

The Association Health and Dental Plan

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 (subject to applicable co-payment)	\$6.50 maximum	\$6.50 maximum	\$7.50 maximum	Covered
Birth control and fertility drugs	Not covered	Not covered	Covered	Covered
Reimbursement on first amount per anniversary year ^{††}	70% of first \$750	70% of first \$500	70% of first \$500	90% of first \$2,222
Reimbursement on next amount per anniversary year ^{††}	None	80% of next \$2,500	100% of next \$4,650	100% of next \$8,000
Maximum per anniversary 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	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				
Registered Specialists & Therapists**				
Maximum claims paid	\$300 per specialist/therapist	80% to a maximum of \$450 per specialist/therapist	90% to a maximum of \$600 per specialist/therapist	\$1,500 combined
Per visit maximum	\$20	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 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 year	10	10	12	15
Vision	\$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	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)
For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:				
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	\$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-year period	\$300 per 4-year period	\$400 per 4-year period	\$500 per 4-year period
Lifeline® Personal Response Service*	3 months per lifetime	3 months per lifetime	6 months per lifetime	6 months per 3-year period
Health Service Navigator®*	Included	Included	Included	Included
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

[†] Prescription drug coverage applies to costs not covered by your provincial prescription drug insurance plan, up to the maximums stated above. ^{††} Prescription drug coverage is based on Calendar Year for residents of British Columbia and Saskatchewan. 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.

The Association Health and Dental Plan

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 year	10
Registered Speech Therapist	
Maximum per first visit	\$65
Maximum per subsequent visit	\$45
Maximum visits per 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	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$2,000; Year 5+: \$2,500
For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment	
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
Health Service Navigator®	Included
Ambulance Services	Unlimited ground and air transportation
Survivor Benefit	Available 1 year after policy effective date
Lifetime Maximum	\$100,000

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. † Note: If applicable, dental coverage begins at the age when dental coverage under your provincial 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 this benefit indefinitely.

Note: This chart is not for use in Quebec.



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