



Flexcare® Health & Dental Plan

Flexible, affordable and *tailored to you*

At Manulife, we believe that everyone should have access to affordable health and dental insurance — including individuals who don't have a group benefits plan, stay-at-home parents and people who are self-employed. That's why we created Flexcare.

Flexcare Health and Dental Insurance puts you in control of your coverage. It's as easy as choosing the dental and drug plan that meets your needs and budget.

Here's how Flexcare has you covered.

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

∞ Manulife *Vitality* is available for the Primary Applicant only.

† 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.

3 Consider adding Manulife *Vitality*.∞

- Help improve your health and get rewarded for it
- The more engaged you are and the healthier your choices, the more money you can save
- Select Manulife *Vitality* with your plan to automatically save 5% on your first-year premiums AND up to 10% in following years.

4 Select Your Add-Ons. Increase your coverage in your Core Plan.

- Accidental Death and Dismemberment Enhanced
- Catastrophic Coverage†
- Hospital (Basic or Enhanced)
- Travel (for longer trips)‡
- Vision Enhanced•

For more information, contact your advisor.

Plans underwritten by The Manufacturers Life Insurance Company (Manulife).

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Core Plans
Single Adults

Age		DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
<45	Under 65	\$69.90	\$101.30	\$87.10	\$99.50	\$153.10	\$89.20	\$139.80
	65 Plus	\$57.40	\$79.20	\$72.80	\$80.00	\$118.40	\$80.10	\$118.80
45-54	Under 65	\$79.40	\$104.60	\$102.40	\$121.20	\$184.10	\$93.80	\$166.90
	65 Plus	\$62.00	\$79.80	\$83.20	\$94.20	\$141.50	\$83.50	\$141.20
55-59	Under 65	\$90.40	\$115.80	\$108.50	\$126.60	\$196.50	\$94.60	\$170.50
	65 Plus	\$68.10	\$85.00	\$86.50	\$96.30	\$148.10	\$85.70	\$145.20
60-64	Under 65	\$98.30	\$127.20	\$114.50	\$135.60	\$205.00	\$98.20	\$173.10
	65 Plus	\$73.70	\$93.50	\$91.50	\$102.00	\$153.50	\$88.80	\$146.60
65-69	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$71.20	\$91.90	\$101.30	\$102.40	\$148.30	\$86.50	\$139.40
70-79	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$87.50	\$109.50	\$119.50	\$118.10	\$158.40	\$88.40	\$136.90
80-89	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$104.50	\$135.40	\$136.70	\$129.10	\$170.70	\$91.60	\$134.00
90+	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$154.60	\$193.10	\$182.30	\$172.10	\$190.50	\$125.80	\$151.90

Core Plans
Couples (per adult)

Age		DrugPlus Basic**	DrugPlus Enhanced**	ComboPlus Starter*	ComboPlus Basic**	ComboPlus Enhanced**	DentalPlus Basic*	DentalPlus Enhanced*
<45	Under 65	\$57.80	\$85.80	\$74.40	\$86.30	\$138.60	\$73.50	\$117.60
	65 Plus	\$45.30	\$65.10	\$60.50	\$68.10	\$104.70	\$65.10	\$99.10
45-54	Under 65	\$67.50	\$89.60	\$88.50	\$106.60	\$167.90	\$77.30	\$141.50
	65 Plus	\$50.80	\$66.50	\$70.00	\$81.30	\$127.30	\$68.10	\$118.30
55-59	Under 65	\$77.70	\$100.50	\$94.50	\$112.00	\$179.60	\$78.90	\$145.50
	65 Plus	\$55.90	\$71.60	\$73.20	\$82.80	\$133.10	\$70.60	\$122.10
60-64	Under 65	\$85.30	\$111.00	\$100.00	\$120.50	\$188.40	\$82.10	\$147.20
	65 Plus	\$61.60	\$79.50	\$78.00	\$88.60	\$138.90	\$73.20	\$123.80
65-69	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$58.90	\$76.40	\$86.50	\$88.60	\$133.70	\$70.40	\$116.80
70-79	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$74.60	\$94.30	\$104.20	\$103.50	\$142.90	\$72.00	\$114.30
80-89	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$91.10	\$118.60	\$120.60	\$114.40	\$155.40	\$75.40	\$111.70
90+	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$139.40	\$172.50	\$165.20	\$155.30	\$174.30	\$107.10	\$128.20

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	\$31.00	\$42.70	\$36.10	\$37.80	\$45.60	\$26.20	\$28.60
	65 Plus	\$20.30	\$27.10	\$27.10	\$26.20	\$28.20	\$23.00	\$22.70
5-20	Under 65	\$25.30	\$32.30	\$43.50	\$49.70	\$87.90	\$44.10	\$86.20
	65 Plus	\$19.80	\$24.00	\$35.00	\$38.60	\$74.00	\$38.20	\$72.50

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	\$27.90	\$38.70	\$32.60	\$34.10	\$41.00	\$23.20	\$25.60
	65 Plus	\$18.90	\$24.60	\$24.50	\$23.40	\$25.00	\$20.80	\$20.40
5-20	Under 65	\$22.90	\$29.20	\$38.80	\$44.30	\$79.30	\$39.70	\$77.70
	65 Plus	\$17.50	\$21.50	\$31.10	\$34.80	\$67.10	\$34.60	\$65.80

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

Age		Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced ¹	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Under 65	\$20.20	\$5.80	\$8.50	\$3.90	\$4.90	\$7.50	\$15.40	\$14.00
	65 Plus	\$21.00	\$5.80	\$8.50	\$4.00	\$4.90	\$8.20	\$17.10	\$15.50
45-54	Under 65	\$21.50	\$6.40	\$9.90	\$4.10	\$5.80	\$9.00	\$18.90	\$17.20
	65 Plus	\$21.80	\$8.20	\$14.00	\$4.10	\$7.20	\$11.20	\$20.80	\$18.90
65-69	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$18.70	\$10.40	\$16.80	\$3.80	\$11.20	\$16.20	\$28.40	\$25.80
70-79	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$16.60	N/A	N/A	\$4.60	\$15.10	\$21.10	\$31.30	\$28.50
80-89	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$14.90	N/A	N/A	\$8.10	\$19.50	\$29.80	\$36.40	\$33.10
90+	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$14.30	N/A	N/A	\$12.30	\$25.60	\$38.00	\$44.40	\$40.40

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

Age		Vision Enhanced ¹	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced ¹	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
<45	Under 65	\$16.60	\$5.80	\$8.50	\$3.90	\$4.80	\$7.40	\$15.40	\$14.00
	65 Plus	\$17.60	\$5.80	\$8.50	\$4.00	\$4.90	\$7.70	\$17.10	\$15.50
45-54	Under 65	\$17.60	\$5.80	\$8.50	\$4.00	\$4.90	\$7.70	\$17.10	\$15.50
	65 Plus	\$18.00	\$6.40	\$9.90	\$4.10	\$5.20	\$8.70	\$18.90	\$17.20
55-59	Under 65	\$18.00	\$6.40	\$9.90	\$4.10	\$5.20	\$8.70	\$18.90	\$17.20
	65 Plus	\$18.10	\$8.20	\$14.00	\$4.10	\$6.80	\$9.00	\$20.80	\$18.90
60-64	Under 65	\$18.10	\$8.20	\$14.00	\$4.10	\$6.80	\$9.00	\$20.80	\$18.90
	65 Plus	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
65-69	Under 65	\$15.70	\$10.40	\$16.80	\$3.80	\$10.80	\$15.70	\$25.30	\$23.00
	65 Plus	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
70-79	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$14.20	N/A	N/A	\$4.60	\$14.00	\$19.90	\$28.40	\$25.80
80-89	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$13.10	N/A	N/A	\$8.10	\$18.50	\$28.40	\$33.20	\$30.20
90+	Under 65	N/A ¹	N/A	N/A	N/A ¹	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$11.70	N/A	N/A	\$12.30	\$24.80	\$36.40	\$36.40	\$33.10

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 ¹	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-4	Under 65	\$5.90	\$5.00	\$7.90	\$3.60	\$4.60	\$5.00	\$13.80	\$12.50
	65 Plus	\$16.60	\$5.00	\$7.90	\$3.50	\$4.30	\$4.70	\$13.80	\$12.50

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 ¹	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage ^{2,4} (\$4,500 threshold)**	Catastrophic Coverage ^{3,4} (\$10,200 threshold)**
0-4	Under 65	\$4.80	\$4.70	\$7.40	\$3.40	\$4.20	\$4.80	\$13.80	\$12.50
	65 Plus	\$14.90	\$4.70	\$7.40	\$3.20	\$3.90	\$4.30	\$13.80	\$12.50

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

**Plan requires medical underwriting

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	\$15.60	\$17.70	\$22.50	\$20.50
	65 Plus	\$15.60	\$18.40	\$24.40	\$22.20
45-54	Under 65	\$15.60	\$18.40	\$24.40	\$22.20
	65 Plus	\$16.00	\$19.40	\$26.00	\$23.60
55-59	Under 65	\$16.00	\$19.40	\$26.00	\$23.60
	65 Plus	\$17.30	\$21.30	\$27.50	\$25.00
60-64	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$18.90	\$22.70	\$26.80	\$24.40
65-69	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$22.20	\$27.90	\$29.80	\$27.10
70-79	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$26.60	\$35.20	\$34.40	\$31.30
80-89	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$30.90	\$42.00	\$41.70	\$37.90

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	Under 65	\$11.20	\$13.50	\$19.30	\$17.50
	65 Plus	\$11.40	\$13.90	\$21.20	\$19.30
45-54	Under 65	\$11.40	\$13.90	\$21.20	\$19.30
	65 Plus	\$11.80	\$15.20	\$22.50	\$20.50
55-59	Under 65	\$11.80	\$15.20	\$22.50	\$20.50
	65 Plus	\$12.40	\$15.30	\$24.40	\$22.20
60-64	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$16.70	\$21.80	\$24.00	\$21.80
65-69	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$20.40	\$25.70	\$26.80	\$24.40
70-79	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$24.80	\$34.20	\$31.20	\$28.40
80-89	Under 65	N/A ¹	N/A ¹	N/A ¹	N/A ¹
	65 Plus	\$30.80	\$42.50	\$41.40	\$37.90

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)**
0-4	Under 65	\$4.60	\$5.00	\$12.80	\$11.60
	65 Plus	\$4.30	\$4.70	\$12.80	\$11.60