

# 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.

Select Your Core Plan.

ComboPlus™: Dental + Drug coverage

• DentalPlus™: Dental coverage

DrugPlus™: Drug coverage

### 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).
- <sup>‡</sup> Travel coverage ceases at age 70.
- ± Not available with the ComboPlus™ Starter plan.

### 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.

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

- Accidental Death and Dismemberment Enhanced
- Catastrophic Coverage<sup>†</sup>
- Hospital (Basic or Enhanced)
- Travel (for longer trips)<sup>‡</sup>
- Vision Enhanced<sup>±</sup>

For more information, contact your advisor.

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

The Vitality Group Inc., in association with The Manufacturers Life Insurance Company, provides the Manulife Vitality program. Vitality is a trademark of Vitality

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#### Flexcare® Health & Dental Plan

### Monthly Premiums - Nova Scotia

#### **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 Female	\$95.00	\$117.60	\$118.50 \$117.10	\$133.30 \$132.80	\$182.20 \$167.20	\$104.70 \$103.60	\$155.10 \$140.90
90+	Male Female	\$160.80	\$192.30	\$176.20 \$175.70	\$195.50 \$195.10	\$219.10 \$206.10	\$163.40 \$162.10	\$200.90 \$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 Female	\$82.80	\$102.60	\$104.20 \$103.40	\$119.40 \$118.60	\$166.40 \$151.90	\$88.50 \$87.30	\$132.30 \$118.70
90+	Male Female	\$145.80	\$172.50	\$160.80 \$160.10	\$179.20 \$178.50	\$202.30 \$189.00	\$142.80 \$142.10	\$173.70 \$161.60

#### **Core Plans**

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

Age	DrugPlus™ Basic**	DrugPlus™ Enhanced**		ComboPlus™ Basic**	ComboPlus™ Enhanced**		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™ 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*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$10,200 threshold)**
<45	Male Female	\$15.30 \$20.20	\$4.70	\$7.20	\$3.80	\$4.80 \$10.90	\$5.90 \$13.10	\$15.10	\$13.70
45-54	Male Female	\$18.50 \$21.00	\$4.90	\$7.50	\$4.00	\$6.80 \$7.50	\$7.90 \$8.80	\$16.80	\$15.30
55-59	Male Female	\$20.70 \$22.40	\$5.90	\$8.80	\$4.30	\$8.70	\$10.70	\$18.50	\$16.80
60-64	Male Female	\$20.70 \$22.50	\$7.50	\$12.10	\$4.30	\$13.40	\$16.40	\$20.40	\$18.50
65-69	Male Female	\$18.00 \$19.10	\$9.80	\$14.80	\$4.00	\$17.70	\$22.40	\$27.80	\$25.30
70-79	Male Female	\$16.30 \$16.80	N/A	N/A	\$4.80	\$25.60	\$32.80	\$30.70	\$27.90
80-89	Male Female	\$15.40 \$14.00	N/A	N/A	\$8.50	\$36.90	\$47.30	\$35.70	\$32.50
90+	Male Female	\$14.70 \$16.30	N/A	N/A	\$13.70	\$47.60	\$62.00	\$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 <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$10,200 threshold)**
<45	Male Female	\$12.50 \$16.40	\$4.70	\$7.20	\$3.80	\$4.70 \$10.00	\$5.20 \$12.00	\$15.10	\$13.70
45-54	Male Female	\$15.70 \$17.60	\$4.90	\$7.50	\$4.00	\$6.50 \$7.20	\$7.50 \$8.50	\$16.80	\$15.30
55-59	Male Female	\$17.10 \$18.60	\$5.90	\$8.80	\$4.30	\$8.30	\$10.00	\$18.50	\$16.80
60-64	Male Female	\$17.50 \$18.60	\$7.50	\$12.10	\$4.30	\$12.10	\$15.50	\$20.40	\$18.50
65-69	Male Female	\$15.50 \$16.10	\$9.80	\$14.80	\$4.00	\$16.40	\$20.90	\$24.80	\$22.50
70-79	Male Female	\$13.90 \$14.20	N/A	N/A	\$4.80	\$23.70	\$30.00	\$27.80	\$25.30
80-89	Male Female	\$13.10 \$11.90	N/A	N/A	\$8.50	\$34.10	\$43.90	\$32.50	\$29.50
90+	Male Female	\$12.00 \$13.90	N/A	N/A	\$13.70	\$44.40	\$57.50	\$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 <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$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)

(1										
Age	Vision Enhanced*1	Travel +8 Days*	Travel +21 Days*	AD&D Enhanced*	Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$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		

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

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

Age		Hospital Basic**	Hospital Enhanced**	Catastrophic Coverage <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$10,200 threshold)**
<45	Male Female	\$10.90 \$15.70	\$11.40 \$18.00	\$18.90	\$17.20
45-54	Male Female	\$12.00 \$13.10	\$13.60 \$14.60	\$20.80	\$18.90
55-59	Male Female	\$14.20	\$15.70	\$22.10	\$20.10
60-64	Male Female	\$18.10	\$21.10	\$23.90	\$21.70
65-69	Male Female	\$22.40	\$26.60	\$23.50	\$21.40
70-79	Male Female	\$29.50	\$36.20	\$26.30	\$23.90
80-89	Male Female	\$39.80	\$50.20	\$30.60	\$27.80
90+	Male Female	\$50.40	\$63.50	\$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 <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$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 <sup>2,4</sup> (\$4,500 threshold)**	Catastrophic Coverage <sup>3,4</sup> (\$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.
- <sup>1</sup> Vision Add-On is not available with ComboPlus Starter plan.
- <sup>2</sup> Add-On to DrugPlus Basic plan and ComboPlus Basic plan only.
- <sup>3</sup> Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.
- <sup>4</sup> Catastrophic coverage must be purchased before age 65, but coverage will continue as long as the member is a policyholder.

<sup>5</sup> 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.



