

## **Health and Dental Plans**

	n is guaranteed issue. writing required at the time of application.		Base Plan	Bronze Plan	Silver Plan	Gold Plan
Prescription Drugs <sup>†</sup>	Generic vs brand-name coverage Shared dispensing fee (Not applicable in Quebec) Birth control Fertility Drugs Reimbursement on first amount per year <sup>††</sup> Reimbursement on next amount per year <sup>††</sup> Maximum per year <sup>††</sup>		Generic \$6.50 maximum Covered Not covered 70% of first \$750 None \$525	Generic \$6.50 maximum Covered Not covered 70% of first \$500 80% of next \$2,500 \$2,350	Generic \$7.50 maximum Covered Not covered 70% of first \$500 100% of next \$4,650 \$5,000	Brand-name Covered Covered Not covered 90% of first \$2,222 100% of next \$8,000 \$10,000
	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services		70%	70%	80%	80%
			70%	70%	80%	80%
Dental Services‡	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 visit	ts	9 months	9 months	9 months	6 months
		commodation* charge per day	n/a n/a	n/a n/a	Semi-private only \$150	Semi-private & private \$200
lospital	Reimbursement per anniversary year		n/a	n/a	100% of first 30 days; 50% of next 100 days	100% for complete year
Benefits	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 t 1st day (\$3,000 maximum
ravel Coverage to age 65)			5 days	9 days	17 days	30 days
Core Benefits#			Base Plan	Bronze Plan	Silver Plan	Gold Plan
Dawistawad Cassia	Maximum claims paid		\$500 combined per year	\$750 combined per year	\$1000 combined per year	\$1,500 combined per yea
Registered Specia Therapists**	IISTS &	Per visit maximum	\$25	n/a	n/a	n/a
norapioto		Chiropractic X-rays	\$35 per year	\$35 per year	\$35 per year	\$35 per year
		Maximum per first visit	\$80	\$80	\$80	\$80
Registered Psych		Maximum per subsequent visit	\$65	\$65	\$65	\$65
r Psychotherapi	ST	Maximum visits per anniversary year	10	10	12	15
Dawietewad Cuasa	. L	Maximum per first visit	\$65	\$65	\$65	\$65
Registered Speed Therapist	311	Maximum per subsequent visit	\$45	\$45	\$45	\$45
ПСТИРТЭС		Maximum visits per anniversary year	10	10	12	15
/ision		\$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	
		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 (combine maximum)
Custom-made Orthotics		\$225	\$225	\$225	\$225	
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 \$2,000 per year	\$5,000	\$10,000	\$20,000
	Accidental Dental			\$2,000 per year	\$2,500 per year	\$3,000 per year
	Hearing Aids			\$300 per 4-year period	\$400 per 4-year period	\$500 per 4-year period
learing Aids					Consorther and lifetime	6 months nor 2 year paris
learing Aids	l Respor	ise Service***	3 months per lifetime	3 months per lifetime	6 months per lifetime	6 months per 3-year perio
Hearing Aids Lifeline® Persona		nse Service***	3 months per lifetime Unlimited ground and air transportation	3 months per lifetime Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation
		nse Service***	Unlimited ground and air	Unlimited ground and air	Unlimited ground and air	Unlimited ground and air

The Manufacturers Life Insurance Company (Manulife).



## 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 <sup>‡</sup>	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 <sup>‡‡</sup>								
		Maximum claims paid	\$300 per specialist/therapis	.t				
Registered Specialists & Therapists**		Per visit maximum	\$20					
		Chiropractic X-rays	\$35 per year					
	Maximum per first visit		\$80					
Registered Psychologist or Psychotherapist		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		\$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					
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 per 4-year period					
Lifeline® Personal Response Service***			3 months per lifetime					
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					

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. Calendar Year means the 12-month period commencing January 1 and ending December 31.

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.

†† Prescription drug coverage is based on Calendar Year for residents of British Columbia, Saskatchewan and Quebec. For all other provinces, coverage is based on Anniversary Year.

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, fertility drugs, birth control 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.

## The Association Health & Dental Plan is offered through The Manufacturers Life Insurance Company (Manulife).

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<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> 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, physiotherapists, psychologists, psychotherapists and speech therapists.

<sup>\*\*\*</sup> Manulife cannot guarantee the availability of this benefit indefinitely.