

# The Choice is Yours

There are eight plans to choose from...

## Four Health & Dental plans

Base Health & Dental Plan	Bronze Health & Dental Plan	Silver Health & Dental Plan	Gold Health & Dental Plan
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A selection of four Health & Dental plans offers increasing levels of comprehensive coverage for Prescription Drugs and Dental Services in addition to Core Benefits such as Vision Care, Accidental Death and Dismemberment, Hospital benefits, Registered Specialists and Therapists, Homecare and Nursing, Accidental Dental, and much more. (Please review the comparison chart for details on coverage and amounts.)

## And four Dental plans

Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
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The Base Dental, Bronze Dental, Silver Dental and Gold Dental plans provide a range of coverage for Dental Services. Each of the Dental plans also includes the Base Core Benefits like Vision Care, Extended Health Care, Homecare and Nursing, Accidental Dental, and more. And completion of a medical questionnaire is not required. (Please see reverse panel and the comparison chart for more details.)

\* 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.

# Now You Can Choose Dental Coverage Only

Select the dental option that's right for you.

Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
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All Dental Plans include the following **Core Benefits provided in the Base Plan\***:

- Vision Care
- Accidental Death and Dismemberment
- Survivor Benefit
- Registered Specialists and Therapists
- Lifeline Response Service
- Homecare and Nursing
- Prosthetic Appliances and Durable Medical Equipment
- Hearing Aids
- Ambulance Services
- Accidental Dental
- Best Doctors® Solutions Services

\* Please refer to Base Plans in charts on pages 4 and 9 for coverage amount details.

**No medical underwriting is required if choosing any of these dental plans.**

# Compare the Base, Bronze, Silver & Gold Plans

	Base Plans Medical Questionnaire NOT required.	Bronze Plans Medical Questionnaire required.	Silver Plans Medical Questionnaire required.	Gold Plans Medical Questionnaire required.
<b>Dental Services</b> Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence. <ul style="list-style-type: none"> <li>• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services</li> <li>• Reimbursement on extensive services including endodontics, periodontics and denture services</li> <li>• Reimbursement on crowns, bridges, dentures and orthodontics</li> <li>• Anniversary year maximums</li> </ul>	<i>Health &amp; Dental Plans and Dental (only) Plans provide different levels of dental coverage in Year 1</i>			
<ul style="list-style-type: none"> <li>• Recall visits</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• Health &amp; Dental Plan - 70%</li> <li>• Dental Plan - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Health &amp; Dental Plan - 70%</li> <li>• Dental Plan - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Not covered</li> <li>• \$245 per year</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• Health &amp; Dental Plan - 70%</li> <li>• Dental Plan - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Health &amp; Dental Plan - 70%</li> <li>• Dental Plan - Year 1: 50%; Year 2 and beyond: 70%</li> <li>• Not covered</li> <li>• \$500 per year</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• Health &amp; Dental Plan - 80%</li> <li>• Dental Plan - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Health &amp; Dental Plan - 80%</li> <li>• Dental Plan - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Not covered</li> <li>• Year 1: \$500; Year 2 and beyond: \$800</li> </ul>	Dental reimbursement for: <ul style="list-style-type: none"> <li>• Health &amp; Dental Plan - 80%</li> <li>• Dental Plan - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Health &amp; Dental Plan - 80%</li> <li>• Dental Plan - Year 1: 60%; Year 2 and beyond: 80%</li> <li>• Year 1 &amp; 2: 0%; Year 3 and beyond: 60%</li> <li>• Year 1: \$500; Year 2: \$800; Year 3: \$1,200; Year 4: \$1,200; Year 5 and beyond: \$1,500</li> </ul>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>• Generic* vs Brand-Name coverage</li> <li>• Shared Dispensing Fee</li> <li>• Birth control and fertility drugs</li> <li>• Reimbursement on first amount per anniversary year</li> <li>• Reimbursement on next amount per anniversary year</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$6.50 maximum</li> <li>• Not covered</li> <li>• 70% on first \$350</li> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$6.50 maximum</li> <li>• Not covered</li> <li>• 70% on first \$500</li> <li>• 80% on next \$2,500</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• \$7.50 maximum</li> <li>• Covered</li> <li>• 70% on first \$500</li> <li>• 100% on next \$3,500</li> </ul>	<ul style="list-style-type: none"> <li>• Brand-name</li> <li>• Covered</li> <li>• Covered</li> <li>• 80% on first \$500</li> <li>• 100% on next \$4,500</li> </ul>
<b>Core Benefits</b> <b>Vision Care</b> – covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 per 2 years plus \$30 for Optometrist visits</li> </ul>
<b>Hospital Benefits</b> – preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation. <ul style="list-style-type: none"> <li>• Type of accommodation</li> <li>• Maximum charge per day</li> <li>• Reimbursement per anniversary year</li> <li>• Cash benefit in lieu of accommodation               <ul style="list-style-type: none"> <li>– Per day</li> <li>– Maximum</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private only</li> <li>• \$150</li> <li>• 100% on first 30; 50% on next 100 days</li> <li>• \$25 payable starting on the fourth day</li> <li>• \$750</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private &amp; private</li> <li>• \$200</li> <li>• 100% for complete year</li> <li>• \$50 payable starting on the first day</li> <li>• \$3,000</li> </ul>
<b>Accidental Death and Dismemberment</b> – Payment for loss directly resulting from accidental bodily injury, including loss of life, where the loss occurs within a year of the date of the accident	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$12,500 per adult</li> <li>• \$5,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$25,000 per adult</li> <li>• \$10,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000 per adult</li> <li>• \$20,000 per child or senior over 65</li> </ul>
<b>Travel Coverage (to age 65)</b> – Covers emergency hospital/medical expenses while travelling outside your province or territory of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$1,000,000 per trip. <ul style="list-style-type: none"> <li>• Number of trips per year</li> <li>• Maximum trip length</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 9 days</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 17 days</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited</li> <li>• 30 days</li> </ul>
<b>Survivor Benefit</b> – provides continuous coverage for 1 year, following the death of an adult insured.	<ul style="list-style-type: none"> <li>• Available 1 year after policy effective date</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

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 each successive 12 month period following the effective date of your policy.

**Benefit Year** refers to each successive 12 month period following the date a claim for a specific benefit is first incurred under your policy.

	Base Plans Medical Questionnaire NOT required.	Bronze Plans Medical Questionnaire required.	Silver Plans Medical Questionnaire required.	Gold Plans Medical Questionnaire required.
<b>Core Benefits</b> <i>continued</i> <b>Extended Health Care:</b> <b>Registered Specialists and Therapists</b> – includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrist, Naturopaths, Chiroprodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists. <b>Registered Specialists and Therapists**</b> <ul style="list-style-type: none"> <li>• Maximum claims paid</li> <li>• Per visit maximum</li> <li>• Chiropractic x-rays</li> </ul> <b>Psychologist</b> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul> <b>Speech Therapist</b> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$300 per specialist/therapist</li> <li>• \$20</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$300 per specialist/therapist</li> <li>• \$20</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$450 per specialist/therapist</li> <li>• \$25</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 12</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 12</li> </ul>	<ul style="list-style-type: none"> <li>• \$600 combined</li> <li>• Unlimited</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 15</li> </ul> <ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 15</li> </ul>
<b>Lifeline® Response Service</b> – Provides 24-hour monitoring service for people coping with medical problems at home.	• 3 months per lifetime	• 3 months per lifetime	• 6 months per lifetime	• 6 months per 3 year period
<b>Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment</b> – Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheel-chairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife Financial. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; 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</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Homecare &amp; Nursing: \$2,500 per year</li> <li>• Prosthetic Appliances: \$2,500 per year</li> <li>• Durable Medical Equipment: \$2,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Homecare &amp; Nursing: \$3,500 per year</li> <li>• Prosthetic Appliances: \$3,500 per year</li> <li>• Durable Medical Equipment: \$3,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Combined maximum for Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment: \$8,500 per year</li> <li>• Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</li> </ul>
<b>Hearing Aids</b> – Covers the cost to purchase and/or repair up to the allowed maximum.	• \$300 per 4 year period	• \$300 per 4 year period	• \$400 per 4 year period	• \$500 per 4 year period
<b>Ambulance Services</b> – Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• \$4,000 maximum air ambulance</li> </ul>
<b>Accidental Dental</b> – Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90 day period following the accident.	• \$2,000 per year	• \$2,000 per year	• \$2,500 per year	• \$3,000 per year
<b>Best Doctors® Solutions Services</b> – Upon diagnosis of a serious illness or injury, you can receive an evaluation of your medical records by world-class specialists who confirm the initial diagnosis and recommend appropriate treatment options. This fast, yet indepth review can reduce potentially serious complications from a misdiagnosis and help your local physician determine the proper course of action. In addition to medical advice, Best Doctors provides the following services: treatment planning, identification of the most appropriate care provider, and care management.	• Covered	• Covered	• Covered	• Covered
<b>Lifetime Maximum</b>	• \$50,000	• \$100,000	• \$250,000	• \$250,000

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

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 each successive 12 month period following the effective date of your policy.  
**Benefit Year** refers to each successive 12 month period following the date a claim for a specific benefit is first incurred under your policy.