Manulife

Flexcare®

Flexible and affordable health and dental insurance *tailored to you.*

The Manufacturers Life Insurance Company

How to navigate!

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Understanding the Flexcare plans

Selecting your plan.

What each plan *covers.*

Flexcare has *you covered.*

Flexcare Health and Dental Insurance puts you in control of your coverage. It's as easy as choosing the dental and drug plan that best meets your needs and budget. If you don't have coverage through your employer or your employer group plan doesn't have the coverage levels you want, Flexcare is here for you. Get the coverage you want to help prepare you for whatever the future brings.

Flexcare keeps things flexible for you.
Find your solution.

The *core* of Flexcare coverage:

Prescription drugs
Helps cover the rising costs of generic and brand-name drugs

Dental care
A trip to the dentist may be a little more tolerable when you have coverage.

Vision care
New glasses, contact lenses, eye doctor appointments, etc.

Homecare and Nursing
Rehabilitation from the comfort of your own home

Registered therapists
Chiropractor, naturopath, massage therapist and more

Enhanced coverage for seniors
At age 65, benefits increase in the areas you want it the most.

Plus, these services at *no extra cost*:

- **Emergency medical travel coverage**

  Gives you up to $5,000,000 in coverage for an unlimited number of trips per year.±

- **Health Service Navigator®** ο

  Health Service Navigator gives you priority access to top specialists at world-class hospitals. Get advice without an appointment or any travel.

- **Tax savings**

  Self-employed or own a small business?
  A portion of your premiums may be deductible.≠

- **Healthcare Online**οξ

  Gives you 24/7 access to health care professionals (including physicians, nurse practitioners and nurses) online, through the app or over the phone. Plus, you have easy access to lab results, scripts, refills and referrals.

- **Make claims online 24/7**

  Submit claims as soon as your coverage is in place

- **Air Miles®**

  Earn Air Miles reward miles.∞

Build your plan.

1 **Select Your Core Plan.**

- ComboPlus™: Dental + Drug coverage
- DentalPlus™: Dental coverage
- DrugPlus™: Drug coverage

2 **Select Your Coverage Level.**

- Starter: Lower coverage amounts and rates (great for add-ons)
- Basic: Well-rounded coverage at affordable rates
- Enhanced: Maximum coverage

3 **Select Your Optional Add-Ons. Increase the coverage in your Core Plan.**

- Accidental Death and Dismemberment Enhanced
- Catastrophic Coverage¥
- Hospital (Basic or Enhanced)
- Travel (for longer trips)¶
- Vision Enhanced€

Need a specific type of coverage?

Select Stand-Alone Plans.

Just pay for what you want:

- Catastrophic Coverage^
- Hospital

What does each plan cover?

Flexcare Health and Dental Insurance Plans:

- ComboPlus™: Dental + Drug Starter
- ComboPlus™: Dental + Drug Basic
- ComboPlus™: Dental + Drug Enhanced

- DrugPlus™: Drug Basic
- DrugPlus™: Drug Enhanced
- DentalPlus™: Dental Basic
- DentalPlus™: Dental Enhanced

- Additional Features

Flexcare® Health and Dental Insurance Plans

Drug Coverage	ComboPlus™ Starter† Guaranteed Issue Plan
Generic[1] drugs vs. brand-name drugs	Generic
Shared Dispensing Fee (subject to applicable co-payment)	$6.50 maximum
Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription	All
Reimbursement of eligible prescription costs per calendar year	70% of first $750
Calendar year maximums per person	$525

Dental Coverage	ComboPlus™ Starter† Guaranteed Issue Plan
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.	
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	70% of first $575
Anniversary year maximum for basic dental services	$400
Recall visits	9 months
Oral surgery, periodontics, endodontics (root canal)	Not covered
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered

Vision Care	ComboPlus™ Starter† Guaranteed Issue Plan
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

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits	**ComboPlus™ Starter†** Guaranteed Issue Plan	
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	
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	Maximum visits 10, 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
Registered Physiotherapist (per person per anniversary year)	$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
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer tomography).	$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	
Health Service Navigator®2 Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included	

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits (continued)	**ComboPlus™ Starter†** Guaranteed Issue Plan	
Lifetime maximum - **Coverage Per Person** $250,000 **Seniors' Adjustments 65+** $260,000		
Accidental Dental Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.	$2,000 maximum per person, per anniversary year	
Ambulance Services Unlimited ground and air transportation.	Included	
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	$400 maximum per person, per 4 consecutive benefit years	**Seniors' Adjustments 65+** $500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)[3] $5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A $100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included	
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to $25,000 for an adult under 65 Up to $10,000 for 65 and over, or a child	
Survivor Benefit Provides for continuous coverage for one year, following the death of an adult insured.	Available 1 year after policy effective date	
Healthcare Online** 24/7 access to health care professionals (including physicians and nurse practitioners) online, through the app or over the phone.	Preferred Pricing Available	

Flexcare® Health and Dental Insurance Plans

Drug Coverage	ComboPlus™ Basic‡ Requires Medical Underwriting
Generic[1] drugs vs. brand-name drugs	Generic
Shared Dispensing Fee (subject to applicable co-payment)	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
Reimbursement of eligible prescription costs per calendar year	British Columbia: 70% of first $750, 90% of next $4,972 Saskatchewan: Per family 70% on first $1,150, 100% on further claims
Calendar year maximums per person	$5,000

Dental Coverage	ComboPlus™ Basic‡ Requires Medical Underwriting
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.	
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	80% of first $400, 50% of next $860
Anniversary year maximum for basic dental services	$750
Recall visits	9 months
Oral surgery, periodontics, endodontics (root canal)	Not covered
Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 2	Not covered

Vision Care	ComboPlus™ Basic‡ Requires Medical Underwriting
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	$250 maximum per 2 consecutive benefit years $70 maximum for optometrist visit per 2 consecutive benefit years

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits	ComboPlus™ Basic‡ Requires Medical Underwriting	
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	
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	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
Registered Physiotherapist (per person per anniversary year)	$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:	
	$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 tomography).	$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	
Health Service Navigator®2 Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included	

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits (continued)	**ComboPlus™ Basic‡** Requires Medical Underwriting	
Lifetime maximum - **Coverage Per Person** $250,000 **Seniors' Adjustments 65+** $260,000		
Accidental Dental Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.	$2,000 maximum per person, per anniversary year	
Ambulance Services Unlimited ground and air transportation.	Included	
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	$400 maximum per person, per 4 consecutive benefit years	**Seniors' Adjustments 65+** $500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)[3] $5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A $100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included	
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to $25,000 for an adult under 65 Up to $10,000 for 65 and over, or a child	
Survivor Benefit Provides for continuous coverage for one year, following the death of an adult insured.	Included	
Healthcare Online** 24/7 access to health care professionals (including physicians and nurse practitioners) online, through the app or over the phone.	Preferred Pricing Available	

Flexcare® Health and Dental Insurance Plans

Drug Coverage	**ComboPlus™ Enhanced‡** Requires Medical Underwriting	
Generic[1] drugs vs. brand-name drugs	Brand-name or Generic	
Shared Dispensing Fee (subject to applicable co-payment)	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 except fertility and birth control drugs	
Reimbursement of eligible prescription costs per calendar year	90% of first $2,222, 100% of next $8,000	
Calendar year maximums per person	$10,000	
Dental Coverage	**ComboPlus™ Enhanced‡** Requires Medical Underwriting	
Coverages are designed to coincide with the current provincial Dental Association Fee Guide for General Practitioners. The Flexcare® ComboPlus™ dental coverage will be adjusted to match any increases in the fee guide.		
Reimbursement (for ongoing maintenance services: fillings, cleanings, scalings, examinations, polishings, and select extractions) per year	100% of first $500, 60% of next $700	
Anniversary year maximum for basic dental services	$920	
Recall visits	6 months	
Oral surgery, periodontics, endodontics (root canal)	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	Year 1: 0%; Year 2+: 60%	
Vision Care	**ComboPlus™ Enhanced‡** Requires Medical Underwriting	
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	$250 maximum per 2 consecutive benefit years $70 maximum for optometrist visit per 2 consecutive benefit years	

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits	ComboPlus™ Enhanced‡ Requires Medical Underwriting	
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	
Registered Psychologist/Psychotherapist/Clinical Counsellor (per person per anniversary year)	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
Registered Physiotherapist (per person per anniversary year)	$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:	
	$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 tomography).	$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	
Health Service Navigator®2 Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included	

Flexcare® Health and Dental Insurance Plans

Extended Health Care Benefits (continued)	ComboPlus™ Enhanced‡ Requires Medical Underwriting	
Lifetime maximum - **Coverage Per Person** $250,000 **Seniors' Adjustments 65+** $260,000		
Accidental Dental Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.	$2,000 maximum per person, per anniversary year	
Ambulance Services Unlimited ground and air transportation.	Included	
Hearing Aids Covers the costs to purchase and/or repair up to the allowed maximum.	$400 maximum per person, per 4 consecutive benefit years	**Seniors' Adjustments 65+** $500 maximum per person, per 4 consecutive benefit years
Travel Coverage (to age 70)[3] $5,000,000 emergency health coverage per person for trips lasting a maximum of 9 days. (A $100 deductible applies per claim.) Additional coverage for either 8 or 21 days can be purchased as an Add-On.	Included	
Accidental Death and Dismemberment Payment for accidental death or dismemberment resulting from an accident, occurring within one year of the date of the accident. Additional coverage can be purchased as an Add-On.	Up to $25,000 for an adult under 65 Up to $10,000 for 65 and over, or a child	
Survivor Benefit Provides for continuous coverage for one year, following the death of an adult insured.	Included	
Healthcare Online** 24/7 access to health care professionals (including physicians and nurse practitioners) online, through the app or over the phone.	Included	

Flexcare® Health and Dental Insurance Plans

DrugPlus™ Basic‡

Requires Medical Underwriting

Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.

DrugPlus™ Enhanced‡

Requires Medical Underwriting

Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.

Flexcare® Health and Dental Insurance Plans

DentalPlus™ Basic†

Guaranteed Issue Plan

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% 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

DentalPlus™ Enhanced†

Guaranteed Issue Plan

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: 70% 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

Flexcare® Health and Dental Insurance Plans

Available as an add-on

Guaranteed Issue Plan

Vision Enhanced†

- Increases vision coverage to a total maximum of $500 per person for 3 consecutive benefit years.
- Includes $100 towards laser eye surgery.
- $70 maximum for optometrist visit per 2 consecutive benefit years.
- Not available as an Add-On to ComboPlus™ Starter plan.

Accidental Death and Dismemberment†

- Increases accidental death and dismemberment coverage to a maximum of $50,000 for adults under 65.
- Increases to a maximum of $20,000 for children and adults age 65 and over.

Travel + 8 Days[3†]

- 8 days of additional coverage, added to the 9-day coverage available with Core plan benefits.
- Trips of up to 17 days are covered, up to $5,000,000 per covered person per trip.
- Not available to persons age 70 and over.

Travel +21 days[3†]

- 21 days of additional coverage, added to the 9-day coverage available with Core plan benefits.
- Trips of up to 30 days are covered, up to $5,000,000 per covered person per trip.
- Not available to persons age 70 and over.

Flexcare® Health and Dental Insurance Plans

Available as an add-on or stand-alone

Requires Medical Underwriting

Hospital Basic‡

- Semi-private room coverage
- 100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year.
- The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of $150/day.
- Cash benefit: $25 per person per day beginning on the 4th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.

Hospital Enhanced‡

- Semi-private or private room
- 100% coverage of the daily room maximum, per person per anniversary year.
- The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of $200/day.
- Cash benefit: $50 per person per day beginning on the 4th day of hospitalization, maximum of 60 days, if semi-private or private room is not obtained.

Consider adding Catastrophic Coverage

What is it?

Catastrophic Coverage **helps cover the costs of medical care resulting from an unforeseen serious accident or illness**. It helps provides protection against expenses that may not be covered by your government health insurance plan. For example: special cancer treatment drugs, a car accident, or a chronic condition such as rheumatoid arthritis or emphysema.

How does it work?

- **Unlimited 100% coverage** when qualifying annual prescription drug expenses exceed chosen deductible
- Available as a **Stand-alone plan**^ or an **Add-on**¥ option
- Choose between the **$4,500** or **$10,200** deductible options
- 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 your lifetime)
- Covers **unlimited chiropractor** and **physiotherapist costs** for one year after an accident requiring at least 24 hours in hospital[4]

2019 Monthly Rates **Saskatchewan**

Core Plans
Single Adults

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	$54.90	$80.30	$68.00	$77.30	$121.00	$71.10	$103.40
45-54	$63.20	$84.20	$82.20	$94.90	$147.60	$74.50	$122.50
55-59	$71.00	$93.00	$87.00	$99.00	$157.50	$75.40	$125.90
60-64	$77.70	$102.20	$92.00	$105.40	$164.80	$78.00	$126.80
65-69	$70.00	$82.90	$82.90	$97.20	$147.00	$76.10	$121.50
70-79	$72.90	$86.00	$92.70	$106.50	$159.00	$78.00	$121.40
80-89	$79.30	$96.40	$104.30	$112.70	$172.90	$80.50	$119.20
90+	$100.60	$113.10	$133.20	$140.40	$195.20	$110.40	$135.50

Core Plans
Couples (per adult)

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	$44.80	$67.60	$57.10	$66.80	$108.30	$57.90	$86.50
45-54	$53.40	$72.10	$70.70	$82.70	$133.70	$61.10	$103.20
55-59	$60.70	$80.20	$75.40	$86.70	$143.40	$62.40	$105.90
60-64	$66.40	$88.80	$80.30	$93.00	$150.10	$63.80	$107.50
65-69	$60.00	$72.20	$72.20	$85.70	$134.00	$62.60	$102.20
70-79	$63.80	$75.70	$81.50	$94.70	$145.50	$64.30	$101.90
80-89	$70.60	$85.90	$93.00	$101.20	$158.40	$66.40	$99.60
90+	$91.30	$102.20	$122.00	$128.20	$180.50	$94.40	$114.30

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	$25.50	$35.10	$29.70	$29.50	$39.10	$21.80	$23.20
5-20	$21.10	$26.90	$33.50	$39.10	$72.00	$36.00	$67.00

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	$23.00	$31.40	$27.10	$27.10	$35.10	$19.10	$20.90
5-20	$18.70	$24.10	$29.90	$35.10	$64.50	$32.70	$60.70

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

**Plan requires medical underwriting

2019 Monthly Rates **Saskatchewan** (cont'd)

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[3,4] ($10,200 threshold)**
<45	$18.10	$4.80	$7.50	$3.80	$8.30	$11.00	$14.80	$13.50
45-54	$19.80	$4.80	$7.50	$3.90	$7.40	$10.50	$16.50	$15.00
55-59	$20.20	$5.10	$8.50	$4.00	$8.50	$11.80	$18.10	$16.50
60-64	$20.30	$7.30	$11.90	$4.00	$11.90	$16.60	$20.00	$18.20
65-69	$20.30	$9.50	$14.50	$3.70	$16.10	$20.60	N/A	N/A
70-79	$17.60	N/A	N/A	$4.50	$23.30	$30.00	N/A	N/A
80-89	$15.50	N/A	N/A	$7.80	$33.70	$43.60	N/A	N/A
90+	$15.10	N/A	N/A	$12.30	$44.10	$57.20	N/A	N/A

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[3,4] ($10,200 threshold)**
<45	$15.30	$4.80	$7.50	$3.80	$7.70	$10.50	$14.80	$13.50
45-54	$16.10	$4.80	$7.50	$3.90	$7.30	$9.90	$16.50	$15.00
55-59	$16.60	$5.10	$8.50	$4.00	$8.10	$11.30	$18.10	$16.50
60-64	$16.80	$7.30	$11.90	$4.00	$11.30	$14.30	$20.00	$18.20
65-69	$16.80	$9.50	$14.50	$3.70	$15.30	$19.60	N/A	N/A
70-79	$15.10	N/A	N/A	$4.50	$22.00	$27.90	N/A	N/A
80-89	$13.40	N/A	N/A	$7.80	$31.60	$40.60	N/A	N/A
90+	$11.90	N/A	N/A	$12.30	$40.90	$52.90	N/A	N/A

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[3,4] ($10,200 threshold)**
0-4	$5.00	$4.60	$7.10	$3.50	$6.40	$7.40	$13.20	$12.00
5-20	$15.20	$4.60	$7.10	$3.40	$5.00	$6.10	$13.20	$12.00

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[3,4] ($10,200 threshold)**
0-4	$4.60	$4.40	$6.40	$3.30	$5.80	$6.70	$13.20	$12.00
5-20	$13.60	$4.40	$6.40	$3.20	$4.60	$5.10	$13.20	$12.00

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

**Plan requires medical underwriting

2019 Monthly Rates **Saskatchewan** (cont'd)

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	$21.70	$19.70
45-54	$17.20	$20.20	$23.40	$21.30
55-59	$18.00	$21.50	$25.00	$22.70
60-64	$21.80	$26.10	$26.50	$24.10
65-69	$25.70	$30.00	N/A	N/A
70-79	$32.90	$39.80	N/A	N/A
80-89	$43.40	$53.60	N/A	N/A
90+	$53.80	$66.80	N/A	N/A

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	$16.00	$18.50	$16.80
45-54	$13.10	$15.50	$20.40	$18.50
55-59	$13.90	$17.30	$21.70	$19.70
60-64	$17.30	$20.20	$23.40	$21.30
65-69	$21.10	$25.10	N/A	N/A
70-79	$27.80	$33.50	N/A	N/A
80-89	$37.40	$46.20	N/A	N/A
90+	$46.40	$58.80	N/A	N/A

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	$6.40	$7.40	$12.30	$11.20
5-20	$5.00	$6.10	$12.30	$11.20

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	$5.80	$6.70	$12.30	$11.20
5-20	$4.60	$5.10	$12.30	$11.20

**Plan requires medical underwriting

Rates are effective May 1, 2019, 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.
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.

References

∞ As long as you remain a policyholder. Offer available only in some provinces, where permitted by law. Manulife cannot guarantee the availability of Air Miles reward miles indefinitely.

± Unlimited number of trips per year outside your home province or Canada, as long as you're under age 70. Each trip can last up to 9 days.

º Manulife cannot guarantee the availability of the Health Service Navigator and/or the Healthcare Online benefit indefinitely.

≠ Except in Quebec. The information in this document is not to be relied upon as tax advice for specific situations. Please seek advice from a tax professional.

§ Included in ComboPlus™ Enhanced, DentalPlus™ Enhanced and DrugPlus™ Enhanced Plans. Available on all other plans for a fee.

¥ Only available with the DrugPlus™ and ComboPlus™ Plans (not available to residents of Quebec and persons age 65 and over).

¶ Travel coverage ceases at age 70.

€ Not available with the ComboPlus™ Starter plan.

^ Not available to residents of Quebec and persons age 65 and over.

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

‡ Plan requires medical underwriting

[1] Generic drug – A generally less expensive alternative to an interchangeable brand-name drug product. Please note: Not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

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

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

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

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

** 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.

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.

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

Important Notice
This is not a contract. Actual terms and conditions are detailed in the policy issued by Manulife upon final application approval. It contains important details concerning exclusions, conditions and limitations. Please review them carefully upon receipt.

Medically Underwritten
If the plan is "medically underwritten," or "requires a medical questionnaire," you must disclose to us any medical condition, injury or illness that occurred or existed on or before the date of your application, regardless of whether you went to see a doctor about the condition or were given a diagnosis, or whether or not you believe that it is important. The premium charged and/or benefits offered could be subject to adjustment or modification of coverage, or declined based on your or your family's medical background. This will be determined after an evaluation of the information provided on the enclosed medical questionnaire.

Pre-existing Conditions
The insurer will not pay any Emergency Travel Medical Care Benefits for any claims relating directly or indirectly to a pre-existing condition that is not stable within the nine-month period immediately preceding the date of departure from the insured's province/territory of residence. This means any condition, injury, illness, disease or related complication in relation to which:

- an insured has had new symptoms, or existing symptoms have become more frequent or more severe, or there has been a test result showing deterioration;
- a Physician (or other medical professional) has prescribed or recommended a change in medication (the medication dosage or frequency has been reduced, increased, or stopped, and/or new medication/s has/have been prescribed) taken for that condition;
- a Physician (or other medical professional) has prescribed or recommended a change in treatment for that condition; or
- there has been an admission to a hospital and/or results are pending for further investigation into that condition during such nine-month period. This exclusion does not apply to minor ailments or a change in medication where the active ingredient and strength remain the same (i.e., generic).

Effective Date of Coverage
Coverage is effective no earlier than the first day of the month following final approval of the application and receipt of first premium payment.

Notice on Information provided to the AIR MILES® Reward Program
When you or your family member apply for insurance, Manulife may disclose to the AIR MILES® Reward Program your AIR MILES Collector Account number in order to administer the AIR MILES Reward Program, including the management of Collector accounts and to accurately record and update reward mile balances. The AIR MILES Reward Program makes information about its privacy policies and practices readily available to individuals and its Collectors through written materials, its website (airmiles.ca) and other electronic means, its Interactive Voice Response system, and its Customer Care Centre. In addition, copies of the AIR MILES Privacy Pledge are available to individuals and Collectors upon request.

The AIR MILES Reward Program does not give, rent or sell Collector lists to any organization or individual other than its affiliated Businesses, Sponsors, Suppliers and companies contracted to process and manage Collector transactions, redemption requests, research, analysis and communications and in all cases, only to fulfill the specified purposes. AIR MILES Collectors can opt out of receiving marketing and promotional communications in electronic, printed or verbal format, other than Collector Summaries, by writing to the AIR MILES Reward Program at AIR MILES, Customer Care, PO Box 130, Station B, Toronto, Ontario, M5T 2T3 or by email to privacyoffice@airmiles.ca. The decision to opt out of additional communications does not affect your ability to collect or redeem reward miles in the AIR MILES Reward Program

For Quebec residents only:
The prescription drug coverage available under all plans is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under these plans, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.

Getting coverage is *easy!*

Have the following on hand when applying:

- Your doctor's phone number
- Names of prescription medications you're taking
- Credit card or bank information

You may also need:

- If you recently had group insurance, we will need some information about your past insurer (the name of your plan, subscriber ID, and the date your benefits ended).
- Driver's licence (if applying for Catastrophic Coverage)
- Quebec only: You must be registered under the RAMQ Prescription Drug Insurance Plan or have equivalent coverage under a group plan.

For more information, please contact your advisor.

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