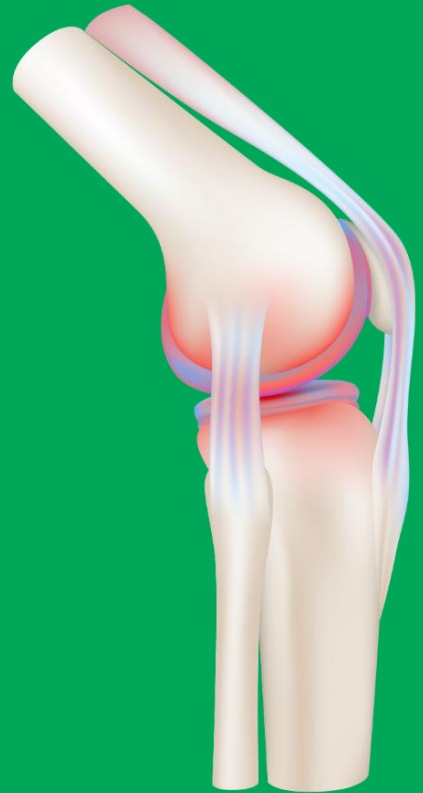


## Why are we concerned?

Still's Disease has no cure, and it cannot be prevented. It can lead to serious destruction of joints if the inflammation is not effectively controlled.



# Still's Disease



## What is covered?

Only the most severe case of Still's Disease, where destruction of hip or knee joints are extensive and disabling is covered in the Child CI Benefits.

Benefits would be payable if all of the following conditions are met:

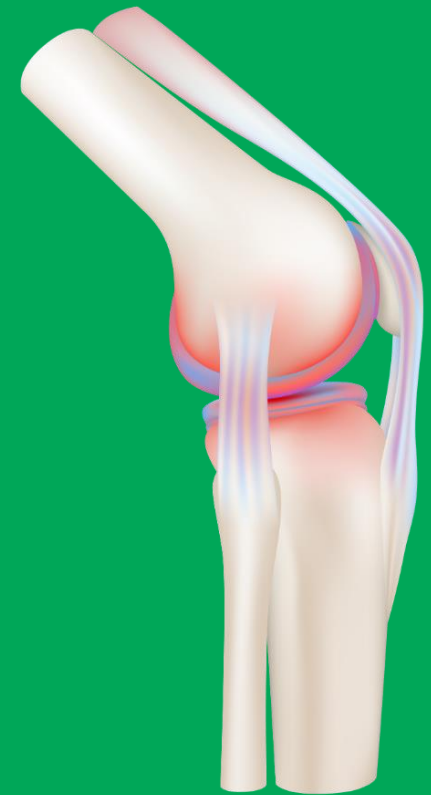
- A final diagnosis of severe Still's Disease by a rheumatologist (medical doctor who specializes in inflammatory (rheumatic) conditions and autoimmune diseases)
- Presence of extensive and disabling destruction of the hip or knee joints requiring hip or knee replacement surgery



# Still's Disease

## ✘ What is NOT covered?

Mild to moderate cases of Still's Disease without destruction of hip or knee joints



## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from a rheumatologist
- ✓ Results of blood tests diagnosing Still's Disease, such as C-Reactive Protein (CRP) Test, Antinuclear Antibodies (ANA), Erythrocyte Sedimentation Rate (ESR), Ferritin test
- ✓ Results of imaging test such as CT scan, MRI scan, X-ray of hip or knee joint



# Severe Asthma



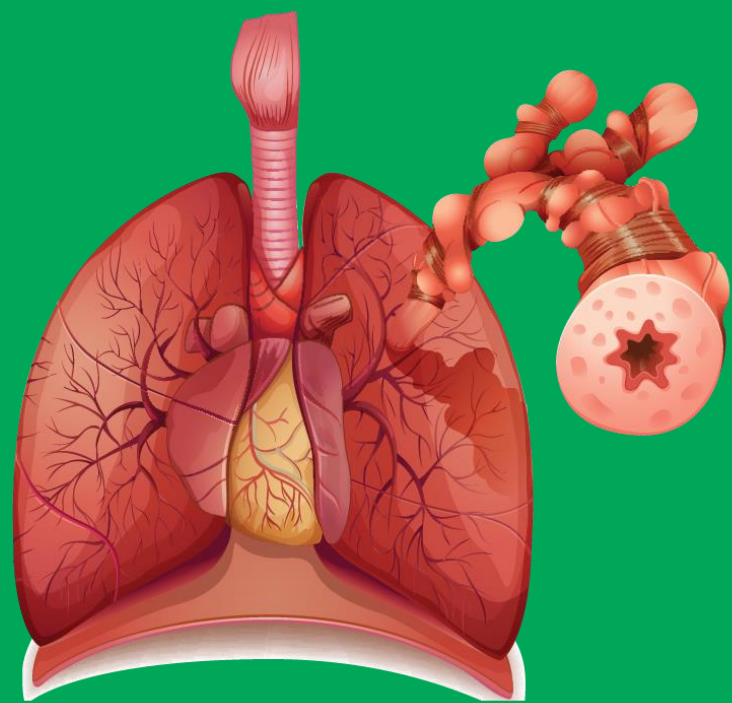
## What do we need to know?

Asthma is one of the most common respiratory conditions among children where the airways in the lungs become inflamed and tightened, obstructing the airway, making it harder for them to breathe, with wheezing, coughing, and shortness of breath symptoms.



## Why are we concerned?

Although asthma can be effectively controlled, it is not curable. Children with severe asthma have increased risk for permanent lung damage and severely limits their normal daily physical abilities.



# Severe Asthma

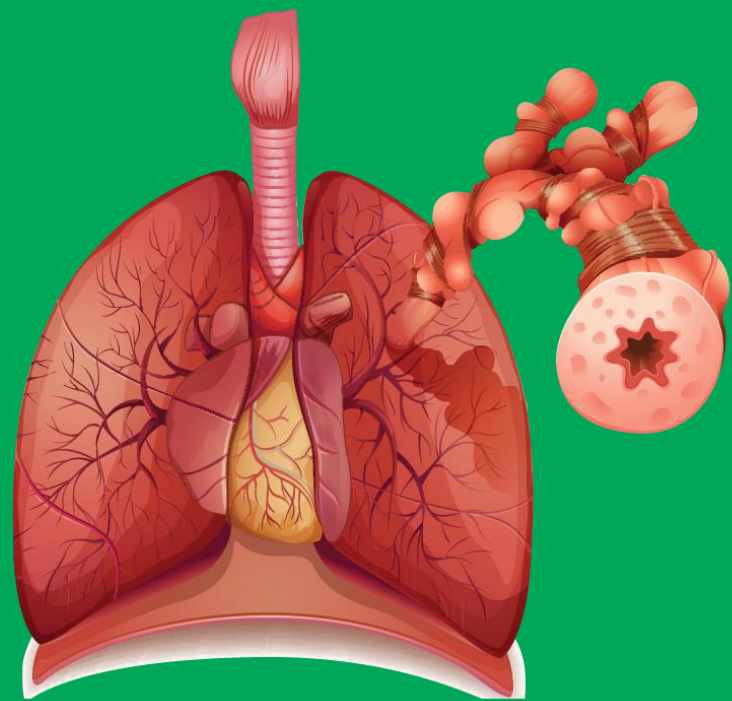


## What is covered?

Only severe asthma with complications as this is a life-threatening condition and at a very high risk for sudden death.

Benefits would be payable if all of the following conditions are met:

- A final diagnosis of severe asthma by a pediatrician (medical doctor who treats children) or pulmonologist (medical doctor who specializes in respiratory conditions)
- Presence of any four of the following severe asthma complications:
  - Occurrence of a severe life-threatening asthma medical emergency (status asthmaticus) in the last two (2) years
  - Significant and continuous limitation in exercise or physical activity
  - Chest deformities such as large bulging chest puffed like a barrel as the air gets trapped in the lungs (hyperinflation)
  - The need for medically prescribed oxygen therapy at home Oral steroids (corticosteroids) are taken every day for a minimum period of at least six (6) months to treat severe asthma that no longer responds to asthma medicines



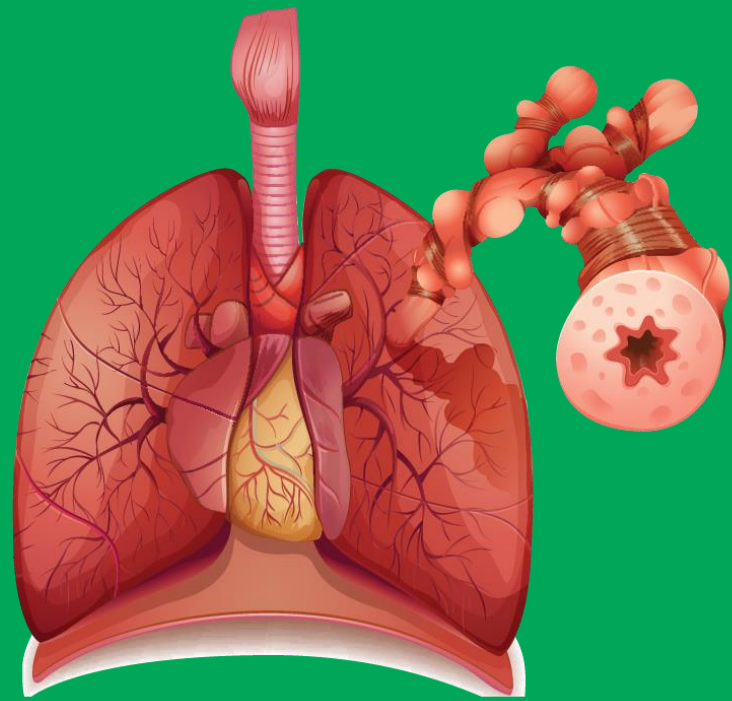
# Severe Asthma

## ✕ What is NOT covered?

Mild to moderate cases of asthma without complications

## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from a pediatrician or pulmonologist
- ✓ Results of imaging test if the Chest such as X-ray or CT scan or MRI scan
- ✓ Asthma Treatment plan / report indicating Oral Steroid and Oxygen therapy for the past 6 months



# Dengue Hemorrhagic Fever



## What do we need to know?

Dengue is caused by a virus carried by infected mosquitoes which is common in tropical countries like in the Philippines. Based on severity and symptoms, there are two types of dengue:

- Non-hemorrhagic fever (mild dengue fever with no internal bleeding)
- Dengue hemorrhagic fever (severe form of dengue with internal bleeding)



## Why are we concerned?

Just a single mosquito bite can lead to Dengue Hemorrhagic Fever which tends to be more severe and fatal among children.



# Dengue Hemorrhagic Fever



## What is covered?

Only severe case of Dengue Hemorrhagic Fever is covered in the Child CI Benefits as this is a life-threatening condition if not treated in time.

Benefits would be payable if all of the following conditions are met:

- A final diagnosis of severe case of dengue hemorrhagic fever by a doctor
- Presence of any of the following severe dengue hemorrhagic fever symptoms:
  - Excessive bleeding such as gum/nose bleeding, blood in the stools, vomiting blood, very low platelet count (hemorrhagic phenomena)
  - Increase in the size of liver (hepatomegaly)
  - Significant drop in blood pressure, weak pulse, collapse of organs, difficulty of breathing, shock (circulatory failure)



# Dengue Hemorrhagic Fever



## What is NOT covered?

- Non-hemorrhagic Dengue Fever (dengue fever with no internal bleeding)



## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from the attending physician
- ✓ Latest Discharge summary or clinical abstract or medical abstract of the confinement
- ✓ Results of blood test such as platelet count
- ✓ Results of Abdominal Ultrasound indicating Hepatomegaly (increased liver size)



# Autism



## What do we need to know?

Autism, which is now called the Autism Spectrum Disorder (ASD) means a wide variety of types and symptoms related to brain development which is often detected during early childhood with difficulties in these three (3) common areas: social interaction, communication, and behavior.



## Why are we concerned?

Although there's no cure for autism, treatments used to manage it, such as therapies, doctor's check-ups, special education, and medical care, are very expensive and can bring additional unexpected costs to the family.



# Autism



## What is covered?

Only severe types of autism are covered as they may become severely disabled over time, if left untreated.

In order for a severe autism to be covered, a child must meet all three (3) common areas of difficulty, with a total of six (6) manifestations based on the criteria below:

- (a) Difficulty in social interaction - must meet at least two (2) of the following:
  1. Problems in non-verbal communication – inability to interact non-verbally such as little or no eye contact and difficulties in understanding facial expressions, body language, and hand gestures



# Autism



## What is covered?

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2. Problems in developing peer relationships – struggle in making friends; only wants to play by themselves; prefers to be alone.
3. No interest in peer relationships – inability to share enjoyment, interests or achievements with other people.
4. Lack of social or emotional reciprocity – inability to initiate or respond in social interactions, including back and forth conversation.



# Autism



## What is covered?

(b) Difficulty in communication - must meet at least one (1) of the following:

1. Lack or delay in development of spoken language – very limited speaking skills with no attempts to use other modes of communication such as gestures or mime.
2. Poor interest to initiate or sustain conversation with other people – for some autistic children that may have adequate speech, they are not able to carry or sustain a two-way conversation.
3. Use repetitive, stereotyped, idiosyncratic language – repeating syllables, words, or phrases, made-up words or expressions, skipping words, cluttered speech.
4. Very limited play skills (lack of varied, spontaneous make-believe play or social imitative play).



# Autism



## What is covered?

(c) Difficulty in behavior, interests, and activities - must meet at least one (1) of the following:

1. Very narrowed fields of interest (all-encompassing preoccupation) that are restricted, repetitive, stereotyped that is abnormally intense and obsessive – e.g. non-stop talking about an interest or repeatedly asking questions about it
2. Rigid routines (inflexible adherence to routines) – follows strict routines, dislikes changes to routines, mood swings if things do not happen the same way (compulsive-like behavior)
3. Stereotyped and repetitive mannerisms – e.g. hand or finger flapping or twisting, snapping fingers, rocking the body, tip-toe walking, rubbing a particular object, or complex body movements
4. Persistent preoccupation with parts of objects rather than the whole object – e.g., fascinated with the spinning of a wheel but does not play with the whole car



# Autism



## What is covered?

(d) **Plus, two (2) other manifestations from any points (a), (b), (c) have to be met:**

- A final diagnosis of severe case of autism by a pediatric psychiatrist (medical doctor who specializes in children's behavior, thinking, and feeling)
- Requiring psychosocial interventions, special education, and/or behavior therapy
- Continuous treatment for at least a period of six (6) months from the date of diagnosis



# Autism



## ✘ What is NOT covered?

- Asperger's syndrome – high functioning form of Autism Spectrum Disorder, with average or above average intelligence but with some difficulty in communicating and interacting with other people. This is not covered in the Child CI Benefit because children with this condition often lead a full and independent life.
- Atypical autism – may have some mild symptoms of autism but is called 'atypical' because the symptoms are not enough to meet the required criteria for autism. This is not covered in the Child CI Benefit because with early treatment, they can still function better than those with typical autism.
- Attention-deficit Hyperactivity Disorder (ADHD) is not autism.

# Autism

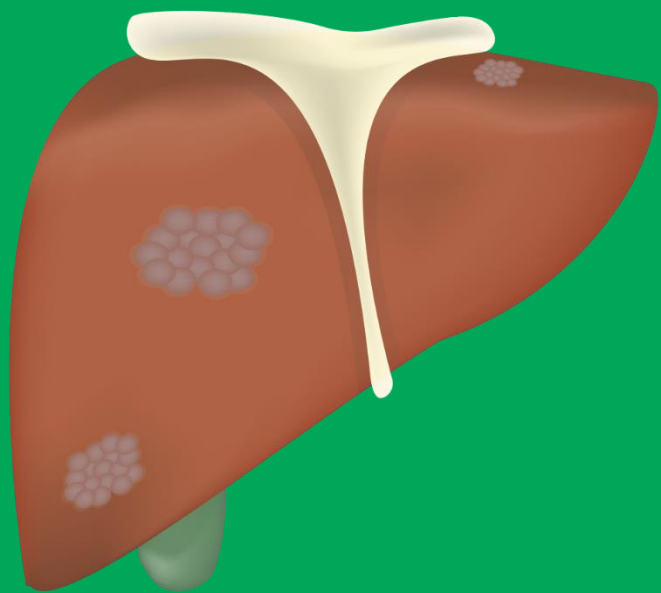


## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from the pediatric psychiatrist
- ✓ Reports from the occupational therapist, speech and language therapist, etc.
- ✓ Special education student's progress reports



# Wilson's Disease



## What do we need to know?

Copper is a mineral we get from food that makes our nerves, brain, and bones healthy, and is normally excreted from the body. Children with Wilson's Disease, which is a rare disorder where copper is not being properly eliminated, develop an excessive buildup of copper in the liver and brain (copper toxicity) which can eventually cause potentially fatal destruction or damage if left untreated.



## Why are we concerned?

Wilson's Disease is an inherited disorder (high risk for those with family members who also have Wilson's Disease). It may be present at birth, but symptoms may develop over time and are only detected at a life-threatening stage.



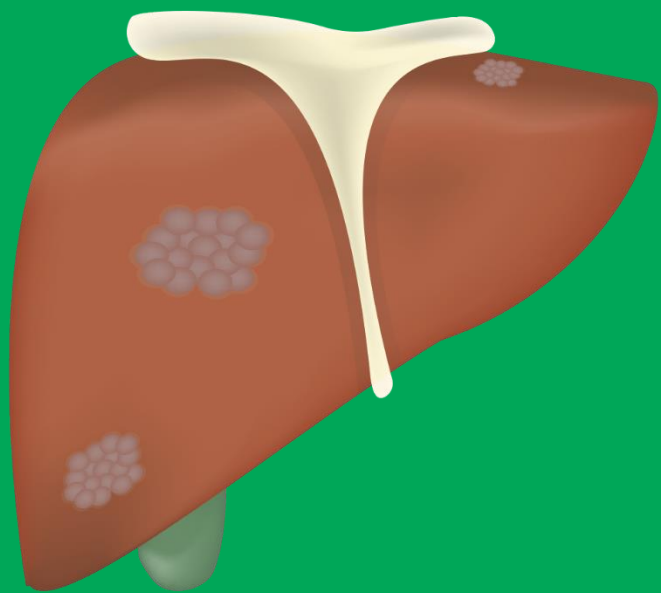
# Wilson's Disease



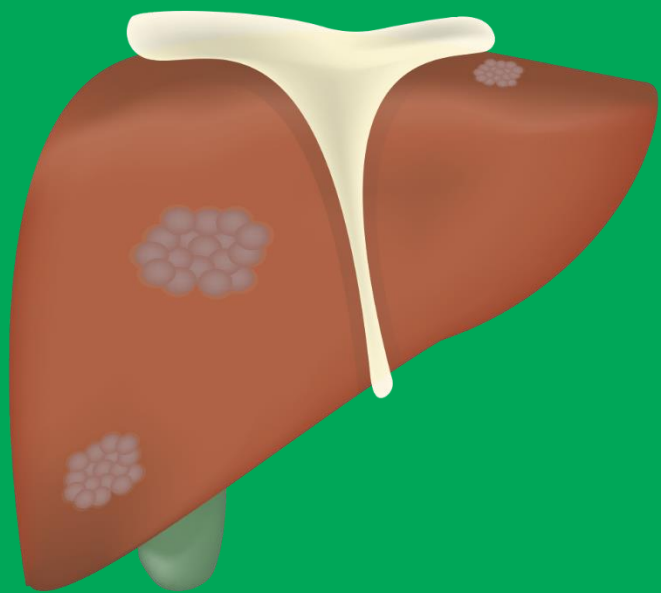
## What is covered?

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- A final diagnosis of Wilson's Disease by a pediatric doctor
- Presence of progressive liver disease such as scarring of the liver (cirrhosis), elevation of liver enzymes, prolonged yellowing of the skin/eyes (jaundice)
- Presence of neurological difficulties such as uncontrolled movements, muscle stiffness, hand tremors, speech difficulties



# Wilson's Disease



## What are the requirements needed?

- ✓ Claimant's Statement for Major Disease/ Critical/ Terminal Illness (Form no. MP CL CSMDCTI)
- ✓ Attending Physician's Statement for Major Disease Critical Illness – Others (Form name APS - Others) from the attending physician
- ✓ Latest Discharge summary or clinical abstract or medical abstract of the confinement
- ✓ Results of copper levels in blood and urine tests
- ✓ Results of imaging test such as CT scan, MRI scan of the liver and/or brain



# About Manulife

Manulife Financial Corporation is a leading international financial services provider, helping 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 2022, we had more than 40,000 employees, over 116,000 agents, and thousands of distribution partners, serving over 34 million customers. We trade as 'MFC' on the , 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](http://manulife.com).

# About Manulife Philippines

The Manufacturers Life Insurance Company opened its doors for business in the Philippines in 1907. Since then, Manulife's Philippine Branch and later The Manufacturers Life Insurance Co. (Phils.), Inc. (Manulife Philippines) has grown to become one of the leading life insurance companies in the country. Manulife Philippines is a wholly-owned domestic subsidiary of Manulife Financial Corporation, among the world's largest life insurance companies by market capitalization. Learn more about Manulife Philippines by visiting their website [www.manulife.com.ph](http://www.manulife.com.ph) and following them on Facebook ([www.facebook.com/ ManulifePH](http://www.facebook.com/ManulifePH)), and Instagram (@manulifeph).

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