Manulife

Flexcare® Plans

Plan Comparison Chart British Columbia and Saskatchewan

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	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 calendar year	70% of first $750	British Columbia: 70% of first $750, 90% of next $4,972 Saskatchewan: 70% of the first $1,150 per family, per 6 months; 100% on further claims	90% of first $2,222, 100% of next $8,000
Calendar year maximums per person	$525	$5,000	$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.				
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 tomography).	$225 per year		$225 per year		$225 per year	
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 one year, following the death of an adult insured.	Available 1 year after policy effective date		Included		Included	
TELUS Health Virtual Care[1] Unlimited 24/7 virtual access to healthcare professionals, clinical screening, mental health assessments, prescription refills and more.	Included		Included		Included	

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

‡ Plan requires medical underwriting

Plan Comparison Chart British Columbia and Saskatchewan (continued)

DrugPlus™ Basic‡	DrugPlus™ Enhanced‡	DentalPlus™ Basic†	DentalPlus™ Enhanced†
Require 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.	Also include 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	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%

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. 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.	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.	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.	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.	$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 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 every day starting on day 4 if semi-private or private room not available (up to $3,000)

Manulife *Vitality*

Live healthy, earn rewards, save money with Manulife *Vitality*[2]

Manulife *Vitality*[3] offers a variety of ways for you to learn about and improve your health, from choosing simple activities like eating well and exercising, to completing health assessments. The more engaged you are and the healthier your choices, the more points you can earn towards rewards, including savings of up to 10% on your premiums.

♡ Add Manulife *Vitality* to your plan and automatically save 5% on your first–year premiums.

Vitality To learn more, visit **coverme.com/Vitality**

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. Guaranteed acceptance upon meeting the eligibility criteria and receipt of first premium payment. See full policy for details. Conditions, limitations and exclusions may apply. See policy for details.
‡ 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] TELUS Health Virtual Care is included at no cost for all Flexcare plan members and available once you have registered to submit your claims online through Manulife's SecureServe portal. Manulife cannot guarantee the availability of this benefit indefinitely.
[2] Manulife cannot guarantee the availability of this benefit indefinitely.
[3] For primary applicant and new clients only. Manulife *Vitality* is not available to clients who have an existing Health & Dental Insurance plan with Manulife.

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 Group International, Inc., and is used by The Manufacturers Life Insurance Company and its affiliates under license.
Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company, and are used by it, The Vitality Group and its affiliates under license.
Flexcare, DentalPlus, DrugPlus, and ComboPlus are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. TELUS Health Virtual Care is a trademark of TELUS Corporation, used by it and its affiliates under license.
© 2024 The Manufacturers Life Insurance Company. All rights reserved. Manulife, PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.
Accessible formats and communication supports are available upon request. Visit **Manulife.ca/accessibility** for more information. To speak with a Manulife representative, contact **1-888-626-8543**.

AF1701E (03/2024) 24_1061747_AODA AC