

Compare the Base, Bronze, Silver & Gold Plans

No medical underwriting is required for Base Plan and any of the Dental Only Plans.

	BASE PLAN	BASE DENTAL PLAN	BRONZE PLAN	BRONZE DENTAL PLAN	SILVER PLAN	SILVER DENTAL PLAN	GOLD PLAN	GOLD DENTAL PLAN
DENTAL SERVICES								
Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.								
<ul style="list-style-type: none"> Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services 	• 70%	• Year 1: 50%; Year 2 & beyond: 70%	• 70%	• Year 1: 50%; Year 2 & beyond: 70%	• 80%	• Year 1: 60%; Year 2 & beyond: 80%	• 80%	• Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on extensive services including endodontics, periodontics and denture services 	• 70%	• Year 1: 50%; Year 2 & beyond: 70%	• 70%	• Year 1: 50%; Year 2 & beyond: 70%	• 80%	• Year 1: 60%; Year 2 & beyond: 80%	• 80%	• Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on crowns, bridges, dentures and orthodontics 	• Not covered	• Not covered	• Not covered	• Not covered	• Not covered	• Not covered	• Year 1 & 2: 0%; Year 3 & beyond: 60%	• Year 1 & 2: 0%; Year 3 & beyond: 60%
							(\$800 maximum every 2 consecutive years)	(\$800 maximum every 2 consecutive years)
<ul style="list-style-type: none"> Anniversary year maximums 	• \$400 per year**	• \$400 per year**	• \$500 per year	• \$500 per year	• Year 1: \$500; Year 2 & beyond: \$900	• Year 1: \$500; Year 2 & beyond: \$900	• Year 1: \$500; Year 2: \$900; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500	• Year 1: \$500; Year 2: \$900; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
<ul style="list-style-type: none"> Recall visits 	• 9 months	• 9 months	• 9 months	• 9 months	• 9 months	• 9 months	• 6 months	• 6 months
PRESCRIPTION DRUGS[†]								
<ul style="list-style-type: none"> Generic* vs Brand-Name coverage 	• Generic	• n/a	• Generic	• n/a	• Generic	• n/a	• Brand-name	• n/a
<ul style="list-style-type: none"> Shared Dispensing Fee 	• \$6.50 maximum	• n/a	• \$6.50 maximum	• n/a	• \$7.50 maximum	• n/a	• Covered	• n/a
<ul style="list-style-type: none"> Birth control and fertility drugs 	• Not covered	• n/a	• Not covered	• n/a	• Covered	• n/a	• Covered	• n/a
<ul style="list-style-type: none"> Reimbursement on first amount per anniversary year^{††} 	• 70% on first \$575**	• n/a	• 70% on first \$500	• n/a	• 70% on first \$500	• n/a	• 90% on first \$2,220**	• n/a
<ul style="list-style-type: none"> Reimbursement on next amount per anniversary year^{††} 	• None	• n/a	• 80% on next \$2,500	• n/a	• 100% on next \$4,000	• n/a	• 100% on next \$6,000**	• n/a
CORE BENEFITS								
Vision Care – Covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	• \$100 per 2 years plus \$30 for Optometrist visits	• \$100 per 2 years plus \$30 for Optometrist visits	• \$100 per 2 years plus \$30 for Optometrist visits	• \$100 per 2 years plus \$30 for Optometrist visits	• \$150 per 2 years plus \$30 for Optometrist visits	• \$100 per 2 years plus \$30 for Optometrist visits	• \$250 per 2 years plus \$30 for Optometrist visits	• \$100 per 2 years plus \$30 for Optometrist visits
Hospital Benefits – Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation.								
<ul style="list-style-type: none"> Type of accommodation 	• n/a	• n/a	• n/a	• n/a	• Semi-private only	• n/a	• Semi-private & private	• n/a
<ul style="list-style-type: none"> Maximum charge per day 	• n/a	• n/a	• n/a	• n/a	• \$150	• n/a	• \$200	• n/a
<ul style="list-style-type: none"> Reimbursement per anniversary year 	• n/a	• n/a	• n/a	• n/a	• 100% on first 30; 50% on next 100 days	• n/a	• 100% for complete year	• n/a
<ul style="list-style-type: none"> Cash benefit in lieu of accommodation – Per day – Maximum 	• n/a	• n/a	• n/a	• n/a	• \$25 payable starting on the 4th day • \$750	• n/a	• \$50 payable starting on the 1st day • \$3,000	• n/a
Accidental Death and Dismemberment – Payment for a loss directly resulting from accidental bodily injury or accidental loss of life, where the loss occurs within a year of the date of the accident.	• \$10,000 per adult • \$4,000 per child or senior over 65	• \$10,000 per adult • \$4,000 per child or senior over 65	• \$12,500 per adult • \$5,000 per child or senior over 65	• \$10,000 per adult • \$4,000 per child or senior over 65	• \$25,000 per adult • \$10,000 per child or senior over 65	• \$10,000 per adult • \$4,000 per child or senior over 65	• \$50,000 per adult • \$20,000 per child or senior over 65	• \$10,000 per adult • \$4,000 per child or senior over 65
Travel Coverage (to age 65) – Covers emergency hospital/medical expenses while travelling outside your province or territory of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$5,000,000 per trip.								
<ul style="list-style-type: none"> Number of trips per year 	• n/a	• n/a	• Unlimited	• n/a	• Unlimited	• n/a	• Unlimited	• n/a
<ul style="list-style-type: none"> Maximum trip length 	• n/a	• n/a	• 9 days	• n/a	• 17 days	• n/a	• 30 days	• n/a
Survivor Benefit – Provides continuous coverage for 1 year, following the death of an adult Insured.	• Available 1 year after policy effective date	• Available 1 year after policy effective date	• Covered	• Available 1 year after policy effective date	• Covered	• Available 1 year after policy effective date	• Covered	• Available 1 year after policy effective date

[†]Prescription drug coverage applies to costs not covered by your provincial prescription drug insurance plan, up to the maximums stated above. ^{††}Prescription drug coverage is based on Calendar Year for residents of British Columbia and Saskatchewan. For all other provinces, coverage is based on Anniversary Year. *Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product. Please Note: not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent, if applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan. **Benefit enhancements effective August 1, 2009.

Core Benefits (continued)

	BASE PLAN	BASE DENTAL PLAN	BRONZE PLAN	BRONZE DENTAL PLAN	SILVER PLAN	SILVER DENTAL PLAN	GOLD PLAN	GOLD DENTAL PLAN
<p>Extended Healthcare</p> <p>Registered Specialists & Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropractors, Registered Massage Therapists, Physiotherapists, Psychologists, Social Workers and Speech Therapists.</p> <p>Registered Specialists & Therapists**</p> <ul style="list-style-type: none"> • Maximum claims paid • Per visit maximum • Chiropractic X-rays <p>Psychologist/Social Worker</p> <ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year <p>Speech Therapist</p> <ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year 	<ul style="list-style-type: none"> • \$450 per specialist/therapist • \$25 • \$35 per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year 	<ul style="list-style-type: none"> • \$600 combined • Unlimited • \$35 per year 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$20 • \$35 per year
<p>Lifeline® Personal Response Service – Provides 24-hour monitoring service for people coping with medical problems at home.</p>	<ul style="list-style-type: none"> • 3 months per lifetime 	<ul style="list-style-type: none"> • 3 months per lifetime 	<ul style="list-style-type: none"> • 3 months per lifetime 	<ul style="list-style-type: none"> • 3 months per lifetime 	<ul style="list-style-type: none"> • 6 months per lifetime 	<ul style="list-style-type: none"> • 3 months per lifetime 	<ul style="list-style-type: none"> • 6 months per 3-year period 	<ul style="list-style-type: none"> • 3 months per lifetime
<p>Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheelchairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife Financial. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.</p>	<ul style="list-style-type: none"> • For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,300 Year 3: \$1,500 Year 4: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,300 Year 3: \$1,500 Year 4: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • Homecare & Nursing: \$2,500 per year • Prosthetic Appliances: \$2,500 per year • Durable Medical Equipment: \$2,500 per year • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,300 Year 3: \$1,500 Year 4: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • Homecare & Nursing: \$3,500 per year • Prosthetic Appliances: \$3,500 per year • Durable Medical Equipment: \$3,500 per year • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,300 Year 3: \$1,500 Year 4: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • Combined maximum for Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment \$8,500 per year • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances 	<ul style="list-style-type: none"> • For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,300 Year 3: \$1,500 Year 4: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year as part of Prosthetic Appliances
<p>Hearing Aids – Covers the cost to purchase and/or repair up to the allowed maximum.</p>	<ul style="list-style-type: none"> • \$300 per 4-year period 	<ul style="list-style-type: none"> • \$300 per 4-year period 	<ul style="list-style-type: none"> • \$300 per 4-year period 	<ul style="list-style-type: none"> • \$300 per 4-year period 	<ul style="list-style-type: none"> • \$400 per 4-year period 	<ul style="list-style-type: none"> • \$300 per 4-year period 	<ul style="list-style-type: none"> • \$500 per 4-year period 	<ul style="list-style-type: none"> • \$300 per 4-year period
<p>Ambulance Services – Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.</p>	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance 	<ul style="list-style-type: none"> • Unlimited ground transport • \$4,000 maximum air ambulance
<p>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.</p>	<ul style="list-style-type: none"> • \$2,000 per year 	<ul style="list-style-type: none"> • \$2,000 per year 	<ul style="list-style-type: none"> • \$2,000 per year 	<ul style="list-style-type: none"> • \$2,000 per year 	<ul style="list-style-type: none"> • \$2,500 per year 	<ul style="list-style-type: none"> • \$2,000 per year 	<ul style="list-style-type: none"> • \$3,000 per year 	<ul style="list-style-type: none"> • \$2,000 per year
<p>Best Doctors® Solutions Services – Offers evaluation of medical records upon suspicion or diagnosis of serious illness or injury.</p>	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered
<p>Lifetime Maximum</p>	<ul style="list-style-type: none"> • \$100,000 	<ul style="list-style-type: none"> • \$100,000 	<ul style="list-style-type: none"> • \$250,000 	<ul style="list-style-type: none"> • \$100,000 	<ul style="list-style-type: none"> • \$350,000 	<ul style="list-style-type: none"> • \$100,000 	<ul style="list-style-type: none"> • \$350,000 	<ul style="list-style-type: none"> • \$100,000

All references to “year” refer to Anniversary Year. When it relates to Hearing Aids and Vision benefits, year refers to Benefit Year. **Anniversary Year** refers to the consecutive 12-month period following the effective date of your policy, and each 12-month period thereafter. **Benefit Year** refers to the consecutive 12-month period following the date a claim for a specific benefit is first incurred under your policy. **Calendar Year** means the 12-month period commencing January 1 and ending December 31. **Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.