

Drug Coverage	ComboPlus™ Starter†		Guaranteed Issue Plan		ComboPlus™ Basic‡		Requires Medical Underwriting		ComboPlus™ Enhanced‡		Requires Medical Underwriting	
Generic drugs vs. brand-name drugs	Generic				Generic				Brand-name or Generic			
Shared Dispensing Fee (subject to applicable co-payment)	\$6.50 maximum		Seniors' Adjustments 65+ No maximum		No maximum				No maximum			
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All				All				All except birth control drugs			
Reimbursement of eligible prescription costs per year	70% of first \$750		Seniors' Adjustments 65+ 100% of first \$750		70% of first \$750, 90% of next \$4,972		Seniors' Adjustments 65+ 100% of first \$750, 90% of next \$4,722		90% of first \$2,222, 100% of next \$8,000		Seniors' Adjustments 65+ 100% of first \$750, 90% of next \$10,278	
Anniversary year maximums per person	\$525		Seniors' Adjustments 65+ \$750		\$5,000		Seniors' Adjustments 65+ \$5,000		\$10,000		Seniors' Adjustments 65+ \$10,000	
Dental Coverage	ComboPlus™ Starter†				ComboPlus™ Basic‡				ComboPlus™ Enhanced‡			
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.												
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first \$575				80% of first \$400, 50% of next \$860				100% of first \$500, 60% of next \$700			
Anniversary year maximum for basic dental services	\$400				\$750				\$920			
Recall visits	9 months				9 months				6 months			
Oral surgery, periodontics, endodontics (root canal)	Not covered				Not covered				Year 1: 60%; Year 2: 60%; Year 3+: 80%		Combined maximum for oral surgery, periodontics, endodontics and major restorative of \$1,250 per 3 consecutive years, with a year 1 combined maximum of \$400.	
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered				Not covered				Year 1: 0%; Year 2+: 60%			
Vision Care	ComboPlus™ Starter†				ComboPlus™ Basic‡				ComboPlus™ Enhanced‡			
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years				\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years				\$250 maximum per 2 consecutive benefit years \$70 maximum for optometrist visit per 2 consecutive benefit years			
Extended Health Care Benefits	ComboPlus™ Starter†				ComboPlus™ Basic‡				ComboPlus™ Enhanced‡			
Lifetime maximum - Coverage Per Person \$250,000 Seniors' Adjustments 65+ \$260,000												
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropodist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Dietitian (per person per anniversary year)	Dollar maximum \$25/visit, maximum visits 20/specialist				Dollar maximum \$25/visit, maximum visits 20/specialist				Dollar maximum \$25/visit, maximum visits 20/specialist			
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, First visit \$80, Subsequent visits \$65				Maximum visits 15, First visit \$80, Subsequent visits \$65				Maximum visits 15, First visit \$80, Subsequent visits \$65			
Registered Speech Pathologist/Therapist (per person per anniversary year)	Maximum visits 10, First visit \$65, Subsequent visits \$45		Seniors' Adjustments 65+ Maximum Visits 15		Maximum visits 10, First visit \$65, Subsequent visits \$45		Seniors' Adjustments 65+ Maximum Visits 15		Maximum visits 10, First visit \$65, Subsequent visits \$45		Seniors' Adjustments 65+ Maximum Visits 15	
Registered Physiotherapist (per person per anniversary year)	\$250 maximum				\$250 maximum				\$250 maximum			
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000		Seniors' Adjustments 65+ Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500		For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$4,000 maximum per person, per anniversary year		Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year		For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$4,000 maximum per person, per anniversary year		Seniors' Adjustments 65+ \$4,500 maximum per person, per anniversary year	
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer topography).	\$225 per year				\$225 per year				\$225 per year			
Lifeline® Personal Response Service** Coverage towards a 24/7 home monitoring service for you, your family and your extended family (parents, grandparents and in-laws) when dealing with medical problems.	6 months per person, per 3 anniversary years				6 months per person, per 3 anniversary years				6 months per person, per 3 anniversary years			
Accidental Dental Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.	\$2,000 maximum per person, per anniversary year				\$2,000 maximum per person, per anniversary year				\$2,000 maximum per person, per anniversary year			
Ambulance Services Unlimited ground and air transportation.	Included				Included				Included			
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	\$400 maximum per person, per 4 consecutive benefit years		Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years		\$400 maximum per person, per 4 consecutive benefit years		Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years		\$400 maximum per person, per 4 consecutive benefit years		Seniors' Adjustments 65+ \$500 maximum per person, per 4 consecutive benefit years	
Travel Coverage (to age 70) \$5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A \$100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included				Included				Included			
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to \$25,000 for an adult under 65 Up to \$10,000 for an adult 65 and over or child				Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child				Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child			
Survivor Benefit Provides for continuous coverage for 1 year, following the death of an adult insured.	Available 1 year after policy effective date				Included				Included			
Healthcare Online** 24/7 access to healthcare professionals (including physicians and nurse practitioners) online, through the app or over the phone.	Preferred Pricing Available				Preferred Pricing Available				Included			

DrugPlus™ Basic†		DrugPlus™ Enhanced‡		DentalPlus™ Basic†		DentalPlus™ Enhanced†		
Requires Medical Underwriting				Guaranteed Issue Plan				
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.		Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.		Note: Newfoundland & Labrador and Prince Edward Island: Dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends. Also includes Vision Care coverage (at the same levels as the ComboPlus™ Basic and Enhanced plans) and Extended Health Care Benefits coverage (at the same levels as the ComboPlus™ Starter plan).				
				Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions: • Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) • Year 2+: 80% of the first \$400 and 50% of the next \$860 (anniversary year maximum of \$750) • Recall visits every 9 months		Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions: • Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) • Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) • Recall visits every 6 months The following dental services have a combined maximum of \$1,250 per person per 3-year period: • Oral surgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% • Orthodontics, crowns, bridges, dentures: Year 1: 0%, Year 2+: 60% Includes access to Healthcare Online		
Vision Enhanced†		Accidental Death and Dismemberment Enhanced†	Travel +8 days†	Travel +21 days†	Catastrophic Coverage‡ (Not available to 65+)		Hospital Basic‡	Hospital Enhanced‡
Guaranteed Issue Plan					Requires Medical Underwriting			
Available as an Add-On only					Available as an Add-On or Stand-Alone			
Increases vision coverage to a total maximum of \$500 per person for 3 consecutive benefit years.		Increases accidental death and dismemberment coverage to a maximum of \$50,000 for adults under 65.	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits.	\$4,500 Deductible option: • Covers all drug costs after you pay \$4,500 in a year • Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime) You can purchase this on its own, or as an Add-On only with DrugPlus™ Basic and ComboPlus™ Basic plans.	\$10,200 Deductible option: • Covers all drug costs after you pay \$10,200 in a year • Covers an extra \$25,000 for homecare and nursing, prosthetic appliances and durable medical equipment after you pay \$7,500 in a year (up to \$100,000 over lifetime) You can purchase this on its own, or as an add-on only with DrugPlus™ Enhanced plans and ComboPlus™ Enhanced plans only.	Semi-private hospital room 100% for first 30 days (up to \$150 every day) and 50% for next 100 days (up to \$75 every day) \$25 (\$15 for Alberta) every day starting on day 4 if semi-private room not available (up to \$750)	Semi-private or private hospital room 100% for every day in hospital (up to \$200 every day) \$50 (\$20 for Alberta) every day starting on day 4 if semi-private or private room not available (up to \$3,000)
Includes \$100 towards laser eye surgery. \$70 maximum for optometrist visit per 2 consecutive benefit years.		Increases to a maximum of \$20,000 for children and adults age 65 and over.	Trips of up to 17 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.	Trips of up to 30 days are covered, up to \$5,000,000 per covered person per trip. Not available to persons age 70 and over.				
Not available as an Add-On to ComboPlus™ Starter plan.								

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Anniversary year means the 12 consecutive months following the effective date of the Agreement, and each 12-month period thereafter. Benefit year means the 12 consecutive months following the incurred date of the claim.

Calendar year means each successive 12-month period commencing January 1 and ending December 31. All references to “year” refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, “year” refers to benefit year.

[†] Guaranteed to Issue Plan with no medical underwriting required when applying for coverage

[‡] Plan requires medical underwriting

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable.

¹ Available for the Primary Applicant only.

****** Manulife cannot guarantee the availability of this benefit indefinitely. Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.