

Manulife

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

2 Select Your Coverage Level.

- Starter: Lower coverage amounts and rates
- Basic: Well-rounded coverage at affordable rates
- Enhanced: Maximum coverage

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 primary applicant and new clients only. Manulife *Vitality* is not available to clients who have an existing Health & Dental Insurance plan with Manulife.

* Premiums are reset annually based on Vitality Status.

† 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.

For more information, contact your advisor.

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

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To speak with a Manulife representative, contact **1-888-626-8543**.

Accessible formats and communication supports are available upon request. Visit **manulife.ca/accessibility** for more information.

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Flexcare® Health & Dental Plan

Monthly Premiums – Nova Scotia

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

**Plan requires medical underwriting

Core Plans
Single Adults

Age		DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	Male	$56.40	$74.20	$74.00	$91.30	$119.00	$78.80	$110.50
	Female	$75.30	$106.20	$92.20	$123.60	$147.40	$92.10	$122.60
45-54	Male	$74.30	$92.20	$96.90	$124.00	$169.10	$92.30	$148.60
	Female	$88.70	$112.70	$112.80	$146.50	$183.10	$103.50	$155.40
55-59	Male	$90.20	$112.00	$111.00	$143.50	$193.60	$93.50	$156.90
	Female	$101.60	$126.30	$124.00	$160.70	$202.20	$105.00	$162.10
60-64	Male	$99.40	$125.90	$119.20	$156.30	$206.00	$101.70	$163.90
	Female	$111.90	$140.60	$132.00	$172.90	$212.40	$114.00	$168.70
65-69	Male	$72.80	$85.90	$100.50	$115.60	$169.20	$100.10	$160.00
	Female	$80.60	$94.90	$108.50	$123.80	$164.80	$109.90	$157.90
70-79	Male	$90.40	$105.90	$118.30	$137.80	$183.40	$109.70	$168.00
	Female	$93.60	$110.00	$121.60	$140.80	$171.70	$113.10	$157.90
80-89	Male	$109.90	$136.00	$135.10	$152.00	$200.10	$121.00	$174.20
	Female			$133.60	$151.50	$183.60	$119.80	$158.20
90+	Male	$186.00	$222.40	$201.00	$223.00	$240.60	$188.90	$225.60
	Female			$200.40	$222.50	$226.30	$187.50	$211.40

Core Plans
Couples (per adult)

Age		DrugPlus™ Basic**	DrugPlus™ Enhanced**	ComboPlus™ Starter*	ComboPlus™ Basic**	ComboPlus™ Enhanced**	DentalPlus™ Basic*	DentalPlus™ Enhanced*
<45	Male	$45.50	$60.60	$61.80	$79.10	$106.20	$64.50	$92.50
	Female	$63.90	$91.40	$79.90	$110.10	$133.30	$76.30	$103.10
45-54	Male	$62.00	$78.10	$83.50	$109.10	$153.50	$76.30	$127.10
	Female	$75.60	$96.70	$98.90	$131.20	$166.80	$87.40	$131.80
55-59	Male	$77.00	$96.00	$96.40	$127.70	$176.70	$77.30	$133.20
	Female	$87.80	$109.40	$108.50	$144.10	$184.70	$87.70	$137.30
60-64	Male	$85.90	$109.00	$104.60	$140.00	$188.90	$84.00	$139.70
	Female	$98.20	$123.00	$116.90	$155.90	$194.40	$96.00	$143.80
65-69	Male	$59.90	$71.60	$86.00	$100.40	$153.40	$82.70	$136.50
	Female	$68.00	$79.20	$93.30	$108.70	$148.60	$92.00	$133.50
70-79	Male	$77.30	$90.20	$103.30	$121.80	$167.20	$91.80	$143.60
	Female	$80.50	$94.20	$105.90	$124.70	$155.70	$94.60	$133.10
80-89	Male	$95.80	$118.70	$118.90	$136.30	$182.70	$102.40	$148.50
	Female			$117.90	$135.20	$166.80	$101.00	$133.30
90+	Male	$168.60	$199.40	$183.40	$204.40	$222.20	$165.20	$195.00
	Female			$182.60	$203.60	$207.50	$164.30	$181.40

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*
0-10	$34.50	$46.50	$32.90	$34.50	$42.10	$15.50	$15.70
11-20	$29.60	$37.60	$47.10	$54.30	$99.50	$49.00	$93.90

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*
0-10	$31.00	$42.10	$29.40	$31.20	$38.10	$13.70	$13.50
11-20	$26.90	$33.90	$42.70	$49.10	$89.50	$44.50	$84.30

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	Male	$16.10	$5.00	$7.60	$4.10	$5.20	$6.30	$16.20	$14.70
	Female	$21.20				$11.60	$14.10		
45-54	Male	$19.50	$5.30	$8.10	$4.30	$7.20	$8.50	$17.90	$16.30
	Female	$22.00				$8.10	$9.50		
55-59	Male	$21.70	$6.30	$9.50	$4.60	$9.40	$11.40	$19.90	$18.10
	Female	$23.50							
60-64	Male	$21.70	$8.10	$12.90	$4.60	$14.40	$17.50	$21.80	$19.80
	Female	$23.70							
65-69	Male	$19.00	$10.50	$15.90	$4.30	$19.10	$24.00	$29.90	$27.20
	Female	$20.10							
70-79	Male	$17.10	N/A	N/A	$5.20	$27.40	$35.20	$32.90	$29.90
	Female	$17.60							
80-89	Male	$16.20	N/A	N/A	$9.20	$39.60	$50.70	$38.20	$34.70
	Female	$14.70							
90+	Male	$15.50	N/A	N/A	$14.70	$51.10	$66.40	$46.70	$42.50
	Female	$17.10							

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	Male	$13.20	$5.00	$7.60	$4.10	$5.00	$5.60	$16.20	$14.70
	Female	$17.20				$10.70	$12.80		
45-54	Male	$16.50	$5.30	$8.10	$4.30	$6.90	$8.10	$17.90	$16.30
	Female	$18.50				$7.60	$9.20		
55-59	Male	$17.90	$6.30	$9.50	$4.60	$9.00	$10.70	$19.90	$18.10
	Female	$19.60							
60-64	Male	$18.40	$8.10	$12.90	$4.60	$12.90	$16.60	$21.80	$19.80
	Female	$19.60							
65-69	Male	$16.30	$10.50	$15.90	$4.30	$17.50	$22.40	$26.60	$24.20
	Female	$16.90							
70-79	Male	$14.60	N/A	N/A	$5.20	$25.40	$32.10	$29.90	$27.20
	Female	$14.90							
80-89	Male	$13.80	N/A	N/A	$9.20	$36.60	$47.10	$34.90	$31.70
	Female	$12.50							
90+	Male	$12.60	N/A	N/A	$14.70	$47.60	$61.70	$38.20	$34.70
	Female	$14.60							

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)**
0-10	$6.20	$5.20	$7.90	$4.00	$7.50	$8.90	$14.50	$13.20
11-20	$17.20	$5.20	$7.90	$3.90	$6.30	$7.20	$14.50	$13.20

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)**
0-10	$5.20	$4.80	$7.10	$3.80	$6.60	$7.90	$14.50	$13.20
11-20	$16.10	$4.80	$7.10	$3.70	$5.30	$6.60	$14.50	$13.20

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	Male	$16.00	$16.70	$23.70	$21.50
	Female	$22.10	$24.30		
45-54	Male	$17.50	$19.10	$25.60	$23.30
	Female	$18.80	$19.90		
55-59	Male	$19.80	$22.00	$27.30	$24.80
	Female				
60-64	Male	$24.40	$28.00	$28.90	$26.30
	Female				
65-69	Male	$29.70	$34.50	$28.10	$25.50
	Female				
70-79	Male	$37.70	$45.40	$31.30	$28.50
	Female				
80-89	Male	$49.70	$61.40	$36.20	$32.90
	Female				
90+	Male	$61.70	$77.00	$43.80	$39.80
	Female				

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	Male	$11.60	$12.20	$20.30	$18.50
	Female	$16.80	$19.40		
45-54	Male	$12.80	$14.60	$22.20	$20.20
	Female	$14.10	$15.70		
55-59	Male	$15.20	$16.80	$23.70	$21.50
	Female				
60-64	Male	$19.50	$22.60	$25.60	$23.30
	Female				
65-69	Male	$24.00	$28.40	$25.20	$22.90
	Female				
70-79	Male	$31.60	$38.70	$28.10	$25.50
	Female				
80-89	Male	$42.60	$53.80	$32.80	$29.80
	Female				
90+	Male	$54.00	$68.10	$36.20	$32.90
	Female				

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)**
0-10	$7.50	$8.90	$13.50	$12.30
11-20	$6.30	$7.20	$13.50	$12.30

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)**
0-10	$6.60	$7.90	$13.50	$12.30
11-20	$5.30	$6.60	$13.50	$12.30

Vitality

Add Manulife *Vitality*[5] with any core plan for just $5/month.

Rates are effective May 1, 2024, 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.
[5] For primary applicant and new clients only. Manulife *Vitality* is not available to clients who have an existing Health & Dental Insurance plan with Manulife.
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.