


Plan Comparison Please note: All plans include core benefits.

Core Benefits	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™ Basic	DrugPlus™ Enhanced	ComboPlus™ Starter	ComboPlus™ Basic	ComboPlus™ Enhanced							
<p>Vision (Basic), Chiropractor, Chiropracist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Psychologist, Psychotherapist, Speech Pathologist/Therapist, Physiotherapist, Homecare and Nursing, Prosthetic Appliances, Durable Medical Equipment, Health Service Navigator®**, Preferred Vision and Hearing Services (PVS)**, Accidental Dental, Ambulance, Hearing Aid, Emergency Travel Health Coverage, Accidental Death and Dismemberment, Survivor Benefits.</p> <p>Extended Health Care (EHC) Lifetime maximum \$250,000</p>	<p>Ongoing Maintenance 9-month recall Total benefits payable: Year 1: 50% of first \$1,150 <i>Total payable per anniversary year in year 1: \$575</i> Year 2 and beyond: 80% of first \$400; 50% of next \$860 <i>Total payable per anniversary year in year 2+: \$750</i></p> <p>DentalPlus Basic and Enhanced have an escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> <p><i>No medical questionnaire required when applying for coverage.</i></p>	<p>Ongoing Maintenance 6-month recall Total benefits payable: Year 1: 70% of first \$1,200 <i>Total payable per anniversary year in year 1: \$840</i> Year 2 and beyond: 100% of first \$500; 60% of next \$700 <i>Total payable per anniversary year in year 2+: \$920</i></p> <p>Combined maximum of \$1,250/3-year period for:</p> <ul style="list-style-type: none"> • Oral Surgery, Endodontics, Periodontics Year 1: 0%; Year 2: 60% Year 3 and beyond: 80% • Major Restorative First 2 years: 0% Year 3 and beyond: 60% <p><i>No medical questionnaire required when applying for coverage.</i></p>	<p>Generic Drug Plan 70% of first \$750 90% of next \$4,972 Total benefits payable per year: \$5,000 Full coverage of reasonable and customary dispensing fees* Exclusions – smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription</p>	<p>Brand-Name Drug Plan 90% of first \$2,222 100% of next \$8,000 Total benefits payable per year: \$10,000 Brand-name or generic drugs, including birth control and fertility drugs Full coverage of reasonable and customary dispensing fees* Exclusions – smoking cessation drugs, over-the-counter drugs, erectile dysfunction drugs and drugs not requiring a prescription</p>	<p>DENTAL: Ongoing Maintenance 9-month recall 70% of first \$575 <i>Total benefits payable per year: \$400</i></p> <p>PRESCRIPTION DRUGS: Generic Drug Plan 70% of first \$750 Dispensing Fee Cap: \$6.50* <i>Total benefits payable per year: \$525</i></p> <p>Escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> <p><i>No medical questionnaire required when applying for coverage.</i></p>	<p>DENTAL: Ongoing Maintenance 9-month recall 80% of first \$400 50% of next \$860 <i>Total benefits payable per year: \$750</i></p> <p>PRESCRIPTION DRUGS: Coverage as outlined in DrugPlus Basic</p>	<p>DENTAL: Ongoing Maintenance 6-month recall 100% of first \$500 60% of next \$700 <i>Total benefits payable per year: \$920</i></p> <p>Combined maximum year 1: \$400 and combined maximum of \$1,250/3 years:</p> <ul style="list-style-type: none"> • Oral Surgery, Endodontics, Periodontics Year 1 & 2: 60% Year 3 and beyond: 80% • Major Restorative Year 1 & 2: 0% Year 3 and beyond: 60% <p>PRESCRIPTION DRUGS: Coverage as outlined in DrugPlus Enhanced</p>							
AGES: Single Adults	DentalPlus™ Basic		DentalPlus™ Enhanced		DrugPlus™ Basic		DrugPlus™ Enhanced		ComboPlus™ Starter		ComboPlus™ Basic		ComboPlus™ Enhanced	
	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus
< 45	\$78.20	\$70.30	\$122.70	\$104.20	\$59.20	\$48.70	\$85.80	\$67.20	\$75.10	\$62.80	\$87.20	\$70.20	\$141.50	\$109.40
45 – 54	\$82.30	\$73.20	\$146.40	\$123.80	\$67.30	\$52.50	\$88.70	\$67.70	\$89.50	\$72.60	\$107.70	\$83.80	\$170.10	\$130.70
55 – 59	\$83.00	\$75.20	\$149.50	\$127.30	\$76.60	\$57.80	\$98.20	\$72.00	\$94.80	\$75.70	\$112.60	\$85.60	\$181.50	\$136.80
60 – 64	\$86.10	\$77.90	\$151.80	\$128.60	\$83.40	\$62.40	\$107.90	\$79.30	\$100.00	\$79.90	\$120.60	\$90.70	\$189.40	\$141.80
65 – 69	n/a	\$75.90	n/a	\$122.30	n/a	\$60.40	n/a	\$77.90	n/a	\$88.50	n/a	\$91.10	n/a	\$137.00
70 – 79	n/a	\$77.50	n/a	\$120.10	n/a	\$74.30	n/a	\$92.90	n/a	\$104.50	n/a	\$105.00	n/a	\$146.30
80 – 89	n/a	\$80.40	n/a	\$117.50	n/a	\$88.60	n/a	\$114.80	n/a	\$119.50	n/a	\$114.80	n/a	\$157.70
90+	n/a	\$110.30	n/a	\$133.30	n/a	\$131.10	n/a	\$163.70	n/a	\$159.30	n/a	\$153.10	n/a	\$176.10
Couples – Per Adult														
< 45	\$64.50	\$57.10	\$103.20	\$86.90	\$49.00	\$38.40	\$72.70	\$55.20	\$64.10	\$52.10	\$75.70	\$59.80	\$128.00	\$96.80
45 – 54	\$67.70	\$59.80	\$124.10	\$103.80	\$57.20	\$43.00	\$75.90	\$56.30	\$77.30	\$61.20	\$94.90	\$72.20	\$155.10	\$117.60
55 – 59	\$69.20	\$62.00	\$127.60	\$107.00	\$65.80	\$47.40	\$85.10	\$60.70	\$82.50	\$63.90	\$99.70	\$73.60	\$165.90	\$123.00
60 – 64	\$72.00	\$64.30	\$129.10	\$108.60	\$72.30	\$52.20	\$94.10	\$67.40	\$87.30	\$68.20	\$107.10	\$78.80	\$174.00	\$128.30
65 – 69	n/a	\$61.80	n/a	\$102.50	n/a	\$49.90	n/a	\$64.90	n/a	\$75.70	n/a	\$78.80	n/a	\$123.50
70 – 79	n/a	\$63.20	n/a	\$100.30	n/a	\$63.20	n/a	\$80.00	n/a	\$91.10	n/a	\$92.00	n/a	\$132.00
80 – 89	n/a	\$66.20	n/a	\$98.00	n/a	\$77.30	n/a	\$100.50	n/a	\$105.40	n/a	\$101.80	n/a	\$143.50
90+	n/a	\$94.00	n/a	\$112.40	n/a	\$118.30	n/a	\$146.30	n/a	\$144.30	n/a	\$138.20	n/a	\$161.00
1-2 Children – Per Child														
< 5	\$22.90	\$20.20	\$25.10	\$19.90	\$26.30	\$17.20	\$36.30	\$23.00	\$31.10	\$23.40	\$33.10	\$22.90	\$42.20	\$26.10
5 – 20	\$38.70	\$33.40	\$75.60	\$63.60	\$21.50	\$16.90	\$27.30	\$20.40	\$37.40	\$30.20	\$43.60	\$33.80	\$79.80	\$63.70
3+ Children – Per Child														
< 5	\$20.40	\$18.20	\$22.40	\$17.80	\$23.70	\$16.00	\$32.80	\$20.90	\$28.00	\$21.10	\$29.90	\$20.60	\$37.80	\$23.10
5 – 20	\$34.80	\$30.30	\$68.10	\$57.70	\$19.40	\$14.90	\$24.80	\$18.20	\$33.40	\$26.80	\$38.80	\$30.50	\$72.00	\$56.90
Seniors' Adjustments														
65+														
EHC Lifetime maximum \$260,000	<i>Travel coverage ends at age 70.</i>	<i>Travel coverage ends at age 70.</i>	Generic Drug Plan 100% of first \$750 90% of next \$4,722/yr for costs not covered by the provincial drug plan <i>Travel coverage ends at age 70.</i>	Brand-Name Drug Plan 100% of first \$750 90% of next \$10,278/yr for costs not covered by the provincial drug plan <i>Travel coverage ends at age 70.</i>	Generic Drug Plan 100% of first \$750/yr for costs not covered by the provincial drug plan. Full coverage of reasonable and customary dispensing fees. <i>Travel coverage ends at age 70.</i>	Generic Drug Plan 100% of first \$750 90% of next \$4,722/yr for costs not covered by the provincial drug plan <i>Travel coverage ends at age 70.</i>	Brand-Name Drug Plan 100% of first \$750 90% of next \$10,278/yr for costs not covered by the provincial drug plan <i>Travel coverage ends at age 70.</i>							

All benefits are based on Anniversary year maximums except for Vision and Hearing Aid benefits, which are based on Benefit year. Rates are effective May 1, 2017, and are subject to change without notice. *Subject to applicable co-payment.

Add-On Coverages Options

	Catastrophic Coverage (\$4,500 threshold)		Catastrophic Coverage (\$10,200 threshold)		Hospital Basic		Hospital Enhanced		Vision Enhanced		Travel +8 Days	Travel +21 Days	AD&D Enhanced	
	Unlimited 100% coverage for drugs after \$4,500 deductible. Up to \$25,000 coverage for Homecare and Nursing, Durable Medical Equipment & Prosthetic Appliances after \$7,500 deductible.		Unlimited 100% coverage for drugs after \$10,200 deductible. Up to \$25,000 coverage for Homecare and Nursing, Durable Medical Equipment & Prosthetic Appliances after \$7,500 deductible.		Semi-private room, 100% first 30 days, 50% next 100 days; up to maximum \$150 per day. Cash Benefit in lieu of room: \$15/day beginning on the 4th day. Maximum of 30 days.		100% of private and semi-private room coverage, up to maximum \$200 per day. Cash Benefit in lieu of room: \$20/day beginning on the 4th day. Maximum of 60 days.		\$100 towards laser eye surgery. \$500 maximum per 3 consecutive benefit years. Optometrists to maximum of \$60/2 years. Not available with ComboPlus Starter.		Trips of up to 17 days are covered (i.e. 9 days + 8 days) \$5,000,000 per covered person per trip. \$100 deductible per claim.	Trips of up to 30 days are covered (i.e. 9 days + 21 days) \$5,000,000 per covered person per trip. \$100 deductible per claim.	\$50,000 for adults and \$20,000 for children (\$25,000 core coverage & \$25,000 add-on coverage for adults; \$10,000 core coverage & \$10,000 add-on coverage for children.)	
AGES Single Adults	Catastrophic Coverage (\$4,500 threshold)		Catastrophic Coverage (\$10,200 threshold)		Hospital Basic		Hospital Enhanced		Vision Enhanced		Travel +8 Days	Travel +21 Days	AD&D Enhanced	
	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65	65 Plus	Under 65 and 65 Plus	Under 65 and 65 Plus	Under 65	65 Plus
< 45	\$14.10	\$14.10	\$12.80	\$12.80	\$4.50	\$4.50	\$7.00	\$7.00	\$18.80	\$18.80	\$5.30	\$7.70	\$3.50	\$3.50
45 – 54	\$15.70	\$15.70	\$14.30	\$14.30	\$4.50	\$4.50	\$7.40	\$7.40	\$19.60	\$19.60	\$5.30	\$7.70	\$3.60	\$3.60
55 – 59	\$17.20	\$17.20	\$15.60	\$15.60	\$5.30	\$5.30	\$8.20	\$8.20	\$20.10	\$20.10	\$5.90	\$9.00	\$3.70	\$3.70
60 – 64	\$19.00	\$19.00	\$17.30	\$17.30	\$6.70	\$6.70	\$10.30	\$10.30	\$20.40	\$20.40	\$7.40	\$12.70	\$3.70	\$3.70
65 – 69	n/a	n/a	n/a	n/a	n/a	\$10.30	n/a	\$14.90	n/a	\$17.40	\$9.50	\$15.40	n/a	\$3.40
70 – 79	n/a	n/a	n/a	n/a	n/a	\$13.80	n/a	\$19.30	n/a	\$15.50	n/a	n/a	n/a	\$4.20
80 – 89	n/a	n/a	n/a	n/a	n/a	\$17.80	n/a	\$27.20	n/a	\$13.90	n/a	n/a	n/a	\$7.30
90+	n/a	n/a	n/a	n/a	n/a	\$23.40	n/a	\$34.90	n/a	\$13.30	n/a	n/a	n/a	\$11.40
Couples – Per Adult														
< 45	\$14.10	\$14.10	\$12.80	\$12.80	\$4.40	\$4.40	\$6.90	\$6.90	\$15.50	\$15.50	\$5.30	\$7.70	\$3.50	\$3.50
45 – 54	\$15.70	\$15.70	\$14.30	\$14.30	\$4.50	\$4.50	\$7.10	\$7.10	\$16.50	\$16.50	\$5.30	\$7.70	\$3.60	\$3.60
55 – 59	\$17.20	\$17.20	\$15.60	\$15.60	\$4.80	\$4.80	\$7.90	\$7.90	\$16.80	\$16.80	\$5.90	\$9.00	\$3.70	\$3.70
60 – 64	\$19.00	\$19.00	\$17.30	\$17.30	\$6.30	\$6.30	\$8.20	\$8.20	\$16.90	\$16.90	\$7.40	\$12.70	\$3.70	\$3.70
65 – 69	n/a	n/a	n/a	n/a	n/a	\$9.90	n/a	\$14.40	n/a	\$14.70	\$9.50	\$15.40	n/a	\$3.40
70 – 79	n/a	n/a	n/a	n/a	n/a	\$12.70	n/a	\$18.20	n/a	\$13.20	n/a	n/a	n/a	\$4.20
80 – 89	n/a	n/a	n/a	n/a	n/a	\$16.90	n/a	\$26.00	n/a	\$12.10	n/a	n/a	n/a	\$7.30
90+	n/a	n/a	n/a	n/a	n/a	\$22.60	n/a	\$33.30	n/a	\$11.00	n/a	n/a	n/a	\$11.40
1-2 Children – Per Child														
< 5	\$12.50		\$11.40		\$4.20	\$4.20	\$4.60	\$4.60	\$5.50	\$5.50	\$4.60	\$7.20	\$3.20	\$3.20
5 – 20	\$12.50		\$11.40		\$3.90	\$3.90	\$4.30	\$4.30	\$15.50	\$15.50	\$4.60	\$7.20	\$3.10	\$3.10
3+ Children – Per Child														
< 5	\$12.50		\$11.40		\$3.80	\$3.80	\$4.40	\$4.40	\$4.50	\$4.50	\$4.30	\$6.90	\$3.00	\$3.00
5 – 20	\$12.50		\$11.40		\$3.50	\$3.50	\$3.90	\$3.90	\$13.90	\$13.90	\$4.30	\$6.90	\$2.80	\$2.80
Seniors' Adjustments														
65+	Available as renewal only.		Available as renewal only.		No change.		No change.		No change.		Travel coverage ends at age 70.	Travel coverage ends at age 70.	\$10,000 core coverage and \$10,000 add-on coverage.	

Anniversary year means the 12 consecutive months following the effective date of the Agreement, and each 12-month period thereafter. **Benefit year** means the 12 consecutive months following the incurred date of the claim. **Calendar year** means each successive 12-month period commencing January 1 and ending December 31. All references to "year" refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, "year" refers to benefit year. ****Manulife cannot guarantee the availability of this benefit indefinitely.**

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.

Flexcare® Health and Dental Plans are offered through **The Manufacturers Life Insurance Company (Manulife).**

Plans underwritten by The Manufacturers Life Insurance Company. Manulife, the Block Design, the Four Cube Design, and Strong Reliable Trustworthy Forward-thinking are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. Health Service Navigator® and Preferred Vision and Hearing Services (PVS) are offered through The Manufacturers Life Insurance Company.™/® Trademarks held by The Manufacturers Life Insurance Company. © 2017 The Manufacturers Life Insurance Company. All rights reserved. This is not a contract. Actual terms and conditions are detailed in the policy issued by Manulife upon application approval. It contains important information concerning details, terms, conditions and limitations. Please read it carefully. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

