

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	\$6.50 maximum	\$6.50 maximum	\$7.50 maximum	Covered
	Birth control	Covered	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	\$500 combined per year	\$750 combined per year	\$1000 combined per year	\$1,500 combined per year
	Per visit maximum	\$25	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	Covers costs towards prescription lenses and frames, contact lenses and laser eye surgery. Excludes industrial safety glasses.	\$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 per year	\$225 per year	\$225 per year	\$225 per year
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 benefit years	\$300 per 4 benefit years	\$400 per 4 benefit years	\$500 per 4 benefit years
TELUS Health Virtual Care***		Included	Included	Included	Included
TELUS LivingWell Companion or TELUS SmartHome Security***		Available	Available	Available	Available
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	Covers costs towards prescription lenses and frames, contact lenses and laser eye surgery. Excludes industrial safety glasses.	\$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 per year			
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 every 4 benefit years			
TELUS Health Virtual Care***		Included in your plan is unlimited 24/7 access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more			
TELUS LivingWell Companion or TELUS SmartHome Security***		6 months every 3 years for one of the services			
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			

Quebec only: The prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.

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.

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

‡ 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, 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 and physiotherapists. Covers charges up to the amount between what your government health insurance plan covers and/or what is reasonable and customary.

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