

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans

Single Adults

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
<45	Under 65	\$64.10	\$92.90	\$79.90	\$91.30	\$147.90	\$81.80	\$128.30
	65 Plus	\$52.70	\$72.70	\$66.80	\$73.40	\$114.40	\$73.50	\$109.00
45-54	Under 65	\$72.80	\$96.00	\$95.30	\$112.70	\$177.90	\$86.10	\$153.10
	65 Plus	\$56.90	\$73.20	\$77.40	\$87.60	\$136.70	\$76.60	\$129.50
55-59	Under 65	\$82.90	\$106.20	\$100.90	\$117.80	\$189.90	\$86.80	\$156.40
	65 Plus	\$62.50	\$78.00	\$80.50	\$89.60	\$143.10	\$78.60	\$133.20
60-64	Under 65	\$90.20	\$116.70	\$106.50	\$126.10	\$198.10	\$90.10	\$158.80
	65 Plus	\$67.60	\$85.80	\$85.10	\$94.90	\$148.30	\$81.50	\$134.50
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$65.30	\$84.30	\$94.20	\$95.30	\$143.30	\$79.40	\$127.90
70-79	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$80.30	\$100.50	\$111.20	\$109.90	\$153.00	\$81.10	\$125.60
80-89	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$95.90	\$124.20	\$127.20	\$120.10	\$164.90	\$84.00	\$122.90
90+	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$141.80	\$177.20	\$169.60	\$160.10	\$184.10	\$115.40	\$139.40

Core Plans

Couples (per adult)

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
<45	Under 65	\$53.00	\$78.70	\$68.30	\$79.20	\$133.90	\$67.40	\$107.90
	65 Plus	\$41.60	\$59.70	\$55.50	\$62.50	\$101.20	\$59.70	\$90.90
45-54	Under 65	\$61.90	\$82.20	\$82.30	\$99.20	\$162.20	\$70.90	\$129.80
	65 Plus	\$46.60	\$61.00	\$65.10	\$75.60	\$123.00	\$62.50	\$108.50
55-59	Under 65	\$71.30	\$92.20	\$87.90	\$104.20	\$173.50	\$72.40	\$133.50
	65 Plus	\$51.30	\$65.70	\$68.10	\$77.00	\$128.60	\$64.80	\$112.00
60-64	Under 65	\$78.30	\$101.80	\$93.00	\$112.10	\$182.00	\$75.30	\$135.00
	65 Plus	\$56.50	\$72.90	\$72.60	\$82.40	\$134.20	\$67.20	\$113.60
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$54.00	\$70.10	\$80.50	\$82.40	\$129.20	\$64.60	\$107.20
70-79	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$68.40	\$86.50	\$96.90	\$96.30	\$138.10	\$66.10	\$104.90
80-89	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$83.60	\$108.80	\$112.20	\$106.40	\$150.10	\$69.20	\$102.50
90+	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$127.90	\$158.30	\$153.70	\$144.50	\$168.40	\$98.30	\$117.60

Core Plans

Child (per child, for families with 1 or 2 children)

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
0-4	Under 65	\$28.40	\$39.20	\$33.10	\$34.70	\$44.10	\$24.00	\$26.20
	65 Plus	\$18.60	\$24.90	\$24.90	\$24.00	\$27.20	\$21.10	\$20.80
5-20	Under 65	\$23.20	\$29.60	\$39.90	\$45.60	\$83.40	\$40.50	\$79.10
	65 Plus	\$18.20	\$22.00	\$32.10	\$35.40	\$66.60	\$35.00	\$66.50

Core Plans

Child (per child, for families with 3+ children)

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
0-4	Under 65	\$25.60	\$35.50	\$29.90	\$31.30	\$39.60	\$21.30	\$23.50
	65 Plus	\$17.30	\$22.60	\$22.50	\$21.50	\$24.20	\$19.10	\$18.70
5-20	Under 65	\$21.00	\$26.80	\$35.60	\$40.60	\$75.30	\$36.40	\$71.30
	65 Plus	\$16.10	\$19.70	\$28.50	\$31.90	\$59.50	\$31.70	\$60.40

Vision, Travel & AD&D are all Add-Ons

Single Adults

Age		Vision Enhanced ^{††}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [†]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
<45	Under 65	\$20.20	\$5.70	\$8.30	\$3.80	\$4.80	\$7.40	\$15.10	\$13.70
	65 Plus	\$21.00	\$5.70	\$8.30	\$3.90	\$4.80	\$8.00	\$16.80	\$15.30
45-54	Under 65	\$21.50	\$6.30	\$9.70	\$4.00	\$5.70	\$8.80	\$18.50	\$16.80
	65 Plus	\$21.80	\$8.00	\$13.70	\$4.00	\$7.10	\$11.00	\$20.40	\$18.50
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$18.70	\$10.20	\$16.50	\$3.70	\$11.00	\$15.90	\$27.80	\$25.30
70-79	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$16.60	\$4.50	\$14.80	\$4.50	\$14.80	\$20.70	\$30.70	\$27.90
80-89	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$14.90	\$7.90	\$19.10	\$7.90	\$19.10	\$29.20	\$35.70	\$32.50
90+	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$14.30	\$12.10	\$25.10	\$12.10	\$25.10	\$37.30	\$43.50	\$39.50

Vision, Travel & AD&D are all Add-Ons

Couples (per adult)

Age		Vision Enhanced ^{††}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [†]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
<45	Under 65	\$16.60	\$5.70	\$8.30	\$3.80	\$4.70	\$7.30	\$15.10	\$13.70
	65 Plus	\$17.60	\$5.70	\$8.30	\$3.90	\$4.80	\$7.50	\$16.80	\$15.30
45-54	Under 65	\$18.00	\$6.30	\$9.70	\$4.00	\$5.10	\$8.50	\$18.50	\$16.80
	65 Plus	\$18.10	\$8.00	\$13.70	\$4.00	\$6.70	\$8.80	\$20.40	\$18.50
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$15.70	\$10.20	\$16.50	\$3.70	\$10.60	\$15.40	\$24.80	\$22.50
70-79	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$14.20	\$4.50	\$13.70	\$4.50	\$13.70	\$19.50	\$27.80	\$25.30
80-89	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$13.10	\$7.90	\$18.10	\$7.90	\$18.10	\$27.80	\$32.50	\$29.50
90+	Under 65	N/A [†]	N/A	N/A	N/A [†]	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$11.70	\$12.10	\$24.30	\$12.10	\$24.30	\$35.70	\$35.70	\$32.50

Vision, Travel & AD&D are all Add-Ons

Child (per child, for families with 1 or 2 children)

Age		Vision Enhanced ^{††}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [†]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
0-4	Under 65	\$5.90	\$4.90	\$7.70	\$3.50	\$4.50	\$4.90	\$13.50	\$12.30
	65 Plus	\$16.60	\$4.90	\$7.70	\$3.40	\$4.20	\$4.60	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons

Child (per child, for families with 3+ children)

Age		Vision Enhanced ^{††}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [†]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
0-4	Under 65	\$4.80	\$4.60	\$7.30	\$3.30	\$4.10	\$4.70	\$13.50	\$12.30
	65 Plus	\$14.90	\$4.60	\$7.30	\$3.10	\$3.80	\$4.20	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)

Single Adults

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
<45	Under 65	\$15.30	\$17.40	\$22.10	\$20.10
	65 Plus	\$15.30	\$18.00	\$23.90	\$21.70
45-54	Under 65	\$15.70	\$19.00	\$25.50	\$23.20
	65 Plus	\$17.00	\$20.90	\$27.00	\$24.50
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$18.50	\$22.30	\$26.30	\$23.90
70-79	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$21.80	\$27.40	\$29.20	\$26.50
80-89	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$26.10	\$34.50	\$33.70	\$30.60
90+	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$30.30	\$41.20	\$40.90	\$37.20

Stand-Alones (Without a Core Plan)

Couples (per adult)

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$10,200 threshold) ^{**}
<45	Under 65	\$11.00	\$13.20	\$18.90	\$17.20
	65 Plus	\$11.20	\$13.60	\$20.80	\$18.90
45-54	Under 65	\$11.60	\$14.90	\$22.10	\$20.10
	65 Plus	\$12.20	\$15.00	\$23.90	\$21.70
65-69	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$16.40	\$21.40	\$23.50	\$21.40
70-79	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$20.00	\$25.20	\$26.30	\$23.90
80-89	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$24.30	\$33.50	\$30.60	\$27.80
90+	Under 65	N/A [†]	N/A [†]	N/A [†]	N/A [†]
	65 Plus	\$30.20	\$41.70	\$33.70	\$30.60

Stand-Alones (Without a Core Plan)

Child (per child, for families with 1 or 2 children)

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{3,4} (\$
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*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

**Core Plans
Single Adults**

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$60.80	\$86.70	\$73.20	\$86.30	\$136.60	\$80.00	\$118.70
45-54	\$70.80	\$91.60	\$87.40	\$106.10	\$168.20	\$84.70	\$143.10
55-59	\$80.00	\$101.00	\$92.40	\$111.00	\$179.70	\$85.10	\$146.30
60-64	\$87.80	\$112.00	\$98.60	\$119.10	\$188.20	\$88.80	\$149.20
65-69	\$70.00	\$92.10	\$91.20	\$99.30	\$165.80	\$86.20	\$141.80
70-79	\$84.60	\$112.00	\$105.20	\$113.00	\$178.70	\$88.80	\$142.00
80-89	\$100.90	\$142.20	\$118.50	\$118.80	\$194.30	\$92.50	\$140.10
90+	\$168.50	\$225.40	\$173.70	\$174.00	\$227.80	\$137.20	\$169.10

**Core Plans
Couples (per adult)**

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$50.40	\$73.30	\$62.50	\$75.00	\$123.40	\$66.70	\$100.40
45-54	\$59.90	\$78.60	\$75.90	\$94.00	\$153.80	\$70.80	\$121.80
55-59	\$68.30	\$87.60	\$80.10	\$98.00	\$164.30	\$71.30	\$124.70
60-64	\$76.00	\$97.50	\$86.40	\$105.80	\$172.50	\$74.60	\$127.50
65-69	\$58.20	\$77.40	\$78.60	\$86.30	\$150.60	\$71.60	\$120.60
70-79	\$72.20	\$96.50	\$92.40	\$99.30	\$162.60	\$74.40	\$120.60
80-89	\$87.90	\$124.90	\$104.80	\$104.90	\$176.90	\$77.60	\$118.50
90+	\$152.20	\$202.70	\$158.70	\$158.40	\$209.40	\$119.70	\$144.30

**Core Plans
Child (per child, for families with 1 or 2 children)**

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$28.40	\$38.80	\$30.60	\$33.40	\$44.00	\$24.80	\$27.10
5-20	\$23.70	\$29.60	\$36.70	\$44.00	\$82.80	\$41.50	\$77.00

**Core Plans
Child (per child, for families with 3+ children)**

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$25.60	\$35.00	\$27.90	\$29.80	\$39.90	\$22.20	\$24.60
5-20	\$21.30	\$26.90	\$33.20	\$39.90	\$74.50	\$37.20	\$69.70

**Vision, Travel & AD&D are all Add-Ons
Single Adults**

Age	Vision Enhanced*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$18.10	\$4.90	\$8.20	\$3.80	\$8.20	\$10.90	\$15.10	\$13.70
45-54	\$19.40	\$4.90	\$8.20	\$3.90	\$7.40	\$10.50	\$16.80	\$15.30
55-59	\$20.00	\$5.90	\$9.50	\$4.00	\$8.30	\$11.80	\$18.50	\$16.80
60-64	\$20.20	\$7.70	\$13.40	\$4.00	\$11.90	\$16.60	\$20.40	\$18.50
65-69	\$17.40	\$9.90	\$16.10	\$3.70	\$15.90	\$20.60	\$27.80	\$25.30
70-79	\$15.30	N/A	N/A	\$4.50	\$23.00	\$29.80	\$30.70	\$27.90
80-89	\$13.70	N/A	N/A	\$7.90	\$33.50	\$43.40	\$35.70	\$32.50
90+	\$13.20	N/A	N/A	\$12.10	\$43.90	\$56.90	\$43.50	\$39.50

**Vision, Travel & AD&D are all Add-Ons
Couples (per adult)**

Age	Vision Enhanced*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$15.30	\$4.90	\$8.20	\$3.80	\$7.70	\$10.50	\$15.10	\$13.70
45-54	\$15.90	\$4.90	\$8.20	\$3.90	\$7.30	\$9.90	\$16.80	\$15.30
55-59	\$16.60	\$5.90	\$9.50	\$4.00	\$8.10	\$11.30	\$18.50	\$16.80
60-64	\$16.80	\$7.70	\$13.40	\$4.00	\$11.30	\$14.20	\$20.40	\$18.50
65-69	\$14.60	\$9.90	\$16.10	\$3.70	\$15.30	\$19.10	\$24.80	\$22.50
70-79	\$13.10	N/A	N/A	\$4.50	\$22.00	\$27.80	\$27.80	\$25.30
80-89	\$11.70	N/A	N/A	\$7.90	\$31.40	\$40.30	\$32.50	\$29.50
90+	\$10.90	N/A	N/A	\$12.10	\$40.50	\$52.60	\$35.70	\$32.50

**Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)**

Age	Vision Enhanced*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$4.90	\$4.80	\$7.50	\$3.50	\$6.30	\$7.40	\$13.50	\$12.30
5-20	\$15.00	\$4.80	\$7.50	\$3.40	\$4.90	\$6.10	\$13.50	\$12.30

**Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)**

Age	Vision Enhanced*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$4.60	\$4.50	\$6.90	\$3.30	\$5.70	\$6.70	\$13.50	\$12.30
5-20	\$13.60	\$4.50	\$6.90	\$3.10	\$4.60	\$5.10	\$13.50	\$12.30

**Stand-Alones (Without a Core Plan)
Single Adults**

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$17.70	\$20.50	\$22.10	\$20.10
45-54	\$17.00	\$20.00	\$23.90	\$21.70
55-59	\$18.00	\$21.50	\$25.50	\$23.20
60-64	\$21.80	\$26.10	\$27.00	\$24.50
65-69	\$25.60	\$29.80	\$26.30	\$23.90
70-79	\$32.80	\$39.80	\$29.20	\$26.50
80-89	\$43.10	\$53.00	\$33.70	\$30.60
90+	\$53.20	\$66.40	\$40.90	\$37.20

**Stand-Alones (Without a Core Plan)
Couples (per adult)**

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$13.60	\$15.80	\$18.90	\$17.20
45-54	\$13.10	\$15.50	\$20.80	\$18.90
55-59	\$13.80	\$17.10	\$22.10	\$20.10
60-64	\$17.10	\$20.00	\$23.90	\$21.70
65-69	\$20.90	\$24.80	\$23.50	\$21.40
70-79	\$27.70	\$33.30	\$26.30	\$23.90
80-89	\$37.00	\$46.20	\$30.60	\$27.80
90+	\$46.40	\$58.10	\$33.70	\$30.60

**Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)**

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$6.30	\$7.40	\$12.50	\$11.40
5-20	\$4.90	\$6.10	\$12.50	\$11.40

**Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)**

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$5.70	\$6.70	\$12.50	\$11.40
5-20	\$4.60	\$5.10	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ Vision Add-On is not available with ComboPlus Starter plan.

² Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

³ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁴ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁵ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵ with any core plan for just \$5/month.

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$56.90	\$83.00	\$70.70	\$81.50	\$126.40	\$76.20	\$109.80
45-54	\$65.40	\$87.20	\$84.70	\$99.80	\$154.60	\$79.90	\$130.80
55-59	\$73.50	\$96.10	\$89.00	\$103.60	\$164.80	\$80.70	\$133.70
60-64	\$80.40	\$105.70	\$94.00	\$110.30	\$172.60	\$83.60	\$135.40
65-69	\$82.30	\$113.90	\$98.90	\$112.00	\$174.70	\$81.40	\$128.80
70-79	\$94.10	\$126.50	\$110.20	\$122.80	\$184.10	\$83.60	\$128.80
80-89	\$109.80	\$153.10	\$123.50	\$129.90	\$199.30	\$86.30	\$127.60
90+	\$165.20	\$217.50	\$173.70	\$174.90	\$228.80	\$122.10	\$149.20

Core Plans
Couples (per adult)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$46.80	\$69.90	\$59.80	\$70.30	\$114.00	\$62.90	\$91.80
45-54	\$55.50	\$74.60	\$72.90	\$87.70	\$140.40	\$66.00	\$110.40
55-59	\$62.90	\$82.70	\$76.60	\$90.90	\$150.10	\$67.30	\$113.20
60-64	\$69.00	\$92.10	\$81.90	\$97.60	\$157.60	\$69.40	\$114.40
65-69	\$71.00	\$99.00	\$86.40	\$99.00	\$159.50	\$67.40	\$108.80
70-79	\$82.50	\$111.40	\$97.00	\$109.50	\$168.40	\$69.10	\$108.30
80-89	\$98.10	\$136.70	\$109.80	\$116.50	\$183.20	\$71.60	\$106.80
90+	\$150.80	\$197.00	\$158.40	\$160.30	\$211.30	\$105.00	\$126.10

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$26.00	\$35.90	\$30.00	\$30.50	\$40.40	\$23.60	\$24.90
5-20	\$21.80	\$27.90	\$34.90	\$41.30	\$76.50	\$39.50	\$71.90

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$23.70	\$32.30	\$26.80	\$27.70	\$36.10	\$21.10	\$22.60
5-20	\$19.50	\$25.00	\$31.10	\$37.60	\$68.60	\$35.40	\$65.10

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$17.60	\$4.80	\$7.50	\$3.90	\$6.20	\$10.50	\$15.10	\$13.70
45-54	\$18.50	\$4.80	\$7.50	\$4.00	\$6.00	\$10.00	\$16.80	\$15.30
55-59	\$18.80	\$5.10	\$8.30	\$4.10	\$6.70	\$11.40	\$18.50	\$16.80
60-64	\$19.10	\$7.10	\$11.50	\$4.10	\$8.50	\$15.70	\$20.40	\$18.50
65-69	\$19.10	\$9.30	\$14.10	\$3.80	\$11.20	\$19.10	\$27.80	\$25.30
70-79	\$16.90	N/A	N/A	\$4.60	\$15.60	\$28.10	\$30.70	\$27.90
80-89	\$15.40	N/A	N/A	\$8.00	\$21.80	\$40.50	\$35.70	\$32.50
90+	\$14.70	N/A	N/A	\$12.50	\$28.40	\$52.70	\$43.50	\$39.50

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$14.90	\$4.80	\$7.50	\$3.90	\$5.90	\$9.90	\$15.10	\$13.70
45-54	\$15.70	\$4.80	\$7.50	\$4.00	\$5.90	\$9.70	\$16.80	\$15.30
55-59	\$16.10	\$5.10	\$8.30	\$4.10	\$6.50	\$11.20	\$18.50	\$16.80
60-64	\$16.30	\$7.10	\$11.50	\$4.10	\$8.20	\$13.40	\$20.40	\$18.50
65-69	\$16.10	\$9.30	\$14.10	\$3.80	\$10.70	\$17.90	\$24.80	\$22.50
70-79	\$14.60	N/A	N/A	\$4.60	\$14.70	\$25.90	\$27.80	\$25.30
80-89	\$13.40	N/A	N/A	\$8.00	\$20.70	\$37.30	\$32.50	\$29.50
90+	\$11.90	N/A	N/A	\$12.50	\$26.20	\$49.00	\$35.70	\$32.50

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$6.00	\$4.70	\$6.80	\$3.60	\$4.80	\$7.20	\$13.50	\$12.30
5-20	\$16.80	\$4.70	\$6.80	\$3.50	\$4.50	\$6.00	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$4.90	\$4.30	\$6.20	\$3.40	\$4.60	\$6.50	\$13.50	\$12.30
5-20	\$15.30	\$4.30	\$6.20	\$3.30	\$4.20	\$5.10	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$15.80	\$20.40	\$22.10	\$20.10
45-54	\$15.70	\$20.00	\$23.90	\$21.70
55-59	\$16.30	\$21.10	\$25.50	\$23.20
60-64	\$18.10	\$25.60	\$27.00	\$24.50
65-69	\$20.90	\$29.10	\$26.30	\$23.90
70-79	\$25.50	\$37.50	\$29.20	\$26.50
80-89	\$31.90	\$50.30	\$33.70	\$30.60
90+	\$38.10	\$62.20	\$40.90	\$37.20

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$11.50	\$15.60	\$18.90	\$17.20
45-54	\$11.50	\$15.50	\$20.80	\$18.90
55-59	\$12.00	\$16.90	\$22.10	\$20.10
60-64	\$14.00	\$18.80	\$23.90	\$21.70
65-69	\$16.30	\$23.70	\$23.50	\$21.40
70-79	\$20.70	\$32.00	\$26.30	\$23.90
80-89	\$26.20	\$43.40	\$30.60	\$27.80
90+	\$32.20	\$54.90	\$33.70	\$30.60

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$4.80	\$7.20	\$12.50	\$11.40
5-20	\$4.50	\$6.00	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$4.60	\$6.50	\$12.50	\$11.40
5-20	\$4.20	\$5.10	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ Vision Add-On is not available with ComboPlus Starter plan.

² Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

³ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁴ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁵ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application. Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife *Vitality*⁵ with any core plan for just \$5/month.

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

**Core Plans
Single Adults**

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
<45	Male	\$50.10	\$65.80	\$66.10	\$82.30	\$114.00	\$71.00	\$103.30
<45	Female	\$67.70	\$95.40	\$82.90	\$111.50	\$141.60	\$82.40	\$115.10
45-54	Male	\$66.20	\$82.70	\$87.90	\$113.10	\$162.00	\$83.00	\$140.10
45-54	Female	\$79.50	\$101.00	\$102.90	\$134.60	\$176.40	\$93.30	\$146.40
55-59	Male	\$80.50	\$100.60	\$100.60	\$131.20	\$185.70	\$83.70	\$146.40
55-59	Female	\$91.10	\$113.70	\$112.20	\$147.40	\$194.80	\$94.20	\$153.00
60-64	Male	\$89.80	\$113.40	\$108.30	\$143.40	\$197.90	\$91.20	\$153.50
60-64	Female	\$100.80	\$127.00	\$120.20	\$159.10	\$204.80	\$103.10	\$158.90
65-69	Male	\$95.10	\$126.80	\$118.50	\$155.90	\$208.60	\$92.00	\$151.90
65-69	Female	\$102.90	\$134.70	\$125.90	\$163.30	\$204.70	\$100.90	\$150.80
70-79	Male	\$113.40	\$145.80	\$136.70	\$178.90	\$225.40	\$100.30	\$159.10
70-79	Female	\$116.70	\$149.40	\$139.70	\$181.80	\$215.30	\$103.50	\$150.80
80-89	Male	\$136.40	\$182.00	\$157.80	\$199.00	\$249.80	\$111.10	\$164.80
80-89	Female	\$136.40	\$182.00	\$157.10	\$197.80	\$235.00	\$109.40	\$150.50
90+	Male	\$218.10	\$276.10	\$228.20	\$276.50	\$301.70	\$173.50	\$213.50
90+	Female	\$218.10	\$276.10	\$227.30	\$276.00	\$288.20	\$172.40	\$201.00

**Core Plans
Couples (per adult)**

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
<45	Male	\$40.50	\$54.20	\$55.70	\$71.30	\$102.30	\$58.30	\$86.80
<45	Female	\$57.30	\$82.10	\$71.90	\$99.60	\$128.50	\$68.70	\$97.00
45-54	Male	\$55.70	\$70.10	\$75.70	\$100.30	\$147.70	\$68.30	\$119.70
45-54	Female	\$68.60	\$87.20	\$89.90	\$120.60	\$161.40	\$79.20	\$124.60
55-59	Male	\$68.80	\$86.40	\$87.20	\$117.20	\$170.00	\$69.40	\$125.10
55-59	Female	\$78.80	\$98.90	\$98.70	\$132.30	\$178.10	\$79.20	\$129.60
60-64	Male	\$77.50	\$98.30	\$94.80	\$128.40	\$181.70	\$75.90	\$131.60
60-64	Female	\$88.70	\$111.40	\$106.70	\$143.70	\$187.90	\$86.60	\$135.70
65-69	Male	\$82.80	\$111.00	\$104.40	\$140.30	\$192.00	\$76.30	\$129.60
65-69	Female	\$90.00	\$118.70	\$111.50	\$147.90	\$188.00	\$84.70	\$128.40
70-79	Male	\$100.40	\$129.40	\$122.30	\$162.80	\$208.40	\$84.40	\$136.40
70-79	Female	\$104.00	\$132.60	\$124.30	\$165.90	\$197.80	\$87.30	\$127.90
80-89	Male	\$122.60	\$163.30	\$142.80	\$182.50	\$231.20	\$94.00	\$141.00
80-89	Female	\$122.60	\$163.30	\$141.40	\$181.60	\$216.60	\$92.70	\$127.90
90+	Male	\$201.20	\$251.50	\$210.70	\$257.80	\$281.10	\$152.40	\$185.50
90+	Female	\$201.20	\$251.50	\$210.10	\$256.90	\$268.50	\$151.20	\$173.00

**Core Plans
Child (per child, for families with 1 or 2 children)**

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
0-4		\$31.20	\$42.30	\$37.10	\$37.50	\$55.50	\$26.10	\$36.10
5-20		\$26.80	\$33.80	\$42.80	\$49.60	\$96.50	\$44.90	\$89.10

**Core Plans
Child (per child, for families with 3+ children)**

Age		DrugPlus [™] Basic ^{**}	DrugPlus [™] Enhanced ^{**}	ComboPlus [™] Starter [*]	ComboPlus [™] Basic ^{**}	ComboPlus [™] Enhanced ^{**}	DentalPlus [™] Basic [*]	DentalPlus [™] Enhanced [*]
0-4		\$28.20	\$38.30	\$33.50	\$33.50	\$49.80	\$23.70	\$32.60
5-20		\$24.10	\$30.20	\$38.70	\$44.60	\$86.40	\$39.90	\$80.40

**Vision, Travel & AD&D are all Add-Ons
Single Adults**

Age		Vision Enhanced ^{**}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [*]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
<45	Male	\$15.30	\$4.80	\$7.50	\$3.80	\$4.80	\$5.90	\$15.10	\$13.70
<45	Female	\$20.20				\$10.90	\$13.10		
45-54	Male	\$18.50	\$5.10	\$7.90	\$4.00	\$6.80	\$7.90	\$16.80	\$15.30
45-54	Female	\$21.00				\$7.50	\$8.80		
55-59	Male	\$20.70	\$6.00	\$9.70	\$4.30	\$8.70	\$10.70	\$18.50	\$16.80
55-59	Female	\$22.40							
60-64	Male	\$20.70	\$7.90	\$13.60	\$4.30	\$13.40	\$16.40	\$20.40	\$18.50
60-64	Female	\$22.50							
65-69	Male	\$21.00	\$10.10	\$16.40	\$4.00	\$17.70	\$22.40	\$27.80	\$25.30
65-69	Female	\$22.20							
70-79	Male	\$18.80	N/A	N/A	\$4.80	\$25.60	\$32.80	\$30.70	\$27.90
70-79	Female	\$19.80							
80-89	Male	\$17.60	N/A	N/A	\$8.50	\$36.90	\$47.30	\$35.70	\$32.50
80-89	Female	\$16.30							
90+	Male	\$16.10	N/A	N/A	\$13.70	\$47.60	\$62.00	\$43.50	\$39.50
90+	Female	\$18.10							

**Vision, Travel & AD&D are all Add-Ons
Couples (per adult)**

Age		Vision Enhanced ^{**}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [*]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
<45	Male	\$12.50	\$4.80	\$7.50	\$3.80	\$4.70	\$5.20	\$15.10	\$13.70
<45	Female	\$16.40				\$10.00	\$12.00		
45-54	Male	\$15.70	\$5.10	\$7.90	\$4.00	\$6.50	\$7.50	\$16.80	\$15.30
45-54	Female	\$17.60				\$7.20	\$8.50		
55-59	Male	\$17.10	\$6.00	\$9.70	\$4.30	\$8.30	\$10.00	\$18.50	\$16.80
55-59	Female	\$18.60							
60-64	Male	\$17.50	\$7.90	\$13.60	\$4.30	\$12.10	\$15.50	\$20.40	\$18.50
60-64	Female	\$18.60							
65-69	Male	\$17.60	\$10.10	\$16.40	\$4.00	\$16.40	\$20.90	\$24.80	\$22.50
65-69	Female	\$18.50							
70-79	Male	\$15.80	N/A	N/A	\$4.80	\$23.70	\$30.00	\$27.80	\$25.30
70-79	Female	\$16.30							
80-89	Male	\$14.90	N/A	N/A	\$8.50	\$34.10	\$43.90	\$32.50	\$29.50
80-89	Female	\$13.90							
90+	Male	\$13.70	N/A	N/A	\$13.70	\$44.40	\$57.50	\$35.70	\$32.50
90+	Female	\$15.50							

**Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)**

Age		Vision Enhanced ^{**}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [*]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
0-4		\$6.20	\$4.90	\$7.70	\$3.70	\$7.10	\$8.20	\$13.50	\$12.30
5-20		\$18.40	\$4.90	\$7.70	\$3.60	\$5.90	\$6.80	\$13.50	\$12.30

**Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)**

Age		Vision Enhanced ^{**}	Travel +8 Days [*]	Travel +21 Days [*]	AD&D Enhanced [*]	Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
0-4		\$5.20	\$4.60	\$7.10	\$3.50	\$6.20	\$7.40	\$13.50	\$12.30
5-20		\$16.80	\$4.60	\$7.10	\$3.40	\$4.90	\$6.20	\$13.50	\$12.30

**Stand-Alones (Without a Core Plan)
Single Adults**

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
<45	Male	\$14.90	\$15.60	\$22.10	\$20.10
<45	Female	\$20.70	\$22.60		
45-54	Male	\$16.40	\$17.70	\$23.90	\$21.70
45-54	Female	\$17.50	\$18.40		
55-59	Male	\$18.40	\$20.60	\$25.50	\$23.20
55-59	Female	\$18.40	\$20.60		
60-64	Male	\$22.70	\$26.20	\$27.00	\$24.50
60-64	Female	\$22.70	\$26.20		
65-69	Male	\$27.60	\$32.20	\$26.30	\$23.90
65-69	Female	\$27.60	\$32.20		
70-79	Male	\$35.20	\$42.40	\$29.20	\$26.50
70-79	Female	\$35.20	\$42.40		
80-89	Male	\$46.50	\$57.30	\$33.70	\$30.60
80-89	Female	\$46.50	\$57.30		
90+	Male	\$57.50	\$71.90	\$40.90	\$37.20
90+	Female	\$57.50	\$71.90		

**Stand-Alones (Without a Core Plan)
Couples (per adult)**

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
<45	Male	\$10.90	\$11.40	\$18.90	\$17.20
<45	Female	\$15.70	\$18.00		
45-54	Male	\$12.00	\$13.60	\$20.80	\$18.90
45-54	Female	\$13.10	\$14.60		
55-59	Male	\$14.20	\$15.70	\$22.10	\$20.10
55-59	Female	\$14.20	\$15.70		
60-64	Male	\$18.10	\$21.10	\$23.90	\$21.70
60-64	Female	\$18.10	\$21.10		
65-69	Male	\$22.40	\$26.60	\$23.50	\$21.40
65-69	Female	\$22.40	\$26.60		
70-79	Male	\$29.50	\$36.20	\$26.30	\$23.90
70-79	Female	\$29.50	\$36.20		
80-89	Male	\$39.80	\$50.20	\$30.60	\$27.80
80-89	Female	\$39.80	\$50.20		
90+	Male	\$50.40	\$63.50	\$33.70	\$30.60
90+	Female	\$50.40	\$63.50		

**Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)**

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
0-4		\$7.10	\$8.20	\$12.50	\$11.40
5-20		\$5.90	\$6.80	\$12.50	\$11.40

**Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)**

Age		Hospital Basic ^{**}	Hospital Enhanced ^{**}	Catastrophic Coverage ^{2,4} (\$4,500 threshold) ^{**}	Catastrophic Coverage ^{2,4} (\$10,200 threshold) ^{**}
0-4		\$6.20	\$7.40	\$12.50	\$11.40
5-20		\$4.90	\$6.20	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.
 † If any person within the family is age 65 or over, all family members should use premiums for residents 65 plus.
 1 Vision Add-On is not available with ComboPlus Starter plan.
 2 Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.
 3 Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.
 4 Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.
 5 Manulife Vitality is available for the Primary Applicant only.
 Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application. Premiums will change as an individual's age increases in accordance with published age groups.
 Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵ with any core plan for just \$5/month.

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age		DrugPlus ⁺ Basic**	DrugPlus ⁺ Enhanced**	ComboPlus ⁺ Starter*	ComboPlus ⁺ Basic**	ComboPlus ⁺ Enhanced**	DentalPlus ⁺ Basic*	DentalPlus ⁺ Enhanced*
<45	Male	\$49.60	\$65.50	\$64.80	\$81.10	\$111.40	\$69.50	\$100.90
	Female	\$67.40	\$94.80	\$81.30	\$110.20	\$138.80	\$80.70	\$112.00
45-54	Male	\$65.30	\$82.30	\$85.80	\$112.00	\$158.90	\$80.90	\$136.40
	Female	\$78.80	\$100.50	\$100.60	\$132.80	\$172.80	\$91.50	\$142.50
55-59	Male	\$80.20	\$100.10	\$98.60	\$129.90	\$182.20	\$82.10	\$142.80
	Female	\$90.20	\$112.70	\$110.10	\$145.10	\$191.00	\$92.30	\$148.90
60-64	Male	\$89.00	\$112.50	\$106.50	\$141.60	\$194.30	\$89.00	\$149.60
	Female	\$100.10	\$126.30	\$118.00	\$156.70	\$200.60	\$100.30	\$154.60
65-69	Male	\$82.30	\$93.60	\$113.80	\$121.10	\$174.90	\$89.00	\$147.10
	Female	\$89.20	\$101.00	\$120.20	\$128.40	\$170.40	\$98.00	\$146.00
70-79	Male	\$107.40	\$118.70	\$131.00	\$148.90	\$196.00	\$97.10	\$154.20
	Female	\$110.70	\$122.30	\$133.10	\$151.90	\$185.40	\$100.20	\$145.70
80-89	Male	\$133.00	\$152.90	\$149.40	\$167.90	\$219.00	\$107.40	\$158.90
	Female	\$133.00	\$152.90	\$149.40	\$167.90	\$219.00	\$107.40	\$158.90
90+	Male	\$209.80	\$234.60	\$215.10	\$236.90	\$260.70	\$164.40	\$203.10
	Female	\$209.80	\$234.60	\$215.10	\$236.20	\$247.80	\$163.40	\$190.60

Core Plans
Couples (per adult)

Age		DrugPlus ⁺ Basic**	DrugPlus ⁺ Enhanced**	ComboPlus ⁺ Starter*	ComboPlus ⁺ Basic**	ComboPlus ⁺ Enhanced**	DentalPlus ⁺ Basic*	DentalPlus ⁺ Enhanced*
<45	Male	\$40.10	\$53.60	\$54.80	\$70.30	\$99.70	\$56.90	\$84.30
	Female	\$56.70	\$81.50	\$70.00	\$98.00	\$125.80	\$67.40	\$94.80
45-54	Male	\$55.30	\$69.80	\$74.20	\$98.90	\$144.50	\$67.40	\$116.50
	Female	\$68.10	\$86.50	\$88.20	\$118.80	\$157.70	\$76.40	\$120.90
55-59	Male	\$68.40	\$86.20	\$85.50	\$115.60	\$166.70	\$67.80	\$121.80
	Female	\$78.30	\$98.10	\$96.80	\$131.00	\$174.90	\$76.90	\$125.70
60-64	Male	\$76.90	\$97.60	\$92.90	\$127.10	\$178.00	\$73.80	\$128.30
	Female	\$87.40	\$110.20	\$104.30	\$141.60	\$184.30	\$84.60	\$131.60
65-69	Male	\$70.30	\$79.60	\$100.00	\$107.50	\$159.60	\$73.60	\$125.50
	Female	\$77.10	\$86.50	\$106.60	\$114.60	\$155.20	\$81.70	\$123.70
70-79	Male	\$94.50	\$103.80	\$116.20	\$134.50	\$180.00	\$81.50	\$131.90
	Female	\$98.00	\$106.60	\$118.70	\$136.70	\$169.10	\$84.30	\$122.50
80-89	Male	\$119.70	\$135.40	\$135.40	\$153.70	\$201.80	\$90.30	\$136.00
	Female	\$119.70	\$135.40	\$134.30	\$152.60	\$187.10	\$89.00	\$122.30
90+	Male	\$193.30	\$212.90	\$198.60	\$219.10	\$242.30	\$143.70	\$175.70
	Female	\$193.30	\$212.90	\$198.20	\$218.60	\$229.40	\$142.80	\$163.10

Core Plans
Child (per child, for families with 1 or 2 children)

Age		DrugPlus ⁺ Basic**	DrugPlus ⁺ Enhanced**	ComboPlus ⁺ Starter*	ComboPlus ⁺ Basic**	ComboPlus ⁺ Enhanced**	DentalPlus ⁺ Basic*	DentalPlus ⁺ Enhanced*
0-12		\$31.00	\$42.10	\$28.50	\$31.00	\$40.30	\$13.60	\$14.00
13-20		\$26.40	\$33.40	\$41.40	\$48.30	\$93.60	\$43.20	\$86.40

Core Plans
Child (per child, for families with 3+ children)

Age		DrugPlus ⁺ Basic**	DrugPlus ⁺ Enhanced**	ComboPlus ⁺ Starter*	ComboPlus ⁺ Basic**	ComboPlus ⁺ Enhanced**	DentalPlus ⁺ Basic*	DentalPlus ⁺ Enhanced*
0-12		\$28.00	\$37.70	\$26.00	\$27.80	\$36.10	\$11.90	\$12.10
13-20		\$23.80	\$30.00	\$37.40	\$43.60	\$84.60	\$39.10	\$77.80

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$15.30	\$4.70	\$7.20	\$3.80	\$4.80	\$5.90	\$15.10	\$13.70
	Female	\$20.20				\$10.90	\$13.10		
45-54	Male	\$18.50	\$4.90	\$7.50	\$4.00	\$6.80	\$7.90	\$16.80	\$15.30
	Female	\$21.00				\$7.50	\$8.80		
55-59	Male	\$20.70	\$5.90	\$8.80	\$4.30	\$8.70	\$10.70	\$18.50	\$16.80
	Female	\$22.40							
60-64	Male	\$20.70	\$7.50	\$12.10	\$4.30	\$13.40	\$16.40	\$20.40	\$18.50
	Female	\$22.50							
65-69	Male	\$21.00	\$9.80	\$14.80	\$4.00	\$17.70	\$22.40	\$27.80	\$25.30
	Female	\$22.20							
70-79	Male	\$18.80	N/A	N/A	\$4.80	\$25.60	\$32.80	\$30.70	\$27.90
	Female	\$19.80							
80-89	Male	\$17.60	N/A	N/A	\$8.50	\$36.90	\$47.30	\$35.70	\$32.50
	Female	\$16.30							
90+	Male	\$16.10	N/A	N/A	\$13.70	\$47.60	\$62.00	\$43.50	\$39.50
	Female	\$18.10							

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$12.50	\$4.70	\$7.20	\$3.80	\$4.70	\$5.20	\$15.10	\$13.70
	Female	\$16.40				\$10.00	\$12.00		
45-54	Male	\$15.70	\$4.90	\$7.50	\$4.00	\$6.50	\$7.50	\$16.80	\$15.30
	Female	\$17.60				\$7.20	\$8.50		
55-59	Male	\$17.10	\$5.90	\$8.80	\$4.30	\$8.30	\$10.00	\$18.50	\$16.80
	Female	\$18.60							
60-64	Male	\$17.50	\$7.50	\$12.10	\$4.30	\$12.10	\$15.50	\$20.40	\$18.50
	Female	\$18.60							
65-69	Male	\$17.60	\$9.80	\$14.80	\$4.00	\$16.40	\$20.90	\$24.80	\$22.50
	Female	\$18.50							
70-79	Male	\$15.80	N/A	N/A	\$4.80	\$23.70	\$30.00	\$27.80	\$25.30
	Female	\$16.30							
80-89	Male	\$14.90	N/A	N/A	\$8.50	\$34.10	\$43.90	\$32.50	\$29.50
	Female	\$13.90							
90+	Male	\$13.70	N/A	N/A	\$13.70	\$44.40	\$57.50	\$35.70	\$32.50
	Female	\$15.50							

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-12		\$6.20	\$4.80	\$7.40	\$3.70	\$7.10	\$8.20	\$13.50	\$12.30
13-20		\$18.40	\$4.80	\$7.40	\$3.60	\$5.90	\$6.80	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-12		\$5.20	\$4.50	\$6.70	\$3.50	\$6.20	\$7.40	\$13.50	\$12.30
13-20		\$16.80	\$4.50	\$6.70	\$3.40	\$4.90	\$6.20	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$14.90	\$15.60	\$22.10	\$20.10
	Female	\$20.70	\$22.60		
45-54	Male	\$16.40	\$17.70	\$23.90	\$21.70
	Female	\$17.50	\$18.50		
55-59	Male	\$18.40	\$20.60	\$25.50	\$23.20
	Female	\$18.40	\$20.60		
60-64	Male	\$22.70	\$26.20	\$27.00	\$24.50
	Female	\$22.70	\$26.20		
65-69	Male	\$27.60	\$32.20	\$26.30	\$23.90
	Female	\$27.60	\$32.20		
70-79	Male	\$35.20	\$42.40	\$29.20	\$26.50
	Female	\$35.20	\$42.40		
80-89	Male	\$46.50	\$57.30	\$33.70	\$30.60
	Female	\$46.50	\$57.30		
90+	Male	\$57.50	\$71.90	\$40.90	\$37.20
	Female	\$57.50	\$71.90		

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$10.90	\$11.40	\$18.90	\$17.20
	Female	\$15.70	\$18.00		
45-54	Male	\$12.00	\$13.60	\$20.80	\$18.90
	Female	\$13.10	\$14.60		
55-59	Male	\$14.20	\$15.70	\$22.10	\$20.10
	Female	\$14.20	\$15.70		
60-64	Male	\$18.10	\$21.10	\$23.90	\$21.70
	Female	\$18.10	\$21.10		
65-69	Male	\$22.40	\$26.60	\$23.50	\$21.40
	Female	\$22.40	\$26.60		
70-79	Male	\$29.50	\$36.20	\$26.30	\$23.90
	Female	\$29.50	\$36.20		
80-89	Male	\$39.80	\$50.20	\$30.60	\$27.80
	Female	\$39.80	\$50.20		
90+	Male	\$50.40	\$63.50	\$33.70	\$30.60
	Female	\$50.40	\$63.50		

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-12		\$7.10	\$8.20	\$12.50	\$11.40
13-20		\$5.90	\$6.80	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-12		\$6.20	\$7.40	\$12.50	\$11.40
13-20		\$4.90	\$6.20	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.
 † If any person within the family is age 65 or over, all family members should use premiums for residents 65 plus.
 1 Vision Add-On is not available with ComboPlus Starter plan.
 2 Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.
 3 Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.
 4 Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.
 5 Manulife Vitality is available for the Primary Applicant only.
 Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.
 Premiums will change as an individual's age increases in accordance with published age groups.
 Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Man

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age		DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
<45	Male	\$48.80	\$64.10	\$63.90	\$78.90	\$108.30	\$68.20	\$98.40
	Female	\$65.10	\$91.80	\$79.70	\$106.90	\$134.20	\$79.60	\$109.20
45-54	Male	\$64.20	\$79.70	\$85.00	\$108.70	\$154.00	\$79.80	\$132.40
	Female	\$76.70	\$97.40	\$98.90	\$128.50	\$166.80	\$89.50	\$138.40
55-59	Male	\$78.00	\$96.80	\$97.40	\$125.80	\$176.30	\$80.90	\$139.70
	Female	\$87.80	\$109.20	\$108.70	\$140.90	\$184.20	\$90.70	\$144.40
60-64	Male	\$86.00	\$108.80	\$104.50	\$137.00	\$187.60	\$87.90	\$146.00
	Female	\$96.70	\$121.60	\$115.80	\$151.60	\$193.40	\$98.60	\$150.30
65-69	Male	\$62.90	\$74.30	\$88.20	\$101.30	\$154.10	\$86.60	\$142.50
	Female	\$69.70	\$82.00	\$95.10	\$108.60	\$150.00	\$95.00	\$140.60
70-79	Male	\$78.20	\$91.60	\$103.80	\$120.80	\$167.10	\$94.90	\$149.60
	Female	\$81.00	\$95.10	\$106.70	\$123.40	\$156.30	\$97.80	\$140.60
80-89	Male	\$95.00	\$117.60	\$118.50	\$133.30	\$182.20	\$104.70	\$155.10
	Female	\$95.00	\$117.60	\$117.10	\$132.80	\$167.20	\$103.60	\$140.90
90+	Male	\$160.80	\$192.30	\$176.20	\$195.50	\$219.10	\$163.40	\$200.90
	Female	\$160.80	\$192.30	\$175.70	\$195.10	\$206.10	\$162.10	\$188.30

Core Plans
Couples (per adult)

Age		DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
<45	Male	\$39.40	\$52.40	\$53.50	\$68.40	\$96.70	\$55.80	\$82.40
	Female	\$55.20	\$79.00	\$69.10	\$95.20	\$121.40	\$66.00	\$91.80
45-54	Male	\$53.60	\$67.50	\$73.20	\$95.60	\$139.80	\$66.00	\$113.20
	Female	\$65.40	\$83.70	\$86.70	\$115.10	\$151.90	\$75.60	\$117.40
55-59	Male	\$66.60	\$83.00	\$84.60	\$112.00	\$161.00	\$66.80	\$118.60
	Female	\$75.90	\$94.60	\$95.10	\$126.30	\$168.20	\$75.80	\$122.30
60-64	Male	\$74.30	\$94.20	\$91.70	\$122.70	\$172.10	\$72.70	\$124.40
	Female	\$84.90	\$106.30	\$102.50	\$136.70	\$177.00	\$83.00	\$128.10
65-69	Male	\$51.80	\$61.90	\$75.40	\$88.10	\$139.70	\$71.60	\$121.60
	Female	\$58.80	\$68.50	\$81.90	\$95.30	\$135.40	\$79.50	\$118.90
70-79	Male	\$66.80	\$78.00	\$90.60	\$106.90	\$152.30	\$79.40	\$127.90
	Female	\$69.60	\$81.50	\$92.80	\$109.40	\$141.80	\$81.70	\$118.50
80-89	Male	\$82.80	\$102.60	\$104.20	\$119.40	\$166.40	\$88.50	\$132.30
	Female	\$82.80	\$102.60	\$103.40	\$118.60	\$151.90	\$87.30	\$118.70
90+	Male	\$145.80	\$172.50	\$160.80	\$179.20	\$202.30	\$142.80	\$173.70
	Female	\$145.80	\$172.50	\$160.10	\$178.50	\$189.00	\$142.10	\$161.60

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
0-10	\$29.80	\$40.20	\$28.40	\$29.80	\$38.40	\$13.40	\$13.90
11-20	\$25.60	\$32.50	\$40.70	\$47.00	\$90.60	\$42.40	\$83.70

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
0-10	\$26.80	\$36.40	\$25.40	\$27.00	\$34.70	\$11.80	\$12.00
11-20	\$23.20	\$29.30	\$37.00	\$42.50	\$81.50	\$38.40	\$75.00

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$15.30	\$4.70	\$7.20	\$3.80	\$4.80	\$5.90	\$15.10	\$13.70
	Female	\$20.20				\$10.90	\$13.10		
45-54	Male	\$18.50	\$4.90	\$7.50	\$4.00	\$6.80	\$7.90	\$16.80	\$15.30
	Female	\$21.00				\$7.50	\$8.80		
55-59	Male	\$20.70	\$5.90	\$8.80	\$4.30	\$8.70	\$10.70	\$18.50	\$16.80
	Female	\$22.40							
60-64	Male	\$20.70	\$7.50	\$12.10	\$4.30	\$13.40	\$16.40	\$20.40	\$18.50
	Female	\$22.50							
65-69	Male	\$18.00	\$9.80	\$14.80	\$4.00	\$17.70	\$22.40	\$27.80	\$25.30
	Female	\$19.10							
70-79	Male	\$16.30	N/A	N/A	\$4.80	\$25.60	\$32.80	\$30.70	\$27.90
	Female	\$16.80							
80-89	Male	\$15.40	N/A	N/A	\$8.50	\$36.90	\$47.30	\$35.70	\$32.50
	Female	\$14.00							
90+	Male	\$14.70	N/A	N/A	\$13.70	\$47.60	\$62.00	\$43.50	\$39.50
	Female	\$16.30							

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$12.50	\$4.70	\$7.20	\$3.80	\$4.70	\$5.20	\$15.10	\$13.70
	Female	\$16.40				\$10.00	\$12.00		
45-54	Male	\$15.70	\$4.90	\$7.50	\$4.00	\$6.50	\$7.50	\$16.80	\$15.30
	Female	\$17.60				\$7.20	\$8.50		
55-59	Male	\$17.10	\$5.90	\$8.80	\$4.30	\$8.30	\$10.00	\$18.50	\$16.80
	Female	\$18.60							
60-64	Male	\$17.50	\$7.50	\$12.10	\$4.30	\$12.10	\$15.50	\$20.40	\$18.50
	Female	\$18.60							
65-69	Male	\$15.50	\$9.80	\$14.80	\$4.00	\$16.40	\$20.90	\$24.80	\$22.50
	Female	\$16.10							
70-79	Male	\$13.90	N/A	N/A	\$4.80	\$23.70	\$30.00	\$27.80	\$25.30
	Female	\$14.20							
80-89	Male	\$13.10	N/A	N/A	\$8.50	\$34.10	\$43.90	\$32.50	\$29.50
	Female	\$11.90							
90+	Male	\$12.00	N/A	N/A	\$13.70	\$44.40	\$57.50	\$35.70	\$32.50
	Female	\$13.90							

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-10	\$5.90	\$4.80	\$7.40	\$3.70	\$7.10	\$8.20	\$13.50	\$12.30
11-20	\$16.40	\$4.80	\$7.40	\$3.60	\$5.90	\$6.80	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-10	\$4.90	\$4.50	\$6.70	\$3.50	\$6.20	\$7.40	\$13.50	\$12.30
11-20	\$15.30	\$4.50	\$6.70	\$3.40	\$4.90	\$6.20	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$14.90	\$15.60	\$22.10	\$20.10
	Female	\$20.70	\$22.60		
45-54	Male	\$16.40	\$17.70	\$23.90	\$21.70
	Female	\$17.50	\$18.50		
55-59	Male	\$18.40	\$20.60	\$25.50	\$23.20
	Female	\$18.40	\$20.60		
60-64	Male	\$22.70	\$26.20	\$27.00	\$24.50
	Female	\$22.70	\$26.20		
65-69	Male	\$27.60	\$32.20	\$26.30	\$23.90
	Female	\$27.60	\$32.20		
70-79	Male	\$35.20	\$42.40	\$29.20	\$26.50
	Female	\$35.20	\$42.40		
80-89	Male	\$46.50	\$57.30	\$33.70	\$30.60
	Female	\$46.50	\$57.30		
90+	Male	\$57.50	\$71.90	\$40.90	\$37.20
	Female	\$57.50	\$71.90		

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	Male	\$10.90	\$11.40	\$18.90	\$17.20
	Female	\$15.70	\$18.00		
45-54	Male	\$12.00	\$13.60	\$20.80	\$18.90
	Female	\$13.10	\$14.60		
55-59	Male	\$14.20	\$15.70	\$22.10	\$20.10
	Female	\$14.20	\$15.70		
60-64	Male	\$18.10	\$21.10	\$23.90	\$21.70
	Female	\$18.10	\$21.10		
65-69	Male	\$22.40	\$26.60	\$23.50	\$21.40
	Female	\$22.40	\$26.60		
70-79	Male	\$29.50	\$36.20	\$26.30	\$23.90
	Female	\$29.50	\$36.20		
80-89	Male	\$39.80	\$50.20	\$30.60	\$27.80
	Female	\$39.80	\$50.20		
90+	Male	\$50.40	\$63.50	\$33.70	\$30.60
	Female	\$50.40	\$63.50		

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-10	\$7.10	\$8.20	\$12.50	\$11.40
11-20	\$5.90	\$6.80	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-10	\$6.20	\$7.40	\$12.50	\$11.40
11-20	\$4.90	\$6.20	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

† If any person within the family is age 65 or over, all family members should use premiums for residents 65 plus.

‡ Vision Add-On is not available with ComboPlus Starter plan.

§ Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

¶ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

‡ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

§ Manulife Vitality is available for the Primary Applicant only.

¶ Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

‡ Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$67.30	\$97.30	\$86.30	\$99.00	\$160.70	\$87.30	\$139.90
45-54	\$78.30	\$104.30	\$107.00	\$124.20	\$200.00	\$91.40	\$167.60
55-59	\$89.40	\$116.60	\$113.90	\$131.10	\$214.60	\$92.30	\$171.00
60-64	\$97.50	\$128.30	\$119.90	\$139.20	\$224.10	\$94.90	\$173.00
65-69	\$70.10	\$86.50	\$103.00	\$110.60	\$179.90	\$94.10	\$167.10
70-79	\$78.40	\$95.30	\$110.20	\$117.20	\$180.60	\$95.10	\$164.20
80-89	\$87.40	\$111.50	\$114.60	\$114.80	\$181.30	\$95.60	\$157.50
90+	\$127.50	\$156.10	\$152.40	\$148.00	\$182.30	\$124.40	\$162.60

Core Plans
Couples (per adult)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$55.60	\$83.00	\$74.20	\$86.80	\$145.70	\$72.00	\$117.80
45-54	\$67.00	\$89.90	\$93.40	\$110.20	\$183.30	\$75.70	\$142.50
55-59	\$77.10	\$101.70	\$99.90	\$116.20	\$197.20	\$76.50	\$146.30
60-64	\$85.10	\$112.50	\$105.00	\$124.30	\$206.40	\$79.30	\$147.30
65-69	\$58.90	\$73.20	\$89.20	\$96.90	\$164.20	\$77.90	\$141.90
70-79	\$66.80	\$81.50	\$96.20	\$103.30	\$164.50	\$79.40	\$139.40
80-89	\$75.80	\$96.30	\$100.40	\$101.30	\$165.40	\$79.30	\$132.90
90+	\$114.40	\$138.60	\$136.90	\$133.80	\$166.30	\$106.90	\$137.30

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$27.00	\$35.90	\$31.40	\$33.90	\$41.50	\$25.40	\$28.90
5-20	\$21.70	\$26.30	\$37.00	\$43.50	\$76.10	\$44.00	\$88.60

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$24.80	\$32.20	\$28.20	\$30.70	\$37.20	\$23.10	\$26.10
5-20	\$19.70	\$23.70	\$33.00	\$38.90	\$68.40	\$39.80	\$79.60

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$18.00	\$5.20	\$8.30	\$3.90	\$15.30	\$20.00	\$15.10	\$13.70
45-54	\$18.90	\$5.20	\$8.30	\$4.00	\$12.10	\$16.80	\$16.80	\$15.30
55-59	\$19.40	\$6.00	\$9.60	\$4.10	\$14.90	\$20.40	\$18.50	\$16.80
60-64	\$19.80	\$7.70	\$12.60	\$4.10	\$22.70	\$31.10	\$20.40	\$18.50
65-69	\$19.80	\$9.90	\$15.30	\$3.80	\$32.10	\$40.80	\$27.80	\$25.30
70-79	\$17.40	N/A	N/A	\$4.60	\$47.20	\$61.50	\$30.70	\$27.90
80-89	\$15.70	N/A	N/A	\$8.00	\$69.40	\$90.50	\$35.70	\$32.50
90+	\$14.90	N/A	N/A	\$12.50	\$91.40	\$119.20	\$43.50	\$39.50

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$15.30	\$5.20	\$8.30	\$3.90	\$14.00	\$18.40	\$15.10	\$13.70
45-54	\$16.10	\$5.20	\$8.30	\$4.00	\$11.80	\$15.80	\$16.80	\$15.30
55-59	\$16.60	\$6.00	\$9.60	\$4.10	\$13.90	\$18.80	\$18.50	\$16.80
60-64	\$16.70	\$7.70	\$12.60	\$4.10	\$21.50	\$27.10	\$20.40	\$18.50
65-69	\$16.60	\$9.90	\$15.30	\$3.80	\$29.50	\$38.10	\$24.80	\$22.50
70-79	\$14.80	N/A	N/A	\$4.60	\$43.80	\$56.70	\$27.80	\$25.30
80-89	\$13.80	N/A	N/A	\$8.00	\$64.30	\$83.40	\$32.50	\$29.50
90+	\$12.10	N/A	N/A	\$12.50	\$84.60	\$110.40	\$35.70	\$32.50

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$6.10	\$5.10	\$7.50	\$3.60	\$10.90	\$12.60	\$13.50	\$12.30
5-20	\$17.10	\$5.10	\$7.50	\$3.50	\$8.30	\$10.00	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced*	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$5.10	\$4.60	\$6.80	\$3.40	\$9.60	\$11.50	\$13.50	\$12.30
5-20	\$15.60	\$4.60	\$6.80	\$3.30	\$7.50	\$9.40	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$25.20	\$29.60	\$22.10	\$20.10
45-54	\$22.60	\$26.90	\$23.90	\$21.70
55-59	\$25.10	\$29.90	\$25.50	\$23.20
60-64	\$33.00	\$41.00	\$27.00	\$24.50
65-69	\$41.90	\$51.10	\$26.30	\$23.90
70-79	\$57.40	\$71.60	\$29.20	\$26.50
80-89	\$79.60	\$100.60	\$33.70	\$30.60
90+	\$101.60	\$129.70	\$40.90	\$37.20

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$20.60	\$24.50	\$18.90	\$17.20
45-54	\$17.90	\$21.90	\$20.80	\$18.90
55-59	\$20.40	\$25.20	\$22.10	\$20.10
60-64	\$27.80	\$33.30	\$23.90	\$21.70
65-69	\$36.00	\$44.30	\$23.50	\$21.40
70-79	\$50.20	\$62.30	\$26.30	\$23.90
80-89	\$70.50	\$89.70	\$30.60	\$27.80
90+	\$90.70	\$116.80	\$33.70	\$30.60

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$10.90	\$12.60	\$12.50	\$11.40
5-20	\$8.30	\$10.00	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$9.60	\$11.50	\$12.50	\$11.40
5-20	\$7.50	\$9.40	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ Vision Add-On is not available with ComboPlus Starter plan.

² Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

³ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁴ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁵ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵ with any core plan for just \$5/month.

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age		DrugPlus [™] Basic**	DrugPlus [™] Enhanced**	ComboPlus [™] Starter*	ComboPlus [™] Basic**	ComboPlus [™] Enhanced**	DentalPlus [™] Basic*	DentalPlus [™] Enhanced*
<45	Male	\$49.10	\$64.60	\$66.00	\$81.10	\$113.50	\$71.00	\$103.90
	Female	\$65.50	\$92.50	\$82.20	\$109.20	\$139.60	\$82.20	\$115.60
45-54	Male	\$64.40	\$80.30	\$87.20	\$110.90	\$160.90	\$82.60	\$140.40
	Female	\$77.30	\$98.00	\$102.00	\$131.70	\$174.30	\$93.20	\$147.00
55-59	Male	\$78.40	\$97.40	\$99.90	\$128.20	\$183.50	\$83.70	\$147.00
	Female	\$88.70	\$110.10	\$111.80	\$143.70	\$192.20	\$94.10	\$153.30
60-64	Male	\$86.70	\$109.20	\$107.00	\$139.60	\$195.30	\$90.70	\$153.80
	Female	\$98.00	\$122.70	\$118.80	\$154.80	\$202.30	\$102.20	\$159.10
65-69	Male	\$82.80	\$94.20	\$106.60	\$123.10	\$179.80	\$92.00	\$152.80
	Female	\$90.10	\$101.90	\$113.80	\$131.00	\$175.70	\$100.80	\$151.30
70-79	Male	\$108.50	\$119.40	\$126.00	\$151.40	\$200.40	\$100.20	\$159.40
	Female	\$112.10	\$123.10	\$128.30	\$154.50	\$190.40	\$103.10	\$150.90
80-89	Male	\$134.50	\$154.10	\$140.30	\$170.50	\$208.50	\$109.00	\$150.50
	Female	\$198.70	\$242.60	\$242.60	\$267.80	\$171.00	\$211.40	\$151.40
90+	Male	\$214.50	\$239.50	\$198.20	\$241.90	\$254.10	\$169.80	\$198.50
	Female							

Core Plans
Couples (per adult)

Age		DrugPlus [™] Basic**	DrugPlus [™] Enhanced**	ComboPlus [™] Starter*	ComboPlus [™] Basic**	ComboPlus [™] Enhanced**	DentalPlus [™] Basic*	DentalPlus [™] Enhanced*
<45	Male	\$39.90	\$52.60	\$55.40	\$70.30	\$100.90	\$58.30	\$87.10
	Female	\$55.50	\$79.20	\$71.20	\$97.00	\$126.20	\$68.30	\$97.40
45-54	Male	\$54.10	\$68.10	\$75.10	\$98.00	\$146.90	\$68.30	\$120.20
	Female	\$66.80	\$84.40	\$89.30	\$118.00	\$159.10	\$78.60	\$125.00
55-59	Male	\$67.00	\$83.40	\$86.70	\$114.20	\$168.10	\$69.10	\$125.40
	Female	\$76.60	\$95.40	\$98.00	\$128.80	\$176.20	\$78.70	\$130.50
60-64	Male	\$74.70	\$94.80	\$93.80	\$124.80	\$179.30	\$75.80	\$131.80
	Female	\$85.40	\$107.30	\$105.00	\$139.60	\$185.00	\$85.90	\$135.80
65-69	Male	\$71.10	\$80.10	\$92.80	\$109.30	\$164.40	\$76.30	\$130.80
	Female	\$78.20	\$87.70	\$99.90	\$116.60	\$159.70	\$84.60	\$128.60
70-79	Male	\$95.80	\$104.30	\$111.80	\$136.60	\$184.50	\$84.30	\$136.70
	Female	\$99.00	\$107.90	\$114.20	\$139.20	\$173.70	\$86.90	\$128.10
80-89	Male	\$121.20	\$137.20	\$126.20	\$156.10	\$206.30	\$93.20	\$141.00
	Female	\$121.20	\$137.20	\$125.00	\$155.20	\$191.30	\$92.10	\$127.60
90+	Male	\$197.80	\$217.40	\$182.50	\$224.30	\$248.50	\$149.70	\$183.20
	Female			\$181.50	\$223.50	\$235.30	\$148.70	\$170.30

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus [™] Basic**	DrugPlus [™] Enhanced**	ComboPlus [™] Starter*	ComboPlus [™] Basic**	ComboPlus [™] Enhanced**	DentalPlus [™] Basic*	DentalPlus [™] Enhanced*
0-16	\$30.00	\$40.40	\$28.50	\$29.90	\$38.70	\$14.10	\$14.20
17-20	\$26.00	\$32.70	\$42.30	\$49.00	\$95.60	\$44.40	\$89.60

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus [™] Basic**	DrugPlus [™] Enhanced**	ComboPlus [™] Starter*	ComboPlus [™] Basic**	ComboPlus [™] Enhanced**	DentalPlus [™] Basic*	DentalPlus [™] Enhanced*
0-16	\$26.80	\$36.60	\$26.00	\$27.00	\$35.10	\$12.00	\$12.20
17-20	\$23.30	\$29.40	\$38.10	\$44.00	\$86.00	\$39.90	\$80.50

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Male	\$15.60	\$4.70	\$7.20	\$3.80	\$4.80	\$5.90	\$15.10	\$13.70
	Female	\$20.60				\$10.90	\$13.10		
45-54	Male	\$18.90	\$4.80	\$7.50	\$4.00	\$6.80	\$7.90	\$16.80	\$15.30
	Female	\$21.60				\$7.50	\$8.80		
55-59	Male	\$21.00	\$5.90	\$8.80	\$4.30	\$8.70	\$10.70	\$18.50	\$16.80
	Female	\$22.80							
60-64	Male	\$21.00	\$7.40	\$12.00	\$4.30	\$13.40	\$16.40	\$20.40	\$18.50
	Female	\$23.00							
65-69	Male	\$21.60	\$9.70	\$14.70	\$4.00	\$17.70	\$22.40	\$27.80	\$25.30
	Female	\$22.60							
70-79	Male	\$19.40	N/A	N/A	\$4.80	\$25.60	\$32.80	\$30.70	\$27.90
	Female	\$20.40							
80-89	Male	\$18.00	N/A	N/A	\$8.50	\$36.90	\$47.30	\$35.70	\$32.50
	Female	\$16.70							
90+	Male	\$16.60	N/A	N/A	\$13.70	\$47.60	\$62.00	\$43.50	\$39.50
	Female	\$18.60							

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age		Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Male	\$13.10	\$4.70	\$7.20	\$3.80	\$4.70	\$5.20	\$15.10	\$13.70
	Female	\$16.80				\$10.00	\$12.00		
45-54	Male	\$16.10	\$4.80	\$7.50	\$4.00	\$6.50	\$7.50	\$16.80	\$15.30
	Female	\$18.00				\$7.20	\$8.50		
55-59	Male	\$17.60	\$5.90	\$8.80	\$4.30	\$8.30	\$10.00	\$18.50	\$16.80
	Female	\$19.00							
60-64	Male	\$17.90	\$7.40	\$12.00	\$4.30	\$12.10	\$15.50	\$20.40	\$18.50
	Female	\$19.00							
65-69	Male	\$18.00	\$9.70	\$14.70	\$4.00	\$16.40	\$20.90	\$24.80	\$22.50
	Female	\$18.90							
70-79	Male	\$16.30	N/A	N/A	\$4.80	\$23.70	\$30.00	\$27.80	\$25.30
	Female	\$16.70							
80-89	Male	\$15.30	N/A	N/A	\$8.50	\$34.10	\$43.90	\$32.50	\$29.50
	Female	\$14.20							
90+	Male	\$14.00	N/A	N/A	\$13.70	\$44.40	\$57.50	\$35.70	\$32.50
	Female	\$15.80							

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-16	\$6.30	\$4.80	\$7.20	\$3.70	\$7.10	\$8.20	\$13.50	\$12.30
17-20	\$18.80	\$4.80	\$7.20	\$3.60	\$5.90	\$6.80	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced**	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-16	\$5.60	\$4.50	\$6.50	\$3.50	\$6.20	\$7.40	\$13.50	\$12.30
17-20	\$17.10	\$4.50	\$6.50	\$3.40	\$4.90	\$6.20	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Male	\$14.90	\$15.60	\$22.10	\$20.10
	Female	\$20.70	\$22.60		
45-54	Male	\$16.40	\$17.70	\$23.90	\$21.70
	Female	\$17.50	\$18.50		
55-59	Male	\$18.40	\$20.60	\$25.50	\$23.20
	Female	\$18.40	\$20.60		
60-64	Male	\$22.70	\$26.20	\$27.00	\$24.50
	Female	\$22.70	\$26.20		
65-69	Male	\$27.60	\$32.20	\$26.30	\$23.90
	Female	\$27.60	\$32.20		
70-79	Male	\$35.20	\$42.40	\$29.20	\$26.50
	Female	\$35.20	\$42.40		
80-89	Male	\$46.50	\$57.30	\$33.70	\$30.60
	Female	\$46.50	\$57.30		
90+	Male	\$57.50	\$71.90	\$40.90	\$37.20
	Female	\$57.50	\$71.90		

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Male	\$10.90	\$11.40	\$18.90	\$17.20
	Female	\$15.70	\$18.00		
45-54	Male	\$12.00	\$13.60	\$20.80	\$18.90
	Female	\$13.10	\$14.60		
55-59	Male	\$14.20	\$15.70	\$22.10	\$20.10
	Female	\$14.20	\$15.70		
60-64	Male	\$18.10	\$21.10	\$23.90	\$21.70
	Female	\$18.10	\$21.10		
65-69	Male	\$22.40	\$26.60	\$23.50	\$21.40
	Female	\$22.40	\$26.60		
70-79	Male	\$29.50	\$36.20	\$26.30	\$23.90
	Female	\$29.50	\$36.20		
80-89	Male	\$39.80	\$50.20	\$30.60	\$27.80
	Female	\$39.80	\$50.20		
90+	Male	\$50.40	\$63.50	\$33.70	\$30.60
	Female	\$50.40	\$63.50		

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-16	\$7.10	\$8.20	\$12.50	\$11.40
17-20	\$5.90	\$6.80	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-16	\$6.20	\$7.40	\$12.50	\$11.40
17-20	\$4.90	\$6.20	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ If any person within the family is age 65 or over, all family members should use premiums for residents 65 plus.

² Vision Add-On is not available with ComboPlus Starter plan.

³ Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

⁴ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁵ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁶ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

Premiums will change as an individual's age increases in accordance

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$56.50	\$82.70	\$70.00	\$78.80	\$123.40	\$72.50	\$105.50
45-54	\$65.10	\$86.70	\$84.70	\$96.80	\$150.60	\$76.00	\$125.00
55-59	\$73.10	\$95.80	\$89.60	\$101.00	\$160.70	\$76.90	\$128.40
60-64	\$80.00	\$105.30	\$94.80	\$107.50	\$168.10	\$79.60	\$129.30
65-69	\$72.10	\$85.40	\$85.40	\$99.10	\$149.90	\$77.60	\$123.90
70-79	\$75.10	\$88.60	\$95.50	\$108.60	\$162.20	\$79.60	\$123.80
80-89	\$81.70	\$99.30	\$107.40	\$115.00	\$176.40	\$82.10	\$121.60
90+	\$103.60	\$116.50	\$137.20	\$143.20	\$199.10	\$112.60	\$138.20

Core Plans
Couples (per adult)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$46.10	\$69.60	\$58.80	\$68.10	\$110.50	\$59.10	\$88.20
45-54	\$55.00	\$74.30	\$72.80	\$84.40	\$136.40	\$62.30	\$105.30
55-59	\$62.50	\$82.60	\$77.70	\$88.40	\$146.30	\$63.60	\$108.00
60-64	\$68.40	\$91.50	\$82.70	\$94.90	\$153.10	\$65.10	\$109.70
65-69	\$61.80	\$74.40	\$74.40	\$87.40	\$136.70	\$63.90	\$104.20
70-79	\$65.70	\$78.00	\$83.90	\$96.60	\$148.40	\$65.60	\$103.90
80-89	\$72.70	\$88.50	\$95.80	\$103.20	\$161.60	\$67.70	\$101.60
90+	\$94.00	\$105.30	\$125.70	\$130.80	\$184.10	\$96.30	\$116.60

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$26.30	\$36.20	\$30.60	\$30.10	\$39.90	\$22.20	\$23.70
5-20	\$21.70	\$27.70	\$34.50	\$39.90	\$73.40	\$36.70	\$68.30

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$23.70	\$32.30	\$27.90	\$27.60	\$35.80	\$19.50	\$21.30
5-20	\$19.30	\$24.80	\$30.80	\$35.80	\$65.80	\$33.40	\$61.90

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age	Vision Enhanced* ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$18.50	\$4.90	\$7.70	\$3.90	\$8.50	\$11.20	\$15.10	\$13.70
45-54	\$20.20	\$4.90	\$7.70	\$4.00	\$7.50	\$10.70	\$16.80	\$15.30
55-59	\$20.60	\$5.20	\$8.70	\$4.10	\$8.70	\$12.00	\$18.50	\$16.80
60-64	\$20.70	\$7.40	\$12.10	\$4.10	\$12.10	\$16.90	\$20.40	\$18.50
65-69	\$20.70	\$9.70	\$14.80	\$3.80	\$16.40	\$21.00	\$27.80	\$25.30
70-79	\$18.00	N/A	N/A	\$4.60	\$23.80	\$30.60	\$30.70	\$27.90
80-89	\$15.80	N/A	N/A	\$8.00	\$34.40	\$44.50	\$35.70	\$32.50
90+	\$15.40	N/A	N/A	\$12.50	\$45.00	\$58.30	\$43.50	\$39.50

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age	Vision Enhanced* ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$15.60	\$4.90	\$7.70	\$3.90	\$7.90	\$10.70	\$15.10	\$13.70
45-54	\$16.40	\$4.90	\$7.70	\$4.00	\$7.40	\$10.10	\$16.80	\$15.30
55-59	\$16.90	\$5.20	\$8.70	\$4.10	\$8.30	\$11.50	\$18.50	\$16.80
60-64	\$17.10	\$7.40	\$12.10	\$4.10	\$11.50	\$14.60	\$20.40	\$18.50
65-69	\$17.10	\$9.70	\$14.80	\$3.80	\$15.60	\$20.00	\$24.80	\$22.50
70-79	\$15.40	N/A	N/A	\$4.60	\$22.40	\$28.50	\$27.80	\$25.30
80-89	\$13.70	N/A	N/A	\$8.00	\$32.20	\$41.40	\$32.50	\$29.50
90+	\$12.10	N/A	N/A	\$12.50	\$41.70	\$54.00	\$35.70	\$32.50

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced* ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$5.10	\$4.70	\$7.20	\$3.60	\$6.50	\$7.50	\$13.50	\$12.30
5-20	\$15.50	\$4.70	\$7.20	\$3.50	\$5.10	\$6.20	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced* ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$4.70	\$4.50	\$6.50	\$3.40	\$5.90	\$6.80	\$13.50	\$12.30
5-20	\$13.90	\$4.50	\$6.50	\$3.30	\$4.70	\$5.20	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$18.10	\$20.90	\$22.10	\$20.10
45-54	\$17.50	\$20.60	\$23.90	\$21.70
55-59	\$18.40	\$21.90	\$25.50	\$23.20
60-64	\$22.20	\$26.60	\$27.00	\$24.50
65-69	\$26.20	\$30.60	\$26.30	\$23.90
70-79	\$33.60	\$40.60	\$29.20	\$26.50
80-89	\$44.30	\$54.70	\$33.70	\$30.60
90+	\$54.90	\$68.10	\$40.90	\$37.20

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$13.90	\$16.30	\$18.90	\$17.20
45-54	\$13.40	\$15.80	\$20.80	\$18.90
55-59	\$14.20	\$17.60	\$22.10	\$20.10
60-64	\$17.60	\$20.60	\$23.90	\$21.70
65-69	\$21.50	\$25.60	\$23.50	\$21.40
70-79	\$28.40	\$34.20	\$26.30	\$23.90
80-89	\$38.10	\$47.10	\$30.60	\$27.80
90+	\$47.30	\$60.00	\$33.70	\$30.60

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$6.50	\$7.50	\$12.50	\$11.40
5-20	\$5.10	\$6.20	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$5.90	\$6.80	\$12.50	\$11.40
5-20	\$4.70	\$5.20	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ Vision Add-On is not available with ComboPlus Starter plan.

² Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

³ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁴ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁵ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵ with any core plan for just \$5/month.

*Guaranteed to Issue Plan with no underwriting required when applying for coverage

**Plan requires medical underwriting

Core Plans
Single Adults

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$67.30	\$97.30	\$86.30	\$99.00	\$160.70	\$87.30	\$139.90
45-54	\$78.30	\$104.30	\$107.00	\$124.20	\$200.00	\$91.40	\$167.60
55-59	\$89.40	\$116.60	\$113.90	\$131.10	\$214.60	\$92.30	\$171.00
60-64	\$97.50	\$128.30	\$119.90	\$139.20	\$224.10	\$94.90	\$173.00
65-69	\$70.10	\$86.50	\$103.00	\$110.60	\$179.90	\$94.10	\$167.10
70-79	\$78.40	\$95.30	\$110.20	\$117.20	\$180.60	\$95.10	\$164.20
80-89	\$87.40	\$111.50	\$114.60	\$114.80	\$181.30	\$95.60	\$157.50
90+	\$127.50	\$156.10	\$152.40	\$148.00	\$182.30	\$124.40	\$162.60

Core Plans
Couples (per adult)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	\$55.60	\$83.00	\$74.20	\$86.80	\$145.70	\$72.00	\$117.80
45-54	\$67.00	\$89.90	\$93.40	\$110.20	\$183.30	\$75.70	\$142.50
55-59	\$77.10	\$101.70	\$99.90	\$116.20	\$197.20	\$76.50	\$146.30
60-64	\$85.10	\$112.50	\$105.00	\$124.30	\$206.40	\$79.30	\$147.30
65-69	\$58.90	\$73.20	\$89.20	\$96.90	\$164.20	\$77.90	\$141.90
70-79	\$66.80	\$81.50	\$96.20	\$103.30	\$164.50	\$79.40	\$139.40
80-89	\$75.80	\$96.30	\$100.40	\$101.30	\$165.40	\$79.30	\$132.90
90+	\$114.40	\$138.60	\$136.90	\$133.80	\$166.30	\$106.90	\$137.30

Core Plans
Child (per child, for families with 1 or 2 children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$27.00	\$35.90	\$31.40	\$33.90	\$41.50	\$25.40	\$28.90
5-20	\$21.70	\$26.30	\$37.00	\$43.50	\$76.10	\$44.00	\$88.60

Core Plans
Child (per child, for families with 3+ children)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
0-4	\$24.80	\$32.20	\$28.20	\$30.70	\$37.20	\$23.10	\$26.10
5-20	\$19.70	\$23.70	\$33.00	\$38.90	\$68.40	\$39.80	\$79.60

Vision, Travel & AD&D are all Add-Ons
Single Adults

Age	Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$18.00	\$5.20	\$8.30	\$3.90	\$15.30	\$20.00	\$15.10	\$13.70
45-54	\$18.90	\$5.20	\$8.30	\$4.00	\$12.10	\$16.80	\$16.80	\$15.30
55-59	\$19.40	\$6.00	\$9.60	\$4.10	\$14.90	\$20.40	\$18.50	\$16.80
60-64	\$19.80	\$7.70	\$12.60	\$4.10	\$22.70	\$31.10	\$20.40	\$18.50
65-69	\$19.80	\$9.90	\$15.30	\$3.80	\$32.10	\$40.80	\$27.80	\$25.30
70-79	\$17.40	N/A	N/A	\$4.60	\$47.20	\$61.50	\$30.70	\$27.90
80-89	\$15.70	N/A	N/A	\$8.00	\$69.40	\$90.50	\$35.70	\$32.50
90+	\$14.90	N/A	N/A	\$12.50	\$91.40	\$119.20	\$43.50	\$39.50

Vision, Travel & AD&D are all Add-Ons
Couples (per adult)

Age	Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
<45	\$15.30	\$5.20	\$8.30	\$3.90	\$14.00	\$18.40	\$15.10	\$13.70
45-54	\$16.10	\$5.20	\$8.30	\$4.00	\$11.80	\$15.80	\$16.80	\$15.30
55-59	\$16.60	\$6.00	\$9.60	\$4.10	\$13.90	\$18.80	\$18.50	\$16.80
60-64	\$16.70	\$7.70	\$12.60	\$4.10	\$21.50	\$27.10	\$20.40	\$18.50
65-69	\$16.60	\$9.90	\$15.30	\$3.80	\$29.50	\$38.10	\$24.80	\$22.50
70-79	\$14.80	N/A	N/A	\$4.60	\$43.80	\$56.70	\$27.80	\$25.30
80-89	\$13.80	N/A	N/A	\$8.00	\$64.30	\$83.40	\$32.50	\$29.50
90+	\$12.10	N/A	N/A	\$12.50	\$84.60	\$110.40	\$35.70	\$32.50

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 1 or 2 children)

Age	Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$6.10	\$5.10	\$7.50	\$3.60	\$10.90	\$12.60	\$13.50	\$12.30
5-20	\$17.10	\$5.10	\$7.50	\$3.50	\$8.30	\$10.00	\$13.50	\$12.30

Vision, Travel & AD&D are all Add-Ons
Child (per child, for families with 3+ children)

Age	Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{2,4} (\$10,200 threshold)**
0-4	\$5.10	\$4.60	\$6.80	\$3.40	\$9.60	\$11.50	\$13.50	\$12.30
5-20	\$15.60	\$4.60	\$6.80	\$3.30	\$7.50	\$9.40	\$13.50	\$12.30

Stand-Alones (Without a Core Plan)
Single Adults

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$25.20	\$29.60	\$22.10	\$20.10
45-54	\$22.60	\$26.90	\$23.90	\$21.70
55-59	\$25.10	\$29.90	\$25.50	\$23.20
60-64	\$33.00	\$41.00	\$27.00	\$24.50
65-69	\$41.90	\$51.10	\$26.30	\$23.90
70-79	\$57.40	\$71.60	\$29.20	\$26.50
80-89	\$79.60	\$100.60	\$33.70	\$30.60
90+	\$101.60	\$129.70	\$40.90	\$37.20

Stand-Alones (Without a Core Plan)
Couples (per adult)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
<45	\$20.60	\$24.50	\$18.90	\$17.20
45-54	\$17.90	\$21.90	\$20.80	\$18.90
55-59	\$20.40	\$25.20	\$22.10	\$20.10
60-64	\$27.80	\$33.30	\$23.90	\$21.70
65-69	\$36.00	\$44.30	\$23.50	\$21.40
70-79	\$50.20	\$62.30	\$26.30	\$23.90
80-89	\$70.50	\$89.70	\$30.60	\$27.80
90+	\$90.70	\$116.80	\$33.70	\$30.60

Stand-Alones (Without a Core Plan)
Child (per child, for families with 1 or 2 children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$10.90	\$12.60	\$12.50	\$11.40
5-20	\$8.30	\$10.00	\$12.50	\$11.40

Stand-Alones (Without a Core Plan)
Child (per child, for families with 3+ children)

Age	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ⁴ (\$4,500 threshold)**	Catastrophic Coverage ⁴ (\$10,200 threshold)**
0-4	\$9.60	\$11.50	\$12.50	\$11.40
5-20	\$7.50	\$9.40	\$12.50	\$11.40

Rates are effective May 1, 2020, and are subject to change without notice.

¹ Vision Add-On is not available with ComboPlus Starter plan.

² Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.

³ Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.

⁴ Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

⁵ Manulife Vitality is available for the Primary Applicant only.

Premiums for couples and children are per each individual. Premiums are based on individual age at the time of application.

Premiums will change as an individual's age increases in accordance with published age groups.

Note: any Core, Add-On or Stand-Alone plan you choose must apply to ALL family members.



Add Manulife Vitality⁵ with any core plan for just \$5/month.