

Health and Dental Plans

| The Base Plan is guaranteed issue. No medical underwriting required at the time of application. | | Base Plan | Bronze Plan | Silver Plan | Gold Plan |
|--|---|--|---|---|--|
| Prescription Drugs† | Generic vs brand-name coverage | Generic | Generic | Generic | Brand-name |
| | Shared dispensing fee (Not applicable in Quebec) | \$6.50 maximum | \$6.50 maximum | \$7.50 maximum | Covered |
| | Birth control | Covered | Covered | Covered | Covered |
| | Fertility Drugs | Not covered | Not covered | Covered | Covered |
| | Reimbursement on first amount per year†† | 70% of first \$750 | 70% of first \$500 | 70% of first \$500 | 90% of first \$2,222 |
| | Reimbursement on next amount per year†† | None | 80% of next \$2,500 | 100% of next \$4,650 | 100% of next \$8,000 |
| | Maximum per year†† | \$525 | \$2,350 | \$5,000 | \$10,000 |
| Dental Services‡ | Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services | 70% | 70% | 80% | 80% |
| | Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services | 70% | 70% | 80% | 80% |
| | Reimbursement on crowns, bridges, dentures and orthodontics | Not covered | Not covered | Not covered | Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years) |
| | Combined anniversary year maximums | \$400 per year | \$500 per year | Year 1: \$600; Year 2 & beyond: \$900 | Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500 |
| | Recall visits | 9 months | 9 months | 9 months | 6 months |
| Hospital Benefits | Type of accommodation* | n/a | n/a | Semi-private only | Semi-private & private |
| | Maximum charge per day | n/a | n/a | \$150 | \$200 |
| | Reimbursement per anniversary year | n/a | n/a | 100% of first 30 days; 50% of next 100 days | 100% for complete year |
| | Cash benefit in lieu of accommodation (Not applicable in Quebec) | n/a | n/a | \$25 payable starting on the 4th day (\$750 maximum) | \$50 payable starting on the 1st day (\$3,000 maximum) |
| Travel Coverage (to age 65) | Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length | 5 days | 9 days | 17 days | 30 days |
| Core Benefits** | | Base Plan | Bronze Plan | Silver Plan | Gold Plan |
| Registered Specialists & Therapists** | Maximum claims paid | \$300 per specialist/therapist | 80% to a maximum of \$450 per specialist/therapist | 90% to a maximum of \$600 per specialist/therapist | \$1,500 combined |
| | Per visit maximum | \$20 | n/a | n/a | n/a |
| | Chiropractic X-rays | \$35 per year | \$35 per year | \$35 per year | \$35 per year |
| Registered Psychologist or Psychotherapist | Maximum per first visit | \$80 | \$80 | \$80 | \$80 |
| | Maximum per subsequent visit | \$65 | \$65 | \$65 | \$65 |
| | Maximum visits per anniversary year | 10 | 10 | 12 | 15 |
| Registered Speech Therapist | Maximum per first visit | \$65 | \$65 | \$65 | \$65 |
| | Maximum per subsequent visit | \$45 | \$45 | \$45 | \$45 |
| | Maximum visits per anniversary year | 10 | 10 | 12 | 15 |
| Vision | | \$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years | \$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years | \$150 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years | \$250 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years |
| Homecare & Nursing, Prosthetic Appliances, and Durable Medical Equipment | For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: | Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$2,000; Year 5+: \$2,500 | \$2,500 per year | \$3,500 per year | \$8,500 per year (combined maximum) |
| Custom-made Orthotics | | \$225 | \$225 | \$225 | \$225 |
| Accidental Death and Dismemberment | Per adult under 65 | \$10,000 | \$12,500 | \$25,000 | \$50,000 |
| | Per child or adult 65 and older | \$4,000 | \$5,000 | \$10,000 | \$20,000 |
| Accidental Dental | | \$2,000 per year | \$2,000 per year | \$2,500 per year | \$3,000 per year |
| Hearing Aids | | \$300 per 4-year period | \$300 per 4-year period | \$400 per 4-year period | \$500 per 4-year period |
| Lifeline® Personal Response Service*** | | 3 months per lifetime | 3 months per lifetime | 6 months per lifetime | 6 months per 3-year period |
| Health Service Navigator**** | | Included | Included | Included | Included |
| Ambulance Services | | Unlimited ground and air transportation | Unlimited ground and air transportation | Unlimited ground and air transportation | Unlimited ground and air transportation |
| Survivor Benefit | | Available 1 year after policy effective date | Covered | Covered | Covered |
| Lifetime Maximum | | \$100,000 | \$250,000 | \$350,000 | \$350,000 |
| Quebec only: Diagnostic Services (Annual maximums) | | CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category | | | |

Dental Plans (Prescription drugs not included)

| All four Dental Plans are guaranteed issue. No medical underwriting required at the time of application. | | Base Dental Plan | Bronze Dental Plan | Silver Dental Plan | Gold Dental Plan |
|---|--|--|--------------------------------------|--|--|
| Dental Services† | Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services | Year 1: 50%; Year 2 & beyond: 70% | Year 1: 50%; Year 2 & beyond: 70% | Year 1: 60%; Year 2 & beyond: 80% | Year 1: 60%; Year 2 & beyond: 80% |
| | Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services | Year 1: 50%; Year 2 & beyond: 70% | Year 1: 50%; Year 2 & beyond: 70% | Year 1: 60%; Year 2 & beyond: 80% | Year 1: 60%; Year 2 & beyond: 80% |
| | Reimbursement on crowns, bridges, dentures and orthodontics | Not covered | Not covered | Not covered | Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years) |
| | Combined anniversary year maximums | \$400 per year | \$500 per year | Year 1: \$600; Year 2 & beyond: \$900 | Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500 |
| Recall visits | 9 months | 9 months | 9 months | 6 months | |
| Core Benefits** | | | | | |
| Registered Specialists & Therapists** | Maximum claims paid | \$300 per specialist/therapist | | | |
| | Per visit maximum | \$20 | | | |
| | Chiropractic X-rays | \$35 per year | | | |
| Registered Psychologist or Psychotherapist | Maximum per first visit | \$80 | | | |
| | Maximum per subsequent visit | \$65 | | | |
| | Maximum visits per anniversary year | 10 | | | |
| Registered Speech Therapist | Maximum per first visit | \$65 | | | |
| | Maximum per subsequent visit | \$45 | | | |
| | Maximum visits per anniversary year | 10 | | | |
| Vision | \$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years | | | | |
| Homecare & Nursing, Prosthetic Appliances, and Durable Medical Equipment | For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: | Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$2,000; Year 5+: \$2,500 | | | |
| Custom-made Orthotics | \$225 | | | | |
| Accidental Death and Dismemberment | \$10,000 per adult under 65; \$4,000 per child or adult 65 and over | | | | |
| Accidental Dental | \$2,000 per year | | | | |
| Hearing Aids | \$300 per 4-year period | | | | |
| Lifeline® Personal Response Service*** | 3 months per lifetime | | | | |
| Health Service Navigator**** | Included | | | | |
| Ambulance Services | Unlimited ground and air transportation | | | | |
| Survivor Benefit | Available 1 year after policy effective date | | | | |
| Lifetime Maximum | \$100,000 | | | | |
| Quebec only: Diagnostic Services (Annual maximums) | CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category | | | | |

All references to "year" refer to Anniversary Year. When it relates to Hearing Aids and Vision benefits, year refers to Benefit Year. Anniversary Year refers to the consecutive 12-month period following the effective date of your policy, and each 12-month period thereafter. Benefit Year refers to the consecutive 12-month period following the date a claim for a specific benefit is first incurred under your policy. Calendar Year means the 12-month period commencing January 1 and ending December 31.

† Prescription drug coverage applies to costs not covered by your provincial/territorial prescription drug insurance plan, up to the maximums stated above.

‡ Prescription drug coverage is based on Calendar Year for residents of British Columbia, Saskatchewan and Quebec. For all other provinces, coverage is based on Anniversary Year.

Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product. Please note: Not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent, if applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan. Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details.

‡ Note: If applicable, dental coverage begins at the age when dental coverage under your government health insurance plan coverage ends.

‡ Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.

* Manulife cannot guarantee the availability of semi-private and/or private accommodation.

** Registered specialists and therapists include acupuncturists, chiropractors, dietitians, osteopaths, podiatrists, naturopaths, chiropractors, massage therapists, physiotherapists, psychologists, psychotherapists and speech therapists.

*** Manulife cannot guarantee the availability of this benefit indefinitely.

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