

	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required			ComboPlus™ Basic Plan requires medical underwriting			ComboPlus™ Enhanced Plan requires medical underwriting					
	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+	Coverage per person		Seniors' Adjustments 65+			
Drug Coverage • Generic ¹ drugs vs. brand-name drugs • Shared Dispensing Fee (subject to applicable co-payment) • Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription • Reimbursement of eligible prescription costs per year • Anniversary year maximums per person	Generic			Generic			Brand-name or generic					
	\$6.50 maximum		No maximum	No maximum			No maximum					
	All			All			All except fertility and birth control drugs					
	70% of first \$750		100% of first \$750	70% of first \$750, 90% of next \$4,972		100% of first \$750, 90% of next \$4,722	90% of first \$2,222, 100% of next \$8,000		100% of first \$750, 90% of next \$10,278			
	\$525		\$750	\$5,000		\$5,000	\$10,000		\$10,000			
Dental Coverage 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 • Anniversary year maximum for basic dental services • Recall visits • Oral surgery, periodontics, endodontics (root canal) • Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3	70% of first \$575			80% of first \$400, 50% of next \$860			100% of first \$500, 60% of next \$700					
	\$400			\$750			\$920					
	9 months			9 months			6 months					
	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.			
	Not covered			Not covered			Year 1: 0%; Year 2: 0%; Year 3+: 60%					
Vision Care 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 \$50 maximum for optometrist visit per 2 consecutive benefit years			\$250 maximum per 2 consecutive benefit years \$50 maximum for optometrist visit per 2 consecutive benefit years			\$250 maximum per 2 consecutive benefit years \$50 maximum for optometrist visit per 2 consecutive benefit years					
Extended Health Care Benefits	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000	Lifetime maximum \$250,000		Lifetime maximum \$260,000			
Registered Specialists and Therapists (Paramedical Services): Chiropractor (\$35 chiropractic x-rays per year), Chiropractor, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist (per person per anniversary year)	Dollar maximum \$20/visit, maximum visits 20/specialist			Dollar maximum \$20/visit, maximum visits 20/specialist			Dollar maximum \$20/visit, maximum visits 20/specialist					
	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits	Maximum visits	First visit	Subsequent visits			
Registered Psychologist (per person per anniversary year)	10	\$80	\$65	15	\$80	\$65	15	\$80	\$65			
Registered Speech Pathologist/Therapist (per person per anniversary year)	10	15	\$65	\$45	10	15	\$65	\$45	10	15	\$65	\$45
Registered Physiotherapist (per person per anniversary year)	\$250 maximum			\$250 maximum			\$250 maximum					
Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Certified Home Support Worker, Occupational Therapist, Registered Dietician, Registered Nursing Assistant or healthcare aide; 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:			For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:			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		Year 1: \$1,100; Year 2: \$1,500; Year 3: \$1,700; Year 4: \$2,000; Year 5+: \$3,500	\$3,500 maximum per person, per anniversary year		\$4,000 maximum per person, per anniversary year	\$3,500 maximum per person, per anniversary year		\$4,000 maximum per person, per anniversary year			
Custom-Made Orthotics Covers charges for the purchase of custom-made orthotics (plaster or computer topography).	\$225 per year			\$225 per year			\$225 per year					
Lifeline® Personal Response Service Provides 24-hour monitoring service for people coping with medical problems at home. Installation charges are not eligible benefits.	6 months per person, per 3 anniversary years		6 months per person, per 3 anniversary years	6 months per person, per 3 anniversary years		6 months per person, per 3 anniversary years	6 months per person, per 3 anniversary years		6 months per person, per 3 anniversary years			
Health Service Navigator® Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included		Included	Included		Included	Included		Included			
Preferred Vision Services (PVS) Offers discounts for vision and hearing aid products and services through participating optical outlets and PVS Preferred provider Hearing Healthcare Centres.	Included		Included	Included		Included	Included		Included			
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 transportation to hospital and \$4,000 maximum for air ambulance per person per anniversary year.	Included		Included	Included		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		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years	\$400 maximum per person, per 4 consecutive benefit years		\$500 maximum per person, per 4 consecutive benefit years			
Travel Coverage (to age 65)? \$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		Not covered	Included		Not covered	Included		Not covered			
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			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 1 year, following the death of an adult policyholder.	Available 1 year after policy effective date			Included			Included					

Plan Comparison Chart (continued)

DrugPlus™ Basic Plan requires medical underwriting	DrugPlus™ Enhanced Plan requires medical underwriting	DentalPlus™ Basic Guaranteed to Issue Plan with no medical underwriting required	DentalPlus™ Enhanced Guaranteed to Issue Plan with no medical underwriting required	
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.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions. <ul style="list-style-type: none"> • Year 1: 50% payment 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. <ul style="list-style-type: none"> • Year 1: 70% payment 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. <ul style="list-style-type: none"> • Oral surgery, periodontics, endodontics (root canal): Year 1: 0%, Year 2: 60%, Year 3: 80% • Orthodontics, crowns, bridges, dentures: Year 1: 0%, Year 2: 0%, Year 3: 60%
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).				

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ²	Travel +21 days ²	Catastrophic Coverage (Not available to 65+)		Hospital Basic*	Hospital Enhanced*
Guaranteed to Issue Plan with no medical underwriting required				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. \$50 maximum for optometrist visit per 2 consecutive benefit years.	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.	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.	\$4,500 Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$4,500 per person.	\$10,200 Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$10,200 per person.	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.	Semi-private or private room coverage 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.
Not available as an Add-On to ComboPlus™ Starter plan.		Not available to persons age 65 and over.	Not available to persons age 65 and over.	Add-On to DrugPlus™ Basic plans and ComboPlus™ Basic plans only.	Add-On to DrugPlus™ Enhanced plan and ComboPlus™ Enhanced plan only.	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.	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.



Anniversary year means the consecutive 12 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.

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 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 65 and over.

³ 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 1 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.

* For pregnant applicants, see important notice in the Flexicare® brochure.

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.

Flexicare® Health and Dental Plans are offered through The Manufacturers Life Insurance Company (Manulife Financial).

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