## Plan Comparison Chart Alberta, Newfoundland & Labrador, Ontario, Prince Edward Island and Territories

Drug Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup> Guarar	nteed Issue Plan	ComboPlus <sup>™</sup> Basic <sup>‡</sup> Requires	Medical Underwriting	ComboPlus <sup>™</sup> Enhanced <sup>‡</sup> Re	equires Medical Underwriting
Generic drugs vs. brand-name drugs	Generic		Generic		Brand-name or Generic	
Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum	Seniors' Adjustments 65+ No maximum	No maximum		No maximum	
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All		All		All except birth control drugs	
Reimbursement of eligible prescription costs per year	70% of first \$750	Seniors' Adjustments 65+ 100% of first \$750	70% of first \$750, 90% of next \$4,972	Seniors' Adjustments 65+ 100% of first \$750, 90% of next \$4,722	90% of first \$2,222, 100% of next \$8,000	Seniors' Adjustments 65+ 100% of first \$750, 90% of next \$10,278
Anniversary year maximums per person	\$525	Seniors' Adjustments 65+ \$750	\$5,000	Seniors' Adjustments 65+ \$5,000	\$10,000	Seniors' Adjustments 65+ \$10,000
Dental Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Newfoundland & Labrador and Prince Edward Island: Dental coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Newfoundland & Labrador and Prince Edward Island: Dental coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Newfoundland & Labrador and Prince Edward Island: Dental coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Newfoundland & Labrador and Prince Edward Island: Dental coverages are designed to conclusion.	erage begins at the age when dental cov	erage under your provincial health insurance plan cover	age ends.			
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first \$575		80% of first \$400, 50% of next \$86	50	100% of first \$500, 60% of next \$7	700
Anniversary year maximum for basic dental services	\$400		\$750		\$920	
Recall visits	9 months		9 months		6 months	
Oral surgery, periodontics, endodontics (root canal)	Not covered		Not covered		Year 1: 60%; Year 2: 60%; Year 3+: 80%	Combined maximum for oral surgery, periodontic endodontics and major restorative of \$1,250
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered		Not covered		Year 1: 0%; Year 2+: 60%	per 3 consecutive years, with a year 1 combined maximum of \$400.
Vision Care	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 maximum per 2 consecutive \$70 maximum for optometrist visit		\$250 maximum per 2 consecutive b \$70 maximum for optometrist visit p		\$250 maximum per 2 consecutive \$70 maximum for optometrist visit	
Extended Health Care Benefits	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Lifetime maximum - Coverage Per Person \$250,000 Seniors' Adjustments 65+ \$260,000						
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropodist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Dietitian (per person per anniversary year)	Dollar maximum \$25/visit, maximu	m visits 20/specialist	Dollar maximum \$25/visit, maximur	m visits 20/specialist	Dollar maximum \$25/visit, maximu	m visits 20/specialist
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, First visit \$80, \$	Subsequent visits \$65	Maximum visits 15, First visit \$80, \$	Subsequent visits \$65	Maximum visits 15, First visit \$80, \$	Subsequent visits \$65
Registered Speech Pathologist/Therapist (per person per anniversary year)	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15
Registered Physiotherapist (per person per anniversary year)	\$250 maximum		\$250 maximum		\$250 maximum	
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse,	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment	: For each of Homecare & Nursing, Pr	rosthetic Appliances and Durable Medical Equipment:
Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000	Seniors' Adjustments 65+ Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500	\$4,000 maximum per person,	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	\$4,000 maximum per person,	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer topography).	\$225 per year		\$225 per year		\$225 per year	
Accidental Dental 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 maximum per person, per a	anniversary year	\$2,000 maximum per person, per a	anniversary year	\$2,000 maximum per person, per a	anniversary year
Ambulance Services Unlimited ground and air transportation.	Included		Included		Included	
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70) \$5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A \$100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included		Included		Included	
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to \$25,000 for an adult under 6 Up to \$10,000 for an adult 65 and	-	Up to \$25,000 for an adult under 6 Up to \$10,000 for 65 and over, or a		Up to \$25,000 for an adult under 6 Up to \$10,000 for 65 and over, or a	
Survivor Benefit Provides for continuous coverage for 1 year, following the death of an adult insured.	Available 1 year after policy effective	e date	Included		Included	
TELUS Health Virtual Care <sup>1</sup> Unlimited 24/7 virtual access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more.	Included		Included		Included	
TELUS LivingWell Companion <sup>™ 2</sup> Get live access to a trained operator for emergency assistance 24 hours a day, 7 days a week. Includes an optional fall detector. TELUS SmartHome Security <sup>2</sup> Get home security and home monitoring from your smartphone.	6 months every 3 years for one of th	ne services	6 months every 3 years for one of th	ne services	6 months every 3 years for one of th	ne services

<sup>†</sup> Guaranteed to Issue Plan with no medical underwriting required when applying for coverage

<sup>‡</sup> Plan requires medical underwriting

**Flexcare® Plans** 

### Plan Comparison Chart Alberta, Newfoundland & Labrador, Ontario, Prince Edward Island and Territories (continued)

DrugPlus <sup>™</sup> Basic <sup>‡</sup>	DrugPlus <sup>™</sup> Enha	nced‡	DentalPlus <sup>™</sup> Basic <sup>†</sup>			DentalPlus <sup>™</sup> Enh	anced <sup>†</sup>			
Require Medical Underwriting			Guaranteed Issue Plan							
Provides Drug, Vision Care and Extended Health C the same levels as the ComboPlus™ Basic plan.		Care and Extended Health Care Benefits coverage at ComboPlus <sup>™</sup> Enhanced plan.	Note: Newfoundland & Labrador and Prince Edward Also include Vision Care coverage (at the same leve	Note: Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends. Also include Vision Care coverage (at the same levels as the ComboPlus™ Basic and Enhanced plans) and Extended Health Care Benefits coverage (at the same levels as the ComboPlus™ Starter plan).						
			Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575)      Include acc			Provides Dental covera	ge for services such as fillings, cleanings, scaling, examinations	, polishing and select extractions:		
						nclude access to Manu	ulife Health Spending Account. <sup>2</sup>			
			<ul> <li>Year 2+: 80% of the first \$400 and 50% of the r</li> <li>Recall visits every 9 months</li> </ul>	next \$860 (anniversary year maximum of \$750)	•	<ul> <li>Year 1: 70% payment</li> <li>Year 2+: 100% of the Recall visits every 6</li> </ul>	nt of the first \$1,200 (anniversary year maximum of \$840) he first \$500 and 60% of the next \$700 (anniversary year maxin months	num of \$920)		
					1	The following dental se	rvices have a combined maximum of \$1,250 per person per 3-y	/ear period:		
							ontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3 is, bridges, dentures: Year 1: 0%, Year 2+: 60%	3: 80%		
Vision Enhanced <sup>†</sup>	Accidental Death and Dismemberment Enhanced <sup>†</sup>	Travel +8 days <sup>†</sup>	Travel +21 days <sup>†</sup>	Catastrophic Coverage <sup>‡</sup> (Not available to 65+)	)		Hospital Basic <sup>‡</sup>	Hospital Enhanced <sup>‡</sup>		
Guaranteed Issue Plan				Requires Medical Underwriting						
Available as an Add-On only				Available as an Add-On or Stand-Alone						
Increases vision coverage to a total maximum of \$500 per person for 3 consecutive benefit years.	Increases accidental death and dismemberment coverage to a maximum of \$50.000 for adults	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits.		\$10,200 Deductible option:		Semi-private hospital room	Semi-private or private hospital room		
Includes \$100 towards laser eye surgery.	under 65.	Trips of up to 17 days are covered, up to	Trips of up to 30 days are covered, up to	<ul> <li>Covers all drug costs after you pay \$4,500 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing,</li> </ul>	<ul> <li>Covers all drug costs after you pay</li> <li>Covers an extra \$25,000 for hom</li> </ul>	/\$10,200 in a year	100% for first 30 days (up to \$150 every day) and 50% for next 100 days (up to \$75 every day)			
\$70 maximum for optometrist visit per 2 consecutive benefit years.	Increases to a maximum of \$20,000 for children and adults age 65 and over.		\$5,000,000 per covered person per trip. Not available to persons age 70 and over.	prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)	prosthetic appliances and durable after you pay \$7,500 in a year (up lifetime)	medical equipment	\$25 (\$15 for Alberta) every day starting on day 4 if semi- private room not available (up to \$750)	\$50 (\$20 for Alberta) every day starting on day 4 if semi private or private room not available (up to \$3,000)		
Not available as an Add-On to ComboPlus™ Starter plan.				You can purchase this on its own, or as an Add-On only with DrugPlus™ Basic and ComboPlus™ Basic plans.	You can purchase this on its own, or a only with DrugPlus <sup>™</sup> Enhanced plans ComboPlus <sup>™</sup> Enhanced plans only.					
Manulife Vitality				Anniversary year means the 12 consecutive months follo	wing the effective date of the Agreemen	nt and each 12-month	period thereafter. Benefit year means the 12 consecutive mor	ths following the incurred date of the claim		
							tes to "year" refer to anniversary year. When it relates to Hearin			
	r you to learn about and improve your healt	n, from choosing simple activities like eating the healthier your choices, the more points yo					upon meeting the eligibility criteria and receipt of first premium			
an earn towards rewards, including saving		the heatther your choices, the more points yo	50	Please note: Extended health care benefits are payable on	nly after Government Health Insurance P	Plan maximums have b	een reached, as applicable.			
Add Manulife <i>Vitality</i> to your p	lan and automatically save 5% on y	our first-year premiums.		<ul> <li><sup>1</sup> TELUS Health Virtual Care is included at no cost for all Flexcare plan members and available once you have registered to submit your claims online through Manulife's SecureServe portal. Manulife cannot guarantee the availability of benefit indefinitely.</li> <li><sup>2</sup> Manulife cannot guarantee the availability of this benefit indefinitely.</li> <li><sup>3</sup> For primary applicant and new clients only. Manulife <i>Vitality</i> is not available to clients who have an existing Health &amp; Dental Insurance plan with Manulife.</li> </ul>				oortal. Manulife cannot guarantee the availability of this		
itality To learn more, visit Manulife.	ca/Vitality									

### Plans underwritten by The Manufacturers Life Insurance Company (Manulife).

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## Plan Comparison Chart British Columbia and Saskatchewan

Drug Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup> Guaranteed Issue Plan		ComboPlus <sup>™</sup> Basic <sup>‡</sup> Requires	ComboPlus <sup>™</sup> Basic <sup>‡</sup> Requires Medical Underwriting		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup> Requires Medical Underwriting	
Generic drugs vs. brand-name drugs	Generic C		Generic		Brand-name or generic		
Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum		No maximum		No maximum		
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All		All		All except birth control drugs		
Reimbursement of eligible prescription costs per calendar year	70% of first \$750		British Columbia: 70% of first \$750, 90% of next \$4,972 Saskatchewan: 70% of the first \$1,150 per family, per 6 months; 100% on further claims		90% of first \$2,222, 100% of next \$8,000		
Calendar year maximums per person	\$525		\$5,000		\$10,000		
Dental Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup> C		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>		
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners.							
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first \$575		80% of first \$400, 50% of next \$86	60	100% of first \$500, 60% of next \$7	700	
Anniversary year maximum for basic dental services	\$400		\$750		\$920		
Recall visits	9 months		9 months		6 months		
Oral surgery, periodontics, endodontics (root canal)	Not covered		Not covered		Year 1: 60%; Year 2: 60%; Year 3+: 80%	Combined maximum for oral surgery, periodontic endodontics and major restorative of \$1,250	
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered		Not covered		Year 1: 0%; Year 2+: 60%	per 3 consecutive years, with a year 1 combined maximum of \$400.	
Vision Care	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>		
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 maximum per 2 consecutive \$70 maximum for optometrist visit		<ul><li>\$250 maximum per 2 consecutive benefit years</li><li>\$70 maximum for optometrist visit per 2 consecutive benefit years</li></ul>		\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years		
Extended Health Care Benefits	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>		
Lifetime maximum - Coverage Per Person \$250,000 Seniors' Adjustments 65+ \$260,000							
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropodist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Dietitian (per person per anniversary year)	Dollar maximum \$25/visit, maximu	m visits 20/specialist	Dollar maximum \$25/visit, maximur	n visits 20/specialist	Dollar maximum \$25/visit, maximur	n visits 20/specialist	
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, First visit \$80,	Subsequent visits \$65	Maximum visits 15, First visit \$80, \$	Subsequent visits \$65	Maximum visits 15, First visit \$80, \$	Subsequent visits \$65	
Registered Speech Pathologist/Therapist (per person per anniversary year)	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	
Registered Physiotherapist (per person per anniversary year)	\$250 maximum		\$250 maximum		\$250 maximum		
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse,	For each of Homecare & Nursing, Pr	rosthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:	
Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000	Seniors' Adjustments 65+ Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer tomography).	\$225 per year		\$225 per year		\$225 per year		
Accidental Dental 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 accidental		anniversary year	\$2,000 maximum per person, per a	nniversary year	\$2,000 maximum per person, per a	nniversary year	
Ambulance Services Unlimited ground and air transportation.	Included		Included		Included		
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	\$400 maximum per person, Seniors' Adjustments 65+ \$400 maximum p		\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	
Travel Coverage (to age 70) \$5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A \$100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included		Included		Included		
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to \$25,000 for an adult under 65 Up to \$10,000 for an adult 65 and over or child		Up to \$25,000 for an adult under 6 Up to \$10,000 for 65 and over, or a		Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child		
Survivor Benefit Provides for continuous coverage for one year, following the death of an adult insured.	Available 1 year after policy effective	e date	Included		Included		
TELUS Health Virtual Care <sup>1</sup> Unlimited 24/7 virtual access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more.	Included		Included		Included		
TELUS LivingWell Companion <sup>TM2</sup> Get live access to a trained operator for emergency assistance 24 hours a day, 7 days a week. Includes an optional fall detector. TELUS SmartHome Security <sup>2</sup> Get home security and home monitoring from your smartphone.	6 months every 3 years for one of th	ne services	6 months every 3 years for one of th	e services	6 months every 3 years for one of th	e services	

 $^{\dagger}$  Guaranteed to Issue Plan with no medical underwriting required when applying for coverage

<sup>‡</sup> Plan requires medical underwriting

Flexcare<sup>®</sup> Plans

### Plan Comparison Chart British Columbia and Saskatchewan (continued)

DrugPlus <sup>™</sup> Basic <sup>‡</sup>	DrugPlus <sup>™</sup> Enhanced <sup>‡</sup>	DentalPlus <sup>™</sup> Basic <sup>†</sup>	DentalPlu
Require Medical Underwriting		Guaranteed Issue Plan	
Provides Drug, Vision Care and Extended Health Care Benefits coverage at	Provides Drug, Vision Care and Extended Health Care Benefits coverage at	Also include Vision Care coverage (at the same levels as the ComboPlus™ Basic and Enhanced plans) and Extended Health Care Benefits coverage	(at the same levels
the same levels as the ComboPlus™ Basic plan.	the same levels as the ComboPlus™ Enhanced plan.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions:	Provides Der
		<ul> <li>Year 1: 50% of the first \$1,150 (anniversary year maximum of \$575)</li> <li>Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750)</li> <li>Recall visits every 9 months</li> </ul>	<ul><li>Year 1: 7</li><li>Year 2+:</li><li>Recall vis</li></ul>
			The following
			<ul><li>Oral surge</li><li>Orthodon</li></ul>

Vision Enhanced <sup>†</sup>	Accidental Death and Dismemberment Enhanced <sup>†</sup>	Travel +8 days <sup>†</sup>	Travel +21 days <sup>†</sup>	Catastrophic Coverage <sup>‡</sup> (Not available to 65+)		Hospital Basic <sup>‡</sup>	Hospital Enhanced <sup>‡</sup>
Guaranteed Issue Plan				Requires Medical Underwriting			
Available as an Add-On only				Available as an Add-On or Stand-Alone			
Increases vision coverage to a total maximum of \$500 per person for 3 consecutive benefit years. Includes \$100 towards laser eye surgery. \$70 maximum for optometrist visit per 2 consecutive benefit years. Not available as an Add-On to ComboPlus <sup>™</sup> Starter plan.	Increases accidental death and dismemberment coverage to a maximum of \$50,000 for adults under 65. Increases to a maximum of \$20,000 for children and adults age 65 and over.	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 17 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 30 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	<ul> <li>\$4,500 Deductible option:</li> <li>Covers all drug costs after you pay \$4,500 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an Add-On only with DrugPlus™ Basic and ComboPlus™ Basic plans.</li> </ul>	<ul> <li>\$10,200 Deductible option:</li> <li>Covers all drug costs after you pay \$10,200 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an add-on only with DrugPlus<sup>™</sup> Enhanced plans and ComboPlus<sup>™</sup> Enhanced plans only.</li> </ul>	Semi-private hospital room 100% for first 30 days (up to \$150 every day) and 50% for next 100 days (up to \$75 every day) \$25 every day starting on day 4 if semi-private room not available (up to \$750)	Semi-private or private hospital room 100% for every day in hospital (up to \$200 every day) \$50 every day starting on day 4 if semi-private or private room not available (up to \$3,000)

### Manulife Vitality

#### Live healthy, earn rewards, save money with Manulife Vitality<sup>2</sup>

Manulife Vitality<sup>3</sup> offers a variety of ways for you to learn about and improve your health, from choosing simple activities like eating well and exercising, to completing health assessments. The more engaged you are and the healthier your choices, the more points you can earn towards rewards, including savings of up to 10% on your premiums.

Add Manulife *Vitality* to your plan and automatically save 5% on your first-year premiums.

Vitality To learn more, visit Manulife.ca/Vitality

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.

- and exclusions may apply. See policy for details.
- <sup>‡</sup> Plan requires medical underwriting

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable.

- benefit indefinitely.
- <sup>2</sup> Manulife cannot guarantee the availability of this benefit indefinitely.
- <sup>3</sup> For primary applicant and new clients only. Manulife Vitality is not available to clients who have an existing Health & Dental Insurance plan with Manulife

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#### Plus<sup>™</sup> Enhanced<sup>†</sup>

vels as the ComboPlus™ Starter plan).

Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions:

: 70% of the first \$1,200 (anniversary year maximum of \$840) 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) visits every 6 months

ving dental services have a combined maximum of \$1,250 per person per 3-year period:

urgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% dontics, crowns, bridges, dentures: Year 1: 0%, Year 2+: 60%

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.

<sup>†</sup> Guaranteed to Issue Plan with no medical underwriting required when applying for coverage. Guaranteed acceptance upon meeting the eligibility criteria and receipt of first premium payment. See full policy for details. Conditions, limitations

<sup>1</sup> TELUS Health Virtual Care is included at no cost for all Flexcare plan members and available once you have registered to submit your claims online through Manulife's SecureServe portal. Manulife cannot guarantee the availability of this

## Plan Comparison Chart Manitoba and New Brunswick

Drug Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup> Guarar	nteed Issue Plan	ComboPlus <sup>™</sup> Basic <sup>‡</sup> Require:	s Medical Underwriting	ComboPlus <sup>™</sup> Enhanced <sup>‡</sup> Requires Medical Underwriting	
Generic drugs vs. brand-name drugs	Generic		Generic		Brand-name or Generic	
Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum No n		No maximum		No maximum	
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All All		All		All except birth control drugs	
Reimbursement of eligible prescription costs per year	70% of first \$750 70% of		70% of first \$750, 90% of next \$4	,972	90% of first \$2,222, 100% of ne>	kt \$8,000
Anniversary year maximums per person	\$525		\$5000		\$10,000	
Dental Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners.						
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first \$575		80% of first \$400, 50% of next \$8	60	100% of first \$500, 60% of next	\$700
Anniversary year maximum for basic dental services	\$400		\$750		\$920	
Recall visits	9 months		9 months		6 months	
Oral surgery, periodontics, endodontics (root canal)	Not covered		Not covered		Year 1: 60%; Year 2: 60%; Year 3+: 80%	Combined maximum for oral surgery, periodontics endodontics and major restorative of \$1,250 per
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered		Not covered		Year 1: 0%; Year 2+: 60%	consecutive years, with a year 1 combined maxim of \$400.
Vision Care	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years		\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years		\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years	
Extended Health Care Benefits	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Lifetime maximum - Coverage Per Person \$250,000 Seniors' Adjustments 65+ \$260,000						
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropodist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Dietitian (per person per anniversary year)	Dollar maximum \$25/visit, maximu	m visits 20/specialist	Dollar maximum \$25/visit, maximu	m visits 20/specialist	Dollar maximum \$25/visit, maxim	num visits 20/specialist
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, First visit \$80, \$	Subsequent visits \$65	Maximum visits 15, First visit \$80,	Subsequent visits \$65	Maximum visits 15, First visit \$80, Subsequent visits \$65	
Registered Speech Pathologist/Therapist (per person per anniversary year)	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65 Subsequent visits \$45	5, Seniors' Adjustments 65+ Maximum Visits 15
Registered Physiotherapist (per person per anniversary year)	\$250 maximum		\$250 maximum		\$250 maximum	
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse,	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, P	rosthetic Appliances and Durable Medical Equipment	nt: For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment	
Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment.	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000	Seniors' Adjustments 65+ Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year
Payment will be coordinated where benefits are available through the Assistive Devices Program.			¢205	per uninversury year	¢005	per uninversary year
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer topography).	\$225 per year	·	\$225 per year	•	\$225 per year	·
Accidental Dental 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. Ambulance Services Unlimited ground and air transportation.	\$2,000 maximum per person, per a Included	anniversary year	\$2,000 maximum per person, per Included	anniversary year	\$2,000 maximum per person, pe Included	r anniversary year
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	\$400 maximum per person,	Seniors' Adjustments	\$400 maximum per person,	Seniors' Adjustments	\$400 maximum per person,	Seniors' Adjustments
<b>nearing Alus</b> covers the costs to purchase and/or repair up to the allowed maximum.	per 4 consecutive benefit years	\$500 maximum per person, per 4 consecutive benefit years	per 4 consecutive benefit years	\$500 maximum per person, per 4 consecutive benefit years	per 4 consecutive benefit years	\$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70) \$5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A \$100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included		Included		Included	
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to \$25,000 for an adult under 65 Up to \$10,000 for an adult 65 and over or child		Up to \$25,000 for an adult under 0 Up to \$10,000 for an adult 65 and		Up to \$25,000 for an adult under Up to \$10,000 for an adult 65 an	
Survivor Benefit Provides for continuous coverage for 1 year, following the death of an adult insured.	Available 1 year after policy effective	e date	Included		Included	
TELUS Health Virtual Care <sup>1</sup> Unlimited 24/7 virtual access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more.	Included		Included		Included	
TELUS LivingWell Companion <sup>™ 2</sup> Get live access to a trained operator for emergency assistance 24 hours a day, 7 days a week. Includes an optional fall detector. TELUS SmartHome Security <sup>2</sup> Get home security and home monitoring from your smartphone.	6 months every 3 years for one of th	ne services	6 months every 3 years for one of t	he services	6 months every 3 years for one of	the services

<sup>†</sup>Guaranteed to Issue Plan with no medical underwriting required when applying for coverage

<sup>‡</sup>Plan requires medical underwriting

**Flexcare<sup>®</sup> Plans** 

### **Plan Comparison Chart** Manitoba and New Brunswick (continued)

DrugPlus <sup>™</sup> Basic <sup>‡</sup>		DrugPlus <sup>™</sup> Enhan	iced <sup>‡</sup>	DentalPlus <sup>™</sup> Basic <sup>†</sup>		DentalPlu
Require Medical Underwriting				Guaranteed Issue Plan		
Provides Drug, Vision Care and Extended Health Care E the same levels as the ComboPlus <sup>™</sup> Basic plan.	Benefits coverage at		are and Extended Health Care Benefits coverage at iomboPlus <sup>™</sup> Enhanced plan.		els as the ComboPlus <sup>™</sup> Basic and Enhanced plans) and Extended Health Care Benefits coverage (at gs, cleanings, scaling, examinations, polishing and select extractions: ersary year maximum of \$575)	the same levels Provides Dent • Year 1: 70
				<ul> <li>Year 2+: 80% of the first \$400 and 50% of the n</li> <li>Recall visits every 9 months</li> </ul>		<ul> <li>Year 2+: 1</li> <li>Recall visit</li> <li>The following</li> </ul>
						<ul><li>Oral surge</li><li>Orthodont</li></ul>
Vision Enhanced <sup>T</sup>	Accidental Death a		Travel +8 days <sup>†</sup>	Travel +21 days <sup>†</sup>	Catastrophic Coverage <sup>‡</sup> (Not available to 65+)	

Vision Enhanced <sup>†</sup>	Accidental Death and Dismemberment Enhanced <sup>†</sup>	Travel +8 days <sup>†</sup>	Travel +21 days <sup>†</sup>	Catastrophic Coverage <sup>‡</sup> (Not available to 65+)		Hospital Basic <sup>‡</sup>	Hospital Enhanced <sup>‡</sup>
Guaranteed Issue Plan				Requires Medical Underwriting			
Available as an Add-On only				Available as an Add-On or Stand-Alone			
Increases vision coverage to a total maximum of \$500 per person for 3 consecutive benefit years. Includes \$100 towards laser eye surgery. \$70 maximum for optometrist visit per 2 consecutive benefit years. Not available as an Add-On to ComboPlus <sup>™</sup> Starter plan.	under 65. Increases to a maximum of \$20,000 for children and adults age 65 and over.	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 17 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 30 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	<ul> <li>\$4,500 Deductible option:</li> <li>Covers all drug costs after you pay \$4,500 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an Add-On only with DrugPlus<sup>™</sup> Basic and ComboPlus<sup>™</sup> Basic plans.</li> </ul>	<ul> <li>\$10,200 Deductible option:</li> <li>Covers all drug costs after you pay \$10,200 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an add-on only with DrugPlus<sup>™</sup> Enhanced plans and ComboPlus<sup>™</sup> Enhanced plans only.</li> </ul>	Semi-private hospital room 100% for first 30 days (up to \$150 every day) and 50% for next 100 days (up to \$75 every day) \$25 every day starting on day 4 if semi-private room not available (up to \$750)	Semi-private or private hospital room 100% for every day in hospital (up to \$200 every day) \$50 every day starting on day 4 if semi-private or private room not available (up to \$3,000)

### Manulife Vitality

#### Live healthy, earn rewards, save money with Manulife Vitality<sup>2</sup>

Manulife Vitality<sup>3</sup> offers a variety of ways for you to learn about and improve your health, from choosing simple activities like eating well and exercising, to completing health assessments. The more engaged you are and the healthier your choices, the more points you can earn towards rewards, including savings of up to 10% on your premiums.

Add Manulife *Vitality* to your plan and automatically save 5% on your first-year premiums.

Vitality To learn more, visit Manulife.ca/Vitality

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.

- <sup>†</sup> Guaranteed to Issue Plan with no medical underwriting required when applying for coverage. Guaranteed acceptance upon meeting the eligibility criteria and receipt of first premium payment. See full policy for details. Conditions, limitations and exclusions may apply. See policy for details.
- <sup>‡</sup> Plan requires medical underwriting

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable.

- benefit indefinitely.
- <sup>2</sup> Manulife cannot guarantee the availability of this benefit indefinitely.
- <sup>3</sup> For primary applicant and new clients only. Manulife Vitality is not available to clients who have an existing Health & Dental Insurance plan with Manulife

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#### Plus<sup>™</sup> Enhanced¹

#### els as the ComboPlus™ Starter plan)

Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions:

70% payment of the first \$1,200 (anniversary year maximum of \$840) +: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) visits every 6 months

ing dental services have a combined maximum of \$1,250 per person per 3-year period:

rgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% ontics, crowns, bridges, dentures: Year 1: 0%, Year 2+: 60%

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.

<sup>1</sup> TELUS Health Virtual Care is included at no cost for all Flexcare plan members and available once you have registered to submit your claims online through Manulife's SecureServe portal. Manulife cannot guarantee the availability of this

## Plan Comparison Chart Nova Scotia

Drug Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup> Guaranteed Issue Plan C		ComboPlus <sup>™</sup> Basic <sup>‡</sup> Requires Medical Underwriting		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup> Requires Medical Underwriting	
Generic drugs vs. brand-name drugs	Generic		Generic		Brand-name or generic	
Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum	Seniors' Adjustments 65+ No maximum	No maximum		No maximum	
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All		All		All except birth control drugs	
Reimbursement of eligible prescription costs per year	70% of first \$750	Seniors' Adjustments 65+ \$100% of the first \$300 per year	70% of first \$750, 90% of next \$4,972	Seniors' Adjustments 65+ 100% of first \$380	90% of first \$2,222, 100% of next \$8,000	Seniors' Adjustments 65+ 100% of first \$750, 90% of next \$10,278
Anniversary year maximums per person	\$525	Seniors' Adjustments 65+ \$300	\$5,000	Seniors' Adjustments 65+ \$380	\$10,000	Seniors' Adjustments 65+ \$10,000
Dental Coverage	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Note: Dental coverage begins at the age when dental coverage u	nder your provincial health insurance pla	an ends.				
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first \$575		80% of first \$400, 50% of next \$86	0	100% of first \$500, 60% of next \$7	700
Anniversary year maximum for basic dental services	\$400		\$750		\$920	
Recall visits	9 months		9 months		6 months	
Oral surgery, periodontics, endodontics (root canal)	Not covered		Not covered		Year 1: 60%; Year 2: 60%; Year 3+: 80%	Combined maximum for oral surgery, periodontic endodontics and major restorative of \$1,250
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered		Not covered		Year 1: 0%; Year 2+: 60%	per 3 consecutive years, with a year 1 combined maximum of \$400.
Vision Care	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 maximum per 2 consecutive benefit years \$25		<ul><li>\$250 maximum per 2 consecutive benefit years</li><li>\$70 maximum for optometrist visit per 2 consecutive benefit years</li></ul>		\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years	
Extended Health Care Benefits	ComboPlus <sup>™</sup> Starter <sup>†</sup>		ComboPlus <sup>™</sup> Basic <sup>‡</sup>		ComboPlus <sup>™</sup> Enhanced <sup>‡</sup>	
Lifetime maximum - Coverage Per Person \$250,000 Seniors' Adjustments 65+ \$260,000						
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropodist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Dietitian (per person per anniversary year)	Dollar maximum \$25/visit, maximu	m visits 20/specialist	Dollar maximum \$25/visit, maximur	n visits 20/specialist	Dollar maximum \$25/visit, maximu	m visits 20/specialist
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, First visit \$80,	Subsequent visits \$65	Maximum visits 15, First visit \$80, S	Subsequent visits \$65	Maximum visits 15, First visit \$80, \$	Subsequent visits \$65
Registered Speech Pathologist/Therapist (per person per anniversary year)	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15	Maximum visits 10, First visit \$65, Subsequent visits \$45	Seniors' Adjustments 65+ Maximum Visits 15
Registered Physiotherapist (per person per anniversary year)	\$250 maximum		\$250 maximum		\$250 maximum	
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse,	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, Pro	osthetic Appliances and Durable Medical Equipment:	For each of Homecare & Nursing, Pr	osthetic Appliances and Durable Medical Equipment:
Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000	Seniors' Adjustments 65+ Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year	Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer tomography).	\$225 per year		\$225 per year		\$225 per year	
Accidental Dental 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		anniversary year	\$2,000 maximum per person, per a	nniversary year	\$2,000 maximum per person, per a	nniversary year
Ambulance Services Unlimited ground and air transportation.	Included		Included		Included	
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years	Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70) \$5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A \$100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included	······································	Included	· · · · · · · · · · · · · · · · · · ·	Included	· · · · · · · · · · · · · · · · · · ·
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to \$25,000 for an adult under 6 Up to \$10,000 for an adult 65 and		Up to \$25,000 for an adult under 6 Up to \$10,000 for 65 and over, or a		Up to \$25,000 for an adult under 6 Up to \$10,000 for 65 and over, or a	
Survivor Benefit Provides for continuous coverage for one year, following the death of an adult insured.	Available 1 year after policy effective	e date	Included		Included	
TELUS Health Virtual Care <sup>1</sup> Unlimited 24/7 virtual access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more.	Included		Included		Included	
TELUS LivingWell Companion <sup>TM2</sup> Get live access to a trained operator for emergency assistance 24 hours a day, 7 days a week. Includes an optional fall detector. TELUS SmartHome Security <sup>2</sup> Get home security and home monitoring from your smartphone.	6 months every 3 years for one of th	ne services	6 months every 3 years for one of th	e services	6 months every 3 years for one of the services	

<sup>†</sup> Guaranteed to Issue Plan with no medical underwriting required when applying for coverage

<sup>‡</sup> Plan requires medical underwriting

**Flexcare®** Plans

### Plan Comparison Chart Nova Scotia (continued)

DrugPlus <sup>™</sup> Basic <sup>‡</sup>	DrugPlus <sup>™</sup> Enhanced <sup>‡</sup>	DentalPlus <sup>™</sup> Basic <sup>†</sup>	DentalPlu
Require Medical Underwriting		Guaranteed Issue Plan	
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus <sup>™</sup> Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus <sup>™</sup> Enhanced plan.	Note: Dental coverage begins at the age when dental coverage under your provincial health insurance plan ends. Also include Vision Care coverage (at the same levels as the ComboPlus™ Basic and Enhanced plans) and Extended Health Care Benefits	coverage (at the same levels
		Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions:	Provides Dent
		<ul> <li>Year 1: 50% of the first \$1,150 (anniversary year maximum of \$575)</li> <li>Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750)</li> <li>Recall visits every 9 months</li> </ul>	<ul><li>Year 1: 70</li><li>Year 2+: 1</li><li>Recall visit</li></ul>
			The following
			<ul><li>Oral surge</li><li>Orthodonti</li></ul>

Vision Enha	ancodi	Accidental Death and Dismemberment Enhanced <sup>†</sup>	Travel +8 days <sup>†</sup>	Travel +21 days <sup>†</sup>	Catastrophic Coverage <sup>‡</sup> (Not available to 65+)		Hospital Basic <sup>‡</sup>	Hospital Enhanced <sup>‡</sup>
Guaranteed Iss	sue Plan				Requires Medical Underwriting			
Available as an	a Add-On only				Available as an Add-On or Stand-Alone			
\$500 per perso Includes \$100 \$70 maximum consecutive ber	son for 3 consecutive benefit years. ) towards laser eye surgery. n for optometrist visit per 2	Increases accidental death and dismemberment coverage to a maximum of \$50,000 for adults under 65. Increases to a maximum of \$20,000 for children and adults age 65 and over.	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 17 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 30 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	<ul> <li>\$4,500 Deductible option:</li> <li>Covers all drug costs after you pay \$4,500 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an Add-On only with DrugPlus™ Basic and ComboPlus™ Basic plans.</li> </ul>	<ul> <li>\$10,200 Deductible option:</li> <li>Covers all drug costs after you pay \$10,200 in a year</li> <li>Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime)</li> <li>You can purchase this on its own, or as an add-on only with DrugPlus<sup>™</sup> Enhanced plans and ComboPlus<sup>™</sup> Enhanced plans only.</li> </ul>	Semi-private hospital room 100% for first 30 days (up to \$150 every day) and 50% for next 100 days (up to \$75 every day) \$25 every day starting on day 4 if semi-private room not available (up to \$750)	Semi-private or private hospital room 100% for every day in hospital (up to \$200 every day) \$50 every day starting on day 4 if semi-private or private room not available (up to \$3,000)

### Manulife Vitality

#### Live healthy, earn rewards, save money with Manulife Vitality<sup>2</sup>

Manulife Vitality<sup>3</sup> offers a variety of ways for you to learn about and improve your health, from choosing simple activities like eating well and exercising, to completing health assessments. The more engaged you are and the healthier your choices, the more points you can earn towards rewards, including savings of up to 10% on your premiums.

Add Manulife *Vitality* to your plan and automatically save 5% on your first-year premiums.

Vitality To learn more, visit Manulife.ca/Vitality

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.

- and exclusions may apply. See policy for details.
- <sup>‡</sup> Plan requires medical underwriting

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable.

- benefit indefinitely.
- <sup>2</sup> Manulife cannot guarantee the availability of this benefit indefinitely.
- <sup>3</sup> For primary applicant and new clients only. Manulife Vitality is not available to clients who have an existing Health & Dental Insurance plan with Manulife

### Plans underwritten by The Manufacturers Life Insurance Company (Manulife).

The Vitality Group Inc., in association with The Manufacturers Life Insurance Company, provides the Manulife Vitality program. Vitality Group International, Inc., and is used by The Manufacturers Life Insurance Company and its affiliates under license.

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Accessible formats and communication supports are available upon request. Visit Manulife.ca/accessibility for more information. To speak with a Manulife representative, contact 1-888-626-8543.

#### Plus<sup>™</sup> Enhanced

vels as the ComboPlus<sup>™</sup> Starter plan).

Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions:

70% of the first \$1,200 (anniversary year maximum of \$840) +: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) visits every 6 months

ing dental services have a combined maximum of \$1,250 per person per 3-year period:

rgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% ontics, crowns, bridges, dentures: Year 1: 0%, Year 2+: 60%

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.

<sup>†</sup> Guaranteed to Issue Plan with no medical underwriting required when applying for coverage. Guaranteed acceptance upon meeting the eligibility criteria and receipt of first premium payment. See full policy for details. Conditions, limitations

<sup>1</sup> TELUS Health Virtual Care is included at no cost for all Flexcare plan members and available once you have registered to submit your claims online through Manulife's SecureServe portal. Manulife cannot guarantee the availability of this