

COMPARISON

	Base Plan	Bronze Plan	Silver Plan	Gold Plan
DENTAL SERVICES				
Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.				
• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services	• 70%	• 70%	• 80%	• 80%
• Reimbursement on extensive services including endodontics, periodontics and denture services	• 70%	• 70%	• 80%	• 80%
• Reimbursement on crowns, bridges, dentures and orthodontics	• Not covered	• Not covered	• Not covered	• Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
• Combined anniversary year maximums	• \$400 per year	• \$500 per year	• Year 1: \$600; Year 2 & beyond: \$900	• Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
• Recall visits	• 9 months	• 9 months	• 9 months	• 6 months
PRESCRIPTION DRUGS†				
• Generic* vs Brand-Name coverage	• Generic	• Generic	• Generic	• Brand-name
• Shared dispensing fee (none for Quebec)	• \$6.50 maximum	• \$6.50 maximum	• \$7.50 maximum	• Covered
• Birth control and fertility drugs	• Not covered	• Not covered	• Covered	• Covered
• Reimbursement per anniversary year††	• 70% of first \$750	• 70% of first \$500	• 70% of first \$500	• 90% of first \$2,222
• Reimbursement on next amount per anniversary year††	• None	• 80% of next \$2,500	• 100% of next \$4,650	• 100% of next \$8,000
• Maximum per anniversary year††	• \$525	• \$2,350	• \$5,000	• \$10,000
CORE BENEFITS				
Vision Care – Covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	• \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years	• \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years	• \$150 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years	• \$250 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years
Hospital Benefits – Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation (not available in Quebec).				
• Type of accommodation	• n/a	• n/a	• Semi-private only	• Semi-private & private
• Maximum charge per day	• n/a	• n/a	• \$150	• \$200
• Reimbursement per anniversary year	• n/a	• n/a	• 100% of first 30; 50% of next 100 days	• 100% for complete year
• Cash benefit in lieu of accommodation – Per day – Maximum	• n/a	• n/a	• \$25 payable starting on the 4th day • \$750	• \$50 payable starting on the 1st day • \$3,000
Accidental Death and Dismemberment – Payment for a loss directly resulting from accidental bodily injury or accidental loss of life, where the loss occurs within a year of the date of the accident.	• \$10,000 per adult under 65 • \$4,000 per child or per adult 65 and older	• \$12,500 per adult under 65 • \$5,000 per child or per adult 65 and older	• \$25,000 per adult under 65 • \$10,000 per child or per adult 65 and older	• \$50,000 per adult under 65 • \$20,000 per child or per adult 65 and older

COMPARISON

	Base Plan	Bronze Plan	Silver Plan	Gold Plan
CORE BENEFITS, CONT'D				
Travel Coverage (to age 65) – Covers emergency hospital/medical expenses while travelling outside your province or territory of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$5,000,000 per trip.				
• Number of trips per year	• Unlimited	• Unlimited	• Unlimited	• Unlimited
• Maximum trip length	• 5 days	• 9 days	• 17 days	• 30 days
Survivor Benefit – Provides continuous coverage for 1 year, following the death of an adult Insured.	• Available 1 year after policy effective date	• Covered	• Covered	• Covered
Extended Healthcare				
Registered Specialists & Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropracodists, Registered Massage Therapists, Psychologists, Physiotherapists, Psychotherapists, Social Workers and Speech Therapists.				
Registered Specialists & Therapists**				
• Maximum claims paid	• \$300 per specialist/therapist	• 80% to a maximum of \$450 per specialist/therapist	• 90% to a maximum of \$600 per specialist/therapist	• \$1,500 combined
• Per visit maximum	• \$20	• n/a	• n/a	• Unlimited
• Chiropractic X-rays	• \$35 per year	• \$35 per year	• \$35 per year	• \$35 per year
Psychologist/Psychotherapist/Social Worker				
• Maximum per first visit	• \$80	• \$80	• \$80	• \$80
• Maximum per subsequent visit	• \$65	• \$65	• \$65	• \$65
• Maximum visits per year	• 10	• 10	• 12	• 15
Speech Therapist**				
• Maximum per first visit	• \$65	• \$65	• \$65	• \$65
• Maximum per subsequent visit	• \$45	• \$45	• \$45	• \$45
• Maximum visits per year	• 10	• 10	• 12	• 15
Lifeline® Personal Response Service – Provides 24-hour monitoring service for people coping with medical problems at home.†††	• 3 months per lifetime	• 3 months per lifetime	• 6 months per lifetime	• 6 months per 3-year period
Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of a Registered Nurse, Registered Practical Nurse, Personal Support Worker, Occupational Therapist or Registered Dietitian; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheelchairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife. Also includes prosthetic appliances such as artificial limbs and eyes, splints, casts and breast prostheses following mastectomies. 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: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year	• Homecare & Nursing: \$2,500 per year • Prosthetic Appliances: \$2,500 per year • Durable Medical Equipment: \$2,500 per year • Custom-made Orthotics: \$225 per year	• Homecare & Nursing: \$3,500 per year • Prosthetic Appliances: \$3,500 per year • Durable Medical Equipment: \$3,500 per year • Custom-made Orthotics: \$225 per year	• Combined maximum for Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment \$8,500 per year • Custom-made Orthotics: \$225 per year
Hearing Aids – Covers the cost to purchase and/or repair up to the allowed maximum.	• \$300 per 4-year period	• \$300 per 4-year period	• \$400 per 4-year period	• \$500 per 4-year period

COMPARISON

	Base Plan	Bronze Plan	Silver Plan	Gold Plan
CORE BENEFITS, CONT'D				
Ambulance Services** – Covers trips to hospitals in a licensed ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.	• Unlimited ground & air	• Unlimited ground & air	• Unlimited ground & air	• Unlimited ground & air
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 per year	• \$2,000 per year	• \$2,500 per year	• \$3,000 per year
Health Service Navigator® – Offers evaluation of medical records upon diagnosis of serious illness or injury, and web/ toll-free healthcare information.†††	• Covered	• Covered	• Covered	• Covered
Lifetime Maximum	• \$100,000	• \$250,000	• \$350,000	• \$350,000
Require medical questionnaire when applying? If no medical questionnaire is required when applying, acceptance is guaranteed if eligibility is met, and is subject to receipt of first premium payment. Otherwise, underwriting questionnaire is required.	No	Yes	Yes	Yes

For Quebec residents only: Diagnostic Services

CAT Scans – Expenses incurred when required for diagnosis or treatment of an illness or injury, when prescribed or requested by attending Physician. Annual Maximum	• \$200	• \$200	• \$200	• \$200
CA 125 Test - Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending Physician. Annual Maximum	• \$75	• \$75	• \$75	• \$75
PSA Test - Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending Physician. Annual Maximum	• \$75	• \$75	• \$75	• \$75
Ultrasound Scans – The cost incurred when performed in a private office. Annual Maximum	• \$50	• \$50	• \$50	• \$50
Magnetic Resonance Imaging – Expenses incurred when required for the diagnosis or treatment of an illness or injury, when prescribed or requested by a Physician. Annual Maximum	• \$500	• \$500	• \$500	• \$500
Audiologist – Charges for services rendered. Annual Maximum	• \$500	• \$500	• \$500	• \$500
Laboratory Tests – Expenses for blood tests, urine tests and throat cultures required as a result of an accident or for the diagnosis or treatment of an illness. Annual Maximum	• \$100 per category	• \$100 per category	• \$100 per category	• \$100 per category

COMPARISON

[†] Prescription drug coverage applies to costs not covered by your provincial prescription drug insurance plan, up to the maximums stated above. In Quebec, the prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.

^{††} Prescription drug coverage is based on Calendar Year for residents of Quebec, British Columbia and Saskatchewan. For all other provinces, coverage is based on Anniversary Year.

^{†††} Manulife cannot guarantee the availability of either Health Service Navigator or Lifeline indefinitely.

* 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 applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

** Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.

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(04.2018)



COMPARISON

	Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
DENTAL SERVICES				
Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.				
<ul style="list-style-type: none"> Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostics and other basic dental services 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on extensive services including endodontics, periodontics and denture services 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on crowns, bridges, dentures and orthodontics 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
<ul style="list-style-type: none"> Combined anniversary year maximums 	<ul style="list-style-type: none"> \$400 per year 	<ul style="list-style-type: none"> \$500 per year 	<ul style="list-style-type: none"> Year 1: \$600; Year 2 & beyond: \$900 	<ul style="list-style-type: none"> Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
<ul style="list-style-type: none"> Recall visits 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 6 months
PRESCRIPTION DRUGS†				
<ul style="list-style-type: none"> Generic* vs Brand-Name coverage 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Shared dispensing fee (none for Quebec) 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Birth control and fertility drugs 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Reimbursement per anniversary year†† 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Reimbursement on next amount per anniversary year†† 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Maximum per anniversary year†† 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
CORE BENEFITS				
Vision Care – Covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years
Hospital Benefits – Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital.				
<ul style="list-style-type: none"> Type of accommodation 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Maximum charge per day 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Reimbursement per anniversary year 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
<ul style="list-style-type: none"> Cash benefit in lieu of accommodation – Per day – Maximum 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a
Accidental Death and Dismemberment – Payment for a loss directly resulting from accidental bodily injury or accidental loss of life, where the loss occurs within a year of the date of the accident.	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older

COMPARISON

	Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
CORE BENEFITS, CONT'D				
Travel Coverage (to age 65) – Covers emergency hospital/medical expenses while travelling outside your province or territory of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$5,000,000 per trip.				
• Number of trips per year	• n/a	• n/a	• n/a	• n/a
• Maximum trip length	• n/a	• n/a	• n/a	• n/a
Survivor Benefit – Provides continuous coverage for 1 year, following the death of an adult Insured.	• Available 1 year after policy effective date	• Available 1 year after policy effective date	• Available 1 year after policy effective date	• Available 1 year after policy effective date
Extended Healthcare				
Registered Specialists & Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropracists, Registered Massage Therapists, Psychologists, Psychotherapists, Physiotherapists, Social Workers and Speech Therapists.				
Registered Specialists & Therapists**				
• Maximum claims paid	• \$300 per specialist/therapist	• \$300 per specialist/therapist	• \$300 per specialist/therapist	• \$300 per specialist/therapist
• Per visit maximum	• \$20	• \$20	• \$20	• \$20
• Chiropractic X-rays	• \$35 per year	• \$35 per year	• \$35 per year	• \$35 per year
Psychologist/ Psychotherapists /Social Worker				
• Maximum per first visit	• \$80	• \$80	• \$80	• \$80
• Maximum per subsequent visit	• \$65	• \$65	• \$65	• \$65
• Maximum visits per year	• 10	• 10	• 10	• 10
Speech Therapist**				
• Maximum per first visit	• \$65	• \$65	• \$65	• \$65
• Maximum per subsequent visit	• \$45	• \$45	• \$45	• \$45
• Maximum visits per year	• 10	• 10	• 10	• 10
Lifeline® Personal Response Service – Provides 24-hour monitoring service for people coping with medical problems at home.†††	• 3 months per lifetime	• 3 months per lifetime	• 3 months per lifetime	• 3 months per lifetime
Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of a Registered Nurse, Registered Practical Nurse, Personal Support Worker, Occupational Therapist or Registered Dietitian; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheelchairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife. Also includes prosthetic appliances such as artificial limbs and eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<ul style="list-style-type: none"> • 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: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year 	<ul style="list-style-type: none"> • 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: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year 	<ul style="list-style-type: none"> • 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: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year 	<ul style="list-style-type: none"> • 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: \$2,000 Year 5+: \$2,500 • Custom-made Orthotics: \$225 per year
Hearing Aids – Covers the cost to purchase and/or repair up to the allowed maximum.	• \$300 per 4-year period	• \$300 per 4-year period	• \$300 per 4-year period	• \$300 per 4-year period

COMPARISON

	Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
CORE BENEFITS, CONT'D				
Ambulance Services** – Covers trips to hospitals in a licensed ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.	• Unlimited ground & air	• Unlimited ground & air	• Unlimited ground & air	• Unlimited ground & air
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 per year	• \$2,000 per year	• \$2,000 per year	• \$2,000 per year
Health Service Navigator® – Offers evaluation of medical records upon diagnosis of serious illness or injury, and web/ toll-free healthcare information.†††	• Covered	• Covered	• Covered	• Covered
Lifetime Maximum	• \$100,000	• \$100,000	• \$100,000	• \$100,000
Require medical questionnaire when applying? If no medical questionnaire is required when applying, acceptance is guaranteed if eligibility is met, and is subject to receipt of first premium payment. Otherwise, underwriting questionnaire is required.	No	No	No	No
For Quebec residents only: Diagnostic Services				
CAT Scans – Expenses incurred when required for diagnosis or treatment of an illness or injury, when prescribed or requested by attending Physician. Annual Maximum	• \$200	• \$200	• \$200	• \$200
CA 125 Test - Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending Physician. Annual Maximum	• \$75	• \$75	• \$75	• \$75
PSA Test - Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending Physician. Annual Maximum	• \$75	• \$75	• \$75	• \$75
Ultrasound Scans – The cost incurred when performed in a private office. Annual Maximum	• \$50	• \$50	• \$50	• \$50
Magnetic Resonance Imaging – Expenses incurred when required for the diagnosis or treatment of an illness or injury, when prescribed or requested by a Physician. Annual Maximum	• \$500	• \$500	• \$500	• \$500
Audiologist – Charges for services rendered. Annual Maximum	• \$500	• \$500	• \$500	• \$500
Laboratory Tests – Expenses for blood tests, urine tests and throat cultures required as a result of an accident or for the diagnosis or treatment of an illness. Annual Maximum	• \$100 per category	• \$100 per category	• \$100 per category	• \$100 per category

COMPARISON

[†] Prescription drug coverage applies to costs not covered by your provincial prescription drug insurance plan, up to the maximums stated above. In Quebec, the prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.

^{††} Prescription drug coverage is based on Calendar Year for residents of Quebec, British Columbia and Saskatchewan. For all other provinces, coverage is based on Anniversary Year.

^{†††} Manulife cannot guarantee the availability of either Health Service Navigator or Lifeline indefinitely.

* 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 applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

** Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.

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