



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

	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required when applying for coverage			ComboPlus™ Basic Plan requires medical underwriting			ComboPlus™ Enhanced Plan requires medical underwriting		
Drug Coverage	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+
• Generic ¹ drugs vs. brand-name drugs	Generic			Generic			Brand-name or generic		
• Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum		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 fertility and birth control drugs		
• Reimbursement of eligible prescription costs per year	70% of first \$750		100% of first \$750	70% of first \$750, 90% of next \$4,972		100% of first \$750, 90% of next \$4,722	90% of first \$2,222, 100% of next \$8,000		100% of first \$750, 90% of next \$10,278
• Anniversary year maximums per person	\$525		\$750	\$5,000		\$5,000	\$10,000		\$10,000
Dental Coverage Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.	Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage 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 \$860			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 3 consecutive years, with a year 1 combined maximum of \$400.
• Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3	Not covered			Not covered			Year 1: 0%; Year 2: 0%; Year 3+: 60%		
Vision Care 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	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropractor, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist (per person per anniversary year)	Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist		
	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits
Registered Psychologist/Psychotherapist (per person per anniversary year)	10	\$80	\$65	15	\$80	\$65	15	\$80	\$65
Registered Speech Pathologist/Therapist (per person per anniversary year)	10	15	\$65	\$45	10	15	\$65	\$45	10
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, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist, Registered Dietician; 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.	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:			For each of 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: \$1,700; Year 5+: \$3,000		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		\$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year		\$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		
Lifeline® Personal Response Service² Provides 24-hour monitoring service for people coping with medical problems at home.	6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years		
Health Service Navigator^{®2} Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included			Included			Included		
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 anniversary year			\$2,000 maximum per person, per anniversary year			\$2,000 maximum per person, per 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		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)³ \$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		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 65 and over, or a child			Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			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 1 year, following the death of an adult insured.	Available 1 year after policy effective date			Included			Included		

Plan Comparison Chart (continued)

DrugPlus™ Basic Plan requires medical underwriting	DrugPlus™ Enhanced Plan requires medical underwriting	DentalPlus™ Basic Guaranteed to Issue Plan with no medical underwriting required when applying for coverage	DentalPlus™ Enhanced Guaranteed to Issue Plan with no medical underwriting required when applying for coverage
Note: In PEI, dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> • Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) • Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750) • Recall visits every 9 months 	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> • Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) • Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) • Recall visits every 6 months The following dental services have a combined maximum of \$1,250 per person per 3-year period. <ul style="list-style-type: none"> • Oral surgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% • Orthodontics, crowns, bridges, dentures: Year 1: 0%, Year 2: 0%, Year 3: 60%
Also includes 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).			

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ³	Travel +21 days ³	Catastrophic Coverage (Not available to 65+)		Hospital Basic*	Hospital Enhanced*
Guaranteed to Issue Plan with no medical underwriting required when applying for coverage				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.	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.	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.	\$4,500	\$10,200	Semi-private room coverage 100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$150/day.	Semi-private or private room coverage 100% coverage of the daily room maximum, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$200/day.
Not available as an Add-On to ComboPlus™ Starter plan.		Not available to persons age 70 and over.	Not available to persons age 70 and over.	Add-On to DrugPlus™ Basic plans and ComboPlus™ Basic plans only.	Add-On to DrugPlus™ Enhanced plan and ComboPlus™ Enhanced plan only.	Cash benefit: \$25 per person (\$15 for Alberta) per day beginning on the 4 th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.	Cash benefit: \$50 per person (\$20 for Alberta) per day beginning on the 4 th day of hospitalization, maximum of 60 days, if semi-private or private room is not obtained.

Anniversary year means the consecutive 12 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.

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.

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable. Benefits payable are up to reasonable and customary charges.

¹ 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 no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

² Manulife cannot guarantee its availability. Reasonable efforts will be made to provide a similar benefit, if necessary.

³ Coverage may be limited or excluded for any illness or condition which first manifested itself within the 9-month period immediately preceding each departure date. Trips over the maximum length are not covered. Travel coverage is not available to persons age 70 and over.

⁴ In the event of an accident that requires a hospital stay of at least 24 hours, Catastrophic Coverage provides unlimited Chiropractor and Physiotherapist coverage for 1 year following the accident. All Catastrophic Coverage benefits are paid at the reasonable and customary level, and are co-ordinated with any other health plan coverage you may have.

Once your application is approved, your coverage will continue as long as your premiums are paid, regardless of age or any future changes in your health.

* For pregnant applicants, see important notice in the Flexicare® brochure.

Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.

Plans underwritten by **The Manufacturers Life Insurance Company.**

Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. Health Service Navigator is offered through The Manufacturers Life Insurance Company.

™/® Trademarks held by The Manufacturers Life Insurance Company. Lifeline® is a trademark of Lifeline Systems Inc. © 2018 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Str Waterloo, Waterloo, ON N2J 4B8.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.





Plan Comparison Chart – British Columbia and Saskatchewan

	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required when applying for coverage			ComboPlus™ Basic Plan requires medical underwriting			ComboPlus™ Enhanced Plan requires medical underwriting		
Drug Coverage	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+
<ul style="list-style-type: none"> Generic¹ drugs vs. brand-name drugs Shared Dispensing Fee (subject to applicable co-payment) Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription Reimbursement of eligible prescription costs per calendar year 	Generic			Generic			Brand-name or generic		
	\$6.50 maximum			No maximum			No maximum		
	All			All			All except fertility and birth control drugs		
	70% of first \$750			British Columbia: 70% of first \$750, 90% of next \$4,972 Saskatchewan: Per family 70% on first \$1,150, 100% on further claims per year to max of \$5,000			90% of first \$2,222, 100% of next \$8,000		
<ul style="list-style-type: none"> Calendar year maximums per person 	\$525			\$5,000			\$10,000		
Dental Coverage	Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.								
<ul style="list-style-type: none"> Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year Anniversary year maximum for basic dental services Recall visits Oral surgery, periodontics, endodontics (root canal) Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3 	70% of first \$575			80% of first \$400, 50% of next \$860			100% of first \$500, 60% of next \$700		
	\$400			\$750			\$920		
	9 months			9 months			6 months		
	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 3 consecutive years, with a year 1 combined maximum of \$400.
	Not covered			Not covered			Year 1: 0%; Year 2: 0%; Year 3+: 60%		
Vision Care	\$150 maximum per 2 consecutive benefit years								
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$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	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropractor, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist (per person per anniversary year)	Dollar maximum \$25/visit, maximum visits 20/specialist								
	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits
Registered Psychologist/Psychotherapist (per person per anniversary year)	10	\$80	\$65	15	\$80	\$65	15	\$80	\$65
Registered Speech Pathologist/Therapist (per person per anniversary year)	10	15	\$65	\$45	10	15	\$65	\$45	10
Registered Physiotherapist (per person per anniversary year)	\$250 maximum			\$250 maximum			\$250 maximum		
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:								
Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist, Registered Dietician; 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		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		\$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year		\$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		
Lifeline® Personal Response Service² Provides 24-hour monitoring service for people coping with medical problems at home.	6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years		
Health Service Navigator^{®2} Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included			Included			Included		
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 anniversary year			\$2,000 maximum per person, per anniversary year			\$2,000 maximum per person, per 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		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)³ \$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		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 65 and over, or a child			Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			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 1 year, following the death of an adult insured.	Available 1 year after policy effective date			Included			Included		

Plan Comparison Chart (continued)

DrugPlus™ Basic Plan requires medical underwriting	DrugPlus™ Enhanced Plan requires medical underwriting	DentalPlus™ Basic Guaranteed to Issue Plan with no medical underwriting required when applying for coverage	DentalPlus™ Enhanced Guaranteed to Issue Plan with no medical underwriting required when applying for coverage	
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750) Recall visits every 9 months 	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) Recall visits every 6 months The following dental services have a combined maximum of \$1,250 per person per 3-year period. <ul style="list-style-type: none"> Oral surgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% Orthodontics, crowns, bridges, dentures: Year 1: 0%, Year 2: 0%, Year 3: 60% 	
Also includes 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).				

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ³	Travel +21 days ³	Catastrophic Coverage (Not available to 65+)		Hospital Basic*	Hospital Enhanced*
Guaranteed to Issue Plan with no medical underwriting required when applying for coverage				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.	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.	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.	\$4,500	\$10,200	Semi-private room coverage 100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$150/day.	Semi-private or private room coverage 100% coverage of the daily room maximum, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$200/day.
				Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$4,500 per person.	Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$10,200 per person.		
Not available as an Add-On to ComboPlus™ Starter plan.		Not available to persons age 70 and over.	Not available to persons age 70 and over.	Add-On to DrugPlus™ Basic plans and ComboPlus™ Basic plans only.	Add-On to DrugPlus™ Enhanced plan and ComboPlus™ Enhanced plan only.	Cash benefit: \$25 per person per day beginning on the 4 th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.	Cash benefit: \$50 per person per day beginning on the 4 th day of hospitalization, maximum of 60 days, if semi-private or private room is not obtained.

Anniversary year means the consecutive 12 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.

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.

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable. Benefits payable are up to reasonable and customary charges.

¹ 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 no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

² Manulife cannot guarantee its availability. Reasonable efforts will be made to provide a similar benefit, if necessary.

³ Coverage may be limited or excluded for any illness or condition which first manifested itself within the 9-month period immediately preceding each departure date. Trips over the maximum length are not covered. Travel coverage is not available to persons age 70 and over.

⁴ In the event of an accident that requires a hospital stay of at least 24 hours, Catastrophic Coverage provides unlimited Chiropractor and Physiotherapist coverage for 1 year following the accident. All Catastrophic Coverage benefits are paid at the reasonable and customary level, and are co-ordinated with any other health plan coverage you may have.

* Once your application is approved, your coverage will continue as long as your premiums are paid, regardless of age or any future changes in your health.

* For pregnant applicants, see important notice in the Flexicare™ brochure.

Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.

Plans underwritten by **The Manufacturers Life Insurance Company.**

Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. Health Service Navigator is offered through The Manufacturers Life Insurance Company.

™/® Trademarks held by The Manufacturers Life Insurance Company. Lifeline® is a trademark of Lifeline Systems Inc. © 2018 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.





Plan Comparison Chart – Manitoba and New Brunswick

	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required when applying for coverage			ComboPlus™ Basic Plan requires medical underwriting			ComboPlus™ Enhanced Plan requires medical underwriting		
Drug Coverage	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+
<ul style="list-style-type: none"> Generic¹ drugs vs. brand-name drugs Shared Dispensing Fee (subject to applicable co-payment) Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription Reimbursement of eligible prescription costs per year Anniversary year maximums per person 	Generic			Generic			Brand-name or generic		
	\$6.50 maximum			No maximum			No maximum		
	All			All			All except fertility and birth control drugs		
	70% of first \$750			70% of first \$750, 90% of next \$4,972			90% of first \$2,222, 100% of next \$8,000		
	\$525			\$5,000			\$10,000		
Dental Coverage									
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.									
<ul style="list-style-type: none"> Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year Anniversary year maximum for basic dental services Recall visits Oral surgery, periodontics, endodontics (root canal) Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3 	70% of first \$575			80% of first \$400, 50% of next \$860			100% of first \$500, 60% of next \$700		
	\$400			\$750			\$920		
	9 months			9 months			6 months		
	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 3 consecutive years, with a year 1 combined maximum of \$400.
	Not covered			Not covered			Year 1: 0%; Year 2: 0%; Year 3+: 60%		
Vision Care									
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			\$250 maximum per 2 consecutive benefit years			\$250 maximum per 2 consecutive benefit years		
	\$70 maximum for optometrist visit per 2 consecutive benefit years			\$70 maximum for optometrist visit per 2 consecutive benefit years			\$70 maximum for optometrist visit per 2 consecutive benefit years		
Extended Health Care Benefits	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000
Registered Specialists and Therapists (Paramedical Services):									
Chiropractor (\$35 chiropractic x-rays per year), Chiropractor, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist (per person per anniversary year)	Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist		
	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits
Registered Psychologist/Psychotherapist (per person per anniversary year)	10	\$80	\$65	15	\$80	\$65	15	\$80	\$65
Registered Speech Pathologist/Therapist (per person per anniversary year)	10	15	\$65	\$45	10	15	\$65	\$45	10
Registered Physiotherapist (per person per anniversary year)	\$250 maximum			\$250 maximum			\$250 maximum		
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:								
Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist, Registered Dietician; 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		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		\$4,500 maximum per person, per anniversary year	\$4,000 maximum per person, per anniversary year		\$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								
Lifeline® Personal Response Service²									
Provides 24-hour monitoring service for people coping with medical problems at home.	6 months per person, per 3 anniversary years								
Health Service Navigator^{®2}									
Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included								
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 anniversary year								
Ambulance Services									
Unlimited ground and air transportation.	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		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)³									
\$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 65 and over, or a child			Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			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 1 year, following the death of an adult insured.	Available 1 year after policy effective date			Included			Included		

Plan Comparison Chart (continued)

DrugPlus™ Basic Plan requires medical underwriting	DrugPlus™ Enhanced Plan requires medical underwriting	DentalPlus™ Basic Guaranteed to Issue Plan with no medical underwriting required when applying for coverage	DentalPlus™ Enhanced Guaranteed to Issue Plan with no medical underwriting required when applying for coverage
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750) Recall visits every 9 months 	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) Recall visits every 6 months <p>The following dental services have a combined maximum of \$1,250 per person per 3-year period.</p> <ul style="list-style-type: none"> Oral surgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% Orthodontics, crowns, bridges, dentures: Year 1: 0%, Year 2: 0%, Year 3: 60%
Also includes 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).			

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ³	Travel +21 days ³	Catastrophic Coverage (Not available to 65+)	Hospital Basic*	Hospital Enhanced*
Guaranteed to Issue Plan with no medical underwriting required when applying for coverage				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.	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.	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.	\$4,500	\$10,200	Semi-private room coverage
				Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$4,500 per person.	Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$10,200 per person.	100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$150/day.
Not available as an Add-On to ComboPlus™ Starter plan.		Not available to persons age 70 and over.	Not available to persons age 70 and over.	Add-On to DrugPlus™ Basic plans and ComboPlus™ Basic plans only.	Add-On to DrugPlus™ Enhanced plan and ComboPlus™ Enhanced plan only.	Cash benefit: \$25 per person per day beginning on the 4 th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.

Anniversary year means the consecutive 12 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.

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.

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable. Benefits payable are up to reasonable and customary charges.

¹ 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 no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

² Manulife cannot guarantee its availability. Reasonable efforts will be made to provide a similar benefit, if necessary.

³ Coverage may be limited or excluded for any illness or condition which first manifested itself within the 9-month period immediately preceding each departure date. Trips over the maximum length are not covered. Travel coverage is not available to persons age 70 and over.

⁴ In the event of an accident that requires a hospital stay of at least 24 hours, Catastrophic Coverage provides unlimited Chiropractor and Physiotherapist coverage for 1 year following the accident. All Catastrophic Coverage benefits are paid at the reasonable and customary level, and are co-ordinated with any other health plan coverage you may have.

* Once your application is approved, your coverage will continue as long as your premiums are paid, regardless of age or any future changes in your health.

* For pregnant applicants, see important notice in the Flexicare™ brochure.

Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.

Plans underwritten by **The Manufacturers Life Insurance Company.**

Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. Health Service Navigator is offered through The Manufacturers Life Insurance Company.

™/® Trademarks held by The Manufacturers Life Insurance Company. Lifeline® is a trademark of Lifeline Systems Inc. © 2018 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.



	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required when applying for coverage			ComboPlus™ Basic Plan requires medical underwriting			ComboPlus™ Enhanced Plan requires medical underwriting			
Drug Coverage	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	
<ul style="list-style-type: none"> Generic¹ drugs vs. brand-name drugs Shared Dispensing Fee (subject to applicable co-payment) Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription Reimbursement of eligible prescription costs per year Anniversary year maximums per person 	Generic		No maximum	Generic		No maximum	Brand-name or generic		No maximum	
	\$6.50 maximum			No maximum			No maximum			
	All		100% of first \$300	All		100% of first \$380	All except fertility and birth control drugs		100% of first \$750, 90% of next \$10,278	
	70% of first \$750			70% of first \$750, 90% of next \$4,972			90% of first \$2,222, 100% of next \$8,000			
	\$525		\$300	\$5,000		\$380	\$10,000		\$10,000	
Dental Coverage Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.	Note: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			Note: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			Note: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.			
<ul style="list-style-type: none"> Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year Anniversary year maximum for basic dental services Recall visits Oral surgery, periodontics, endodontics (root canal) Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3 	70% of first \$575		\$400	80% of first \$400, 50% of next \$860		\$750	100% of first \$500, 60% of next \$700		\$920	
	9 months			9 months			6 months			
	Not covered			Not covered			Year 1: 60%; Year 2: 60%; Year 3+: 80%		<small>Combined maximum for oral surgery, periodontics, endodontics and major restorative of \$1,250 per 3 consecutive years, with a year 1 combined maximum of \$400.</small>	
	Not covered			Not covered			Year 1: 0%; Year 2: 0%; Year 3+: 60%			
Vision Care 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	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropractor, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist <small>(per person per anniversary year)</small>	Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist			Dollar maximum \$25/visit, maximum visits 20/specialist			
	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	
Registered Psychologist/Psychotherapist (per person per anniversary year)	10	\$80	\$65	15	\$80	\$65	15	\$80	\$65	
Registered Speech Pathologist/Therapist (per person per anniversary year)	10	15	\$65	10	15	\$65	10	15	\$65	
Registered Physiotherapist (per person per anniversary year)	\$250 maximum			\$250 maximum			\$250 maximum			
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment <small>Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist, Registered Dietician; 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.</small>	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: \$1,700; Year 5+: \$3,000			For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500			For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$4,000 maximum per person, per anniversary year			\$4,500 maximum per person, per anniversary year
Custom-Made Orthotics <small>Covers charges for the purchase of custom-made orthotics (plaster or computer topography).</small>	\$225 per year			\$225 per year			\$225 per year			
Lifeline® Personal Response Service² <small>Provides 24-hour monitoring service for people coping with medical problems at home.</small>	6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years			6 months per person, per 3 anniversary years			
Health Service Navigator^{®2} <small>Offers evaluation of medical records upon diagnosis of serious illness or injury.</small>	Included			Included			Included			
Accidental Dental <small>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.</small>	\$2,000 maximum per person, per anniversary year			\$2,000 maximum per person, per anniversary year			\$2,000 maximum per person, per anniversary year			
Ambulance Services <small>Unlimited ground and air transportation.</small>	Included			Included			Included			
Hearing Aids <small>Covers the costs to purchase and/or repair up to the allowed maximum.</small>	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	
Travel Coverage (to age 70)³ <small>\$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.</small>	Included		Included	Included		Included	Included		Included	
Accidental Death and Dismemberment <small>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.</small>	Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			
Survivor Benefit <small>Provides for continuous coverage for 1 year, following the death of an adult insured.</small>	Available 1 year after policy effective date			Included			Included			

Plan Comparison Chart (continued)

DrugPlus™ Basic Plan requires medical underwriting	DrugPlus™ Enhanced Plan requires medical underwriting	DentalPlus™ Basic Guaranteed to Issue Plan with no medical underwriting required when applying for coverage	DentalPlus™ Enhanced Guaranteed to Issue Plan with no medical underwriting required when applying for coverage
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.	Note: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.	
		Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> • Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) • Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750) • Recall visits every 9 months 	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> • Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) • Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) • Recall visits every 6 months
		Also includes 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).	

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ³	Travel +21 days ³	Catastrophic Coverage (Not available to 65+)		Hospital Basic*	Hospital Enhanced*
Guaranteed to Issue Plan with no medical underwriting required when applying for coverage				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.	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.	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.	\$4,500 Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$4,500 per person.	\$10,200 Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$10,200 per person.	Semi-private room coverage 100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$150/day.	Semi-private or private room coverage 100% coverage of the daily room maximum, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$200/day.
Not available as an Add-On to ComboPlus™ Starter plan.		Not available to persons age 70 and over.	Not available to persons age 70 and over.	Add-On to DrugPlus™ Basic plans and ComboPlus™ Basic plans only.	Add-On to DrugPlus™ Enhanced plan and ComboPlus™ Enhanced plan only.	Cash benefit: \$25 per person per day beginning on the 4 th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.	Cash benefit: \$50 per person per day beginning on the 4 th day of hospitalization, maximum of 60 days, if semi-private or private room is not obtained.

Anniversary year means the consecutive 12 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.

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.

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable. Benefits payable are up to reasonable and customary charges.

¹ 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 no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

² Manulife cannot guarantee its availability. Reasonable efforts will be made to provide a similar benefit, if necessary.

³ Coverage may be limited or excluded for any illness or condition which first manifested itself within the 9-month period immediately preceding each departure date. Trips over the maximum length are not covered. Travel coverage is not available to persons age 70 and over.

⁴ In the event of an accident that requires a hospital stay of at least 24 hours, Catastrophic Coverage provides unlimited Chiropractor and Physiotherapist coverage for 1 year following the accident. All Catastrophic Coverage benefits are paid at the reasonable and customary level, and are co-ordinated with any other health plan coverage you may have.

* Once your application is approved, your coverage will continue as long as your premiums are paid, regardless of age or any future changes in your health.

* For pregnant applicants, see important notice in the Flexicare™ brochure.

Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.

Plans underwritten by **The Manufacturers Life Insurance Company.**

Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence. Health Service Navigator is offered through The Manufacturers Life Insurance Company.

™/® Trademarks held by The Manufacturers Life Insurance Company. Lifeline® is a trademark of Lifeline Systems Inc. © 2018 The Manufacturers Life Insurance Company. All rights reserved. Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.

Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.

