

## Dental Plans (Prescription drugs not included)

| <b>All four Dental Plans are guaranteed issue.</b><br>No medical underwriting required at the time of application. |  | <b>Base<br/>Dental Plan</b>   | <b>Bronze<br/>Dental Plan</b>        | <b>Silver<br/>Dental Plan</b>            | <b>Gold<br/>Dental Plan</b>  |  |  |  |  |
|--|--|---|--------------------------------------|--|--|--|--|--|--|
| <b>Dental Services<sup>#</sup></b>   | Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services            | Year 1: 50%;<br>Year 2 & beyond: 70%  | Year 1: 50%;<br>Year 2 & beyond: 70% | Year 1: 60%;<br>Year 2 & beyond: 80%     | Year 1: 60%;<br>Year 2 & beyond: 80%   |  |  |  |  |
|  | Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services   | Year 1: 50%;<br>Year 2 & beyond: 70%  | Year 1: 50%;<br>Year 2 & beyond: 70% | Year 1: 60%;<br>Year 2 & beyond: 80%     | Year 1: 60%;<br>Year 2 & beyond: 80%   |  |  |  |  |
|  | Reimbursement on crowns, bridges, dentures and orthodontics  | Not covered   | Not covered                          | Not covered                              | Year 1 & 2: 0%;<br>Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)                      |  |  |  |  |
|  | Combined anniversary year maximums   | \$400 per year  | \$500 per year                       | Year 1: \$600;<br>Year 2 & beyond: \$900 | Year 1: \$750;<br>Year 2: \$1,000;<br>Year 3: \$1,200;<br>Year 4: \$1,200;<br>Year 5 & beyond: \$1,500 |  |  |  |  |
|  | Recall visits  | 9 months  | 9 months                             | 9 months                                 | 6 months   |  |  |  |  |
| <b>Core Benefits<sup>##</sup></b>  |  |   |                                      |  |  |  |  |  |  |
| <b>Registered Specialists &amp; Therapists<sup>**</sup></b>  | Maximum claims paid  | \$300 per specialist/therapist  |                                      |  |  |  |  |  |  |
|  | Per visit maximum  | \$20  |                                      |  |  |  |  |  |  |
|  | Chiropractic X-rays  | \$35 per year   |                                      |  |  |  |  |  |  |
| <b>Registered Psychologist or Psychotherapist</b>  | Maximum per first visit  | \$80  |                                      |  |  |  |  |  |  |
|  | Maximum per subsequent visit   | \$65  |                                      |  |  |  |  |  |  |
|  | Maximum visits per anniversary year  | 10  |                                      |  |  |  |  |  |  |
| <b>Registered Speech Therapist</b>   | Maximum per first visit  | \$65  |                                      |  |  |  |  |  |  |
|  | Maximum per subsequent visit   | \$45  |                                      |  |  |  |  |  |  |
|  | Maximum visits per anniversary year  | 10  |                                      |  |  |  |  |  |  |
| <b>Vision</b>  | 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   |                                      |  |  |  |  |  |  |
| <b>Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment</b>                                | 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  |                                      |  |  |  |  |  |  |
| <b>Custom-made Orthotics</b>   | \$225 per year   |   |                                      |  |  |  |  |  |  |
| <b>Accidental Death and Dismemberment</b>  | \$10,000 per adult under 65; \$4,000 per child or adult 65 and over  |   |                                      |  |  |  |  |  |  |
| <b>Accidental Dental</b>   | \$2,000 per year   |   |                                      |  |  |  |  |  |  |
| <b>Hearing Aids</b>  | \$300 every 4 benefit years  |   |                                      |  |  |  |  |  |  |
| <b>TELUS Health Virtual Care<sup>***</sup></b>   | Included in your plan is unlimited 24/7 access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more |   |                                      |  |  |  |  |  |  |
| <b>TELUS LivingWell Companion or TELUS SmartHome Security<sup>***</sup></b>  | 6 months every 3 years for one of the services   |   |                                      |  |  |  |  |  |  |
| <b>Ambulance Services</b>  | Unlimited ground and air transportation  |   |                                      |  |  |  |  |  |  |
| <b>Survivor Benefit</b>  | Available 1 year after policy effective date   |   |                                      |  |  |  |  |  |  |
| <b>Lifetime Maximum</b>  | \$100,000  |   |                                      |  |  |  |  |  |  |
| <b>Quebec only: Diagnostic Services (Annual maximums)</b>  |  | CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50;<br>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.

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

<sup>\*\*</sup> 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.

<sup>†</sup> Note: If applicable, dental coverage begins at the age when dental coverage under your government health insurance plan coverage ends.

<sup>##</sup> Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.

<sup>\*</sup> Manulife cannot guarantee the availability of semi-private and/or private accommodation.

<sup>\*\*</sup> Registered specialists and therapists include acupuncturists, chiropractors, dietitians, osteopaths, podiatrists, naturopaths, chiropodists, 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.

<sup>\*\*\*</sup> TELUS Health Virtual Care, TELUS LivingWell Companion, and TELUS SmartHome Security are trademarks of TELUS Corporation, used by it and its affiliates under license. Manulife cannot guarantee the availability of this benefit indefinitely.

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# Health and Dental Plans

| The Base Plan is guaranteed issue.<br>No medical underwriting required at the time of application. |   | Base Plan          | Bronze Plan         | Silver Plan  | Gold Plan  |
|--|---|--------------------|---------------------|--|--|
| <b>Prescription Drugs†</b>   | 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   |
| <b>Dental Services‡</b>  | Maximum per year††  | \$525              | \$2,350             | \$5,000  | \$10,000   |
|  | 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%;<br>Year 3 & beyond: 60%<br>(\$800 maximum every 2 consecutive years)                   |
|  | Combined anniversary year maximums  | \$400 per year     | \$500 per year      | Year 1: \$600;<br>Year 2 & beyond: \$900             | Year 1: \$750;<br>Year 2: \$1,000;<br>Year 3: \$1,200;<br>Year 4: \$1,200;<br>Year 5 & beyond: \$1,500 |
| <b>Hospital Benefits</b>   | Recall visits   | 9 months           | 9 months            | 9 months   | 6 months   |
|  | 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;<br>50% of next 100 days       | 100% for complete year   |
|  | Cash benefit in lieu of accommodation<br>(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)   |
| <b>Travel Coverage<br/>(to age 65)</b>   | Maximum \$5,000,000 per trip<br>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   |
|---|--|---|---|---|---|
| <b>Registered Specialists &amp; Therapists**</b>                                    | 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   |
| <b>Registered Psychologist or Psychotherapist</b>                                   | 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  |
| <b>Registered Speech Therapist</b>  | 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  |
| <b>Vision</b>   | 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 |
| <b>Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment</b> | For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:   | Year 1: \$1,000;<br>Year 2: \$1,300;<br>Year 3: \$1,500;<br>Year 4: \$2,000;<br>Year 5+: \$2,500  | \$2,500 per year  | \$3,500 per year  | \$8,500 per year (combined maximum)   |
| <b>Custom-made Orthotics</b>  |  | \$225 per year  | \$225 per year  | \$225 per year  | \$225 per year  |
| <b>Accidental Death and Dismemberment</b>   | 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  |
| <b>Accidental Dental</b>  |  | \$2,000 per year  | \$2,000 per year  | \$2,500 per year  | \$3,000 per year  |
| <b>Hearing Aids</b>   |  | \$300 per 4 benefit years   | \$300 per 4 benefit years   | \$400 per 4 benefit years   | \$500 per 4 benefit years   |
| <b>TELUS Health Virtual Care***</b>   | Included   | Included  | Included  | Included  | Included  |
| <b>TELUS LivingWell Companion or TELUS SmartHome Security***</b>                    | Available  | Available   | Available   | Available   | Available   |
| <b>Ambulance Services</b>   | Unlimited ground and air transportation  | Unlimited ground and air transportation   | Unlimited ground and air transportation   | Unlimited ground and air transportation   | Unlimited ground and air transportation   |
| <b>Survivor Benefit</b>   | Available 1 year after policy effective date   | Covered   | Covered   | Covered   | Covered   |
| <b>Lifetime Maximum</b>   | \$100,000  | \$250,000   | \$350,000   | \$350,000   | \$350,000   |
| <b>Quebec only: Diagnostic Services (Annual maximums)</b>                           |  | CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50;<br>Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category |   |   |   |

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