



The Association Health & Dental Plan

Coverage that fits
you, and your
budget.

Ontario

The Manufacturers Life Insurance Company

How to navigate!



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The Association
Health & Dental Plan?



Pick your plan.



What does each
plan *cover*?





A little every month can *save you* a lot later.

One-size-fits-all usually fits no one - especially when it comes to health & dental coverage. That's why the Association Health & Dental Plan offers 8 choices, to give you the coverage that's right for you, at the price you need.

- 🧑 **Without coverage?**
- 🧑 **Employer plan doesn't provide enough coverage?**
- 🧑 **Self-employed?**

Out-of-pocket health costs continue to rise in Canada.¹ The Association Plan options start where provincial plans stop. They could help save you thousands of dollars on routine and unexpected prescription drugs, dental care, vision care and more.

Pick your plan.

8 affordable choices make it easy to find a plan that fits your family's needs and budget.



Your 4 Health & Dental Plan choices:

Base Health & Dental Plan
Bronze Health & Dental Plan
Silver Health & Dental Plan
Gold Health & Dental Plan



Your 4 Dental Plan choices:

For dental coverage alone, choose from:
Base Dental Plan
Bronze Dental Plan
Silver Dental Plan
Gold Dental Plan

Plus, all 8 plans give you coverage for:

- Vision care
- Registered specialists and therapists
- Ambulance services

The next page shows you all 8 plans, so you can compare coverage levels at a glance.

For details on each Health & Dental Plan

For details on each Dental Plan

Compare all 8 to choose your level of coverage.

Your 4 Health & Dental Plan choices:

Plans	Base Plan	Bronze Plan	Silver Plan	Gold Plan
Medical Questionnaire at time of application	Not required	Required	Required	Required
Prescription Drugs[†] (reimbursement per year) ^{††}	70% of first \$750 to \$525 maximum	70% of first \$500 80% of next \$2,500 to \$2,350 maximum	70% of first \$500 100% of next \$4,650 to \$5,000 maximum	90% of first \$2,222 100% of next \$8,000 to \$10,000 maximum
Dental Services[‡] Basic and supplementary	\$400 per year maximum	\$500 per year maximum	Per year maximum Year 1: \$600 Year 2+: \$900	Per year maximum Year 1: \$750 Year 2: \$1,000 Year 3 and 4: \$1,200 Year 5+: \$1,500 Also includes Major Restorative
Vision care and hearing aids	Included	Included	Included	Included
Registered Specialists and Therapist^{**}	Included	Included	Included	Included
Travel coverage	Included to age 65	Included to age 65	Included to age 65	Included to age 65

Full details

Full details

Full details

Full details

Compare all 8 to choose your level of coverage.

Your 4 Dental Plan choices with basic health coverage:

Plans	Base Dental Plan	Bronze Dental Plan	Silver Dental Plan	Gold Dental Plan
Medical Questionnaire at time of application	Not required	Not required	Not required	Not required
Dental Services † Basic and supplementary	\$400 per year maximum	\$500 per year maximum	Per year maximum Year 1: \$600 Year 2+: \$900	Per year maximum Year 1: \$750 Year 2: \$1,000 Year 3 and 4: \$1,200 Year 5+: \$1,500 Also includes Major Restorative
Vision care and hearing aids	Included	Included	Included	Included
Registered Specialists and Therapists**	Included	Included	Included	Included
Note: Prescription drugs not included.				
	Full details ➤	Full details ➤	Full details ➤	Full details ➤



What does each plan cover?

Health & Dental Plans

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Dental Plans

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		Base Plan
Prescription Drugs [†]	Generic vs brand-name coverage	Generic
	Shared dispensing fee (Not applicable in Quebec)	\$6.50 maximum
	Birth control	Covered
	Fertility Drugs	Not covered
	Reimbursement on first amount per year ^{††}	70% of first \$750
	Reimbursement on next amount per year ^{††}	None
	Maximum per year ^{††}	\$525
Dental Services [‡]	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	70%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	70%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	\$400 per year
	Recall visits	9 months
Hospital Benefits	Type of accommodation [*]	n/a
	Maximum charge per day	n/a
	Reimbursement per anniversary year	n/a
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	n/a
Travel Coverage (to age 65)	Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length	5 days

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Core Benefits ^{††}		Base Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$300 per specialist/therapist
	Per visit maximum	\$20
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
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: \$2,000; Year 5+: \$2,500

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Core Benefits ^{††}		Base Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$10,000
	Per child or adult 65 and older	\$4,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Available 1 year after policy effective date
Lifetime Maximum		\$100,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category



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		Bronze Plan
Prescription Drugs [†]	Generic vs brand-name coverage	Generic
	Shared dispensing fee (Not applicable in Quebec)	\$6.50 maximum
	Birth control	Covered
	Fertility Drugs	Not covered
	Reimbursement on first amount per year ^{††}	70% of first \$500
	Reimbursement on next amount per year ^{††}	80% of next \$2,500
	Maximum per year ^{††}	\$2,350
Dental Services [‡]	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	70%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	70%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	\$500 per year
	Recall visits	9 months
Hospital Benefits	Type of accommodation [*]	n/a
	Maximum charge per day	n/a
	Reimbursement per anniversary year	n/a
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	n/a
Travel Coverage (to age 65)	Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length	9 days

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Core Benefits ^{††}		Bronze Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	80% to a maximum of \$450 per specialist/therapist
	Per visit maximum	n/a
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
Homecare & Nursing, Prosthetic Appliances, and Durable Medical Equipment	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:	\$2,500 per year



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Core Benefits ^{††}		Bronze Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$12,500
	Per child or adult 65 and older	\$5,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Covered
Lifetime Maximum		\$250,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category

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		Silver Plan
Prescription Drugs [†]	Generic vs brand-name coverage	Generic
	Shared dispensing fee (Not applicable in Quebec)	\$7.50 maximum
	Birth control	Covered
	Fertility Drugs	Covered
	Reimbursement on first amount per year ^{††}	70% of first \$500
	Reimbursement on next amount per year ^{††}	100% of next \$4,650
	Maximum per year ^{††}	\$5,000
Dental Services [‡]	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	Year 1: \$600; Year 2 & beyond: \$900
	Recall visits	9 months
Hospital Benefits	Type of accommodation*	Semi-private only
	Maximum charge per day	\$150
	Reimbursement per anniversary year	100% of first 30 days; 50% of next 100 days
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	\$25 payable starting on the 4th day (\$750 maximum)
Travel Coverage (to age 65)	Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length	17 days

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Core Benefits ^{††}		Silver Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	90% to a maximum of \$600 per specialist/therapist
	Per visit maximum	n/a
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	12
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	12
Vision		\$150 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
Homecare & Nursing, Prosthetic Appliances, and Durable Medical Equipment	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:	\$3,500 per year

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Core Benefits ^{††}		Silver Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$25,000
	Per child or adult 65 and older	\$10,000
Accidental Dental		\$2,500 per year
Hearing Aids		\$400 per 4-year period
Lifeline [®] Personal Response Service ^{***}		6 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Covered
Lifetime Maximum		\$350,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category



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		Gold Plan
Prescription Drugs [†]	Generic vs brand-name coverage	Brand-name
	Shared dispensing fee (Not applicable in Quebec)	Covered
	Birth control	Covered
	Fertility Drugs	Covered
	Reimbursement on first amount per year ^{††}	90% of first \$2,222
	Reimbursement on next amount per year ^{††}	100% of next \$8,000
	Maximum per year ^{††}	\$10,000
Dental Services [†]	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
	Combined anniversary year maximums	Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
	Recall visits	6 months
Hospital Benefits	Type of accommodation*	Semi-private & private
	Maximum charge per day	\$200
	Reimbursement per anniversary year	100% for complete year
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	\$50 payable starting on the 1st day (\$3,000 maximum)
Travel Coverage (to age 65)	Maximum \$5,000,000 per trip	30 days
	Unlimited number of trips; Maximum trip length	

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Core Benefits ^{††}		Gold Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$1,500 combined
	Per visit maximum	n/a
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	15
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	15
Vision		\$250 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
Homecare & Nursing, Prosthetic Appliances, and Durable Medical Equipment	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:	\$8,500 per year (combined maximum)



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Core Benefits ^{††}		Gold Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$50,000
	Per child or adult 65 and older	\$20,000
Accidental Dental		\$3,000 per year
Hearing Aids		\$500 per 4-year period
Lifeline® Personal Response Service ^{***}		6 months per 3-year period
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Covered
Lifetime Maximum		\$350,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category

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		Base Dental Plan
Dental Services†	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	Year 1: 50%; Year 2 & beyond: 70%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	Year 1: 50%; Year 2 & beyond: 70%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	\$400 per year
	Recall visits	9 months



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Core Benefits ^{††}		Base Dental Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$300 per specialist/therapist
	Per visit maximum	\$20
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
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: \$2,000; Year 5+: \$2,500



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Core Benefits ^{††}		Base Dental Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$10,000
	Per child or adult 65 and older	\$4,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Available 1 year after policy effective date
Lifetime Maximum		\$100,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category

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		Bronze Dental Plan
Dental Services†	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	Year 1: 50%; Year 2 & beyond: 70%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	Year 1: 50%; Year 2 & beyond: 70%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	\$500 per year
	Recall visits	9 months



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Core Benefits ^{††}		Bronze Dental Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$300 per specialist/therapist
	Per visit maximum	\$20
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
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: \$2,000; Year 5+: \$2,500



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Core Benefits ^{††}		Bronze Dental Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$10,000
	Per child or adult 65 and older	\$4,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Available 1 year after policy effective date
Lifetime Maximum		\$100,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category

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		Silver Dental Plan
Dental Services†	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	Year 1: 60%; Year 2 & beyond: 80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	Year 1: 60%; Year 2 & beyond: 80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered
	Combined anniversary year maximums	Year 1: \$600 Year 2 & beyond: \$900
	Recall visits	9 months



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Core Benefits ^{††}		Silver Dental Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$300 per specialist/therapist
	Per visit maximum	\$20
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
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: \$2,000; Year 5+: \$2,500

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Core Benefits ^{††}		Silver Dental Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$10,000
	Per child or adult 65 and older	\$4,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Available 1 year after policy effective date
Lifetime Maximum		\$100,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category

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		Gold Dental Plan
Dental Services†	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	Year 1: 60%; Year 2 & beyond: 80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	Year 1: 60%; Year 2 & beyond: 80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
	Combined anniversary year maximums	Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
	Recall visits	6 months

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Core Benefits ^{††}		Gold Dental Plan
Registered Specialists & Therapists ^{**}	Maximum claims paid	\$300 per specialist/therapist
	Per visit maximum	\$20
	Chiropractic X-rays	\$35 per year
Registered Psychologist or Psychotherapist	Maximum per first visit	\$80
	Maximum per subsequent visit	\$65
	Maximum visits per anniversary year	10
Registered Speech Therapist	Maximum per first visit	\$65
	Maximum per subsequent visit	\$45
	Maximum visits per anniversary year	10
Vision		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
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: \$2,000; Year 5+: \$2,500



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Core Benefits ^{††}		Gold Dental Plan
Custom-made Orthotics		\$225
Accidental Death and Dismemberment	Per adult under 65	\$10,000
	Per child or adult 65 and older	\$4,000
Accidental Dental		\$2,000 per year
Hearing Aids		\$300 per 4-year period
Lifeline® Personal Response Service ^{***}		3 months per lifetime
Health Service Navigator ^{®***}		Included
Ambulance Services		Unlimited ground and air transportation
Survivor Benefit		Available 1 year after policy effective date
Lifetime Maximum		\$100,000
Quebec only: Diagnostic Services (Annual maximums)		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category



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Help when you need it most: that's included too!

Health Service Navigator®***

If you or a loved one are diagnosed with a serious health condition, it's hard to know where to turn. This benefit gives you priority access to top specialists at top hospitals, who can coordinate medical services, answer your questions, assess and make recommendations, provide second opinions and more.

Lifeline® Medical Alert Service***

Do you have a partner or loved one living at home who is at risk of falls, recovering after surgery, has mobility issues or special health concerns? Lifeline provides instant help 24 hours a day, 365 days a year.

Get faster coverage, with:



Online claims

Make and view your claims history online, 24/7.



Immediate coverage

that starts the first day of the month after you're approved.



No medical questionnaire

for all 4 dental plans, or with the base health and dental plan.

Our guarantee to you.



All Association Plans are fully backed with a **30-day money-back guarantee.**

2019 Monthly Rates Ontario

Individual Cost Per Month Per Person

Age Group	Base Plan	Bronze Plan	Silver Plan	Gold Plan
18-44	\$85.30	\$111.70	\$143.10	\$194.20
45-54	\$108.60	\$139.20	\$168.20	\$245.40
55-59	\$112.70	\$147.20	\$197.00	\$262.80
60-64	\$118.70	\$155.60	\$222.60	\$293.90
65-69	\$98.00	\$123.00	\$196.40	\$259.60
70-79	\$99.20	\$128.00	\$221.40	\$286.20
80-89	\$100.80	\$130.20	\$244.50	\$320.40
90+	\$132.50	\$147.90	\$302.10	\$375.90

Couple Cost Per Month Per Person

Age Group	Base Plan	Bronze Plan	Silver Plan	Gold Plan
18-44	\$73.50	\$97.80	\$129.20	\$178.50
45-54	\$95.20	\$123.00	\$152.90	\$227.80
55-59	\$98.90	\$130.00	\$180.30	\$244.90
60-64	\$104.90	\$137.90	\$204.90	\$274.20
65-69	\$84.20	\$107.50	\$179.90	\$241.10
70-79	\$86.40	\$111.60	\$204.10	\$266.80
80-89	\$87.30	\$114.30	\$225.80	\$299.50
90+	\$118.20	\$131.60	\$281.80	\$353.20

1 to 2 Children Cost Per Month Per Person

Age Group	Base Plan	Bronze Plan	Silver Plan	Gold Plan
00-04	\$28.10	\$36.70	\$46.70	\$59.90
05-20	\$34.60	\$51.10	\$66.00	\$98.60

3+ Children Cost Per Month Per Person

Age Group	Base Plan	Bronze Plan	Silver Plan	Gold Plan
00-04	\$25.20	\$32.80	\$41.90	\$54.00
05-20	\$31.10	\$46.20	\$59.60	\$88.50

Costs for Dental plus Base Core Benefits

Individual and Couple Cost Per Month Per Person

Group	Base Dental	Bronze Dental	Silver Dental	Gold Dental
Single	\$72.80	\$86.10	\$93.90	\$143.40
Couple	\$61.00	\$73.40	\$82.20	\$130.00

1 to 2 Children Cost Per Month Per Person

Age Group	Base Dental	Bronze Dental	Silver Dental	Gold Dental
00-04	\$17.30	\$17.60	\$18.20	\$24.90
05-20	\$33.30	\$37.60	\$44.10	\$79.20

3+ Children Cost Per Month Per Person

Age Group	Base Dental	Bronze Dental	Silver Dental	Gold Dental
00-04	\$15.30	\$15.50	\$16.70	\$22.30
05-20	\$30.00	\$34.10	\$39.70	\$71.20

All premium rates are quoted on a per month per person basis. Premiums for couples and children are per individual. Premiums are based on individual's age at time of application and will change in accordance with published age groups as the individual's age increases. Premiums effective May 1, 2019; subject to change without notice.

References

All references to “year” refer to Anniversary Year. When it relates to Hearing Aids and Vision benefits, year refers to Benefit Year. Anniversary Year refers to the consecutive 12-month period following the effective date of your policy, and each 12-month period thereafter. Benefit Year refers to the consecutive 12-month period following the date a claim for a specific benefit is first incurred under your policy. Calendar Year means the 12-month period commencing January 1 and ending December 31.

- † Prescription drug coverage applies to costs not covered by your provincial/territorial prescription drug insurance plan, up to the maximums stated above.
- †† Prescription drug coverage is based on Calendar Year for residents of British Columbia, Saskatchewan and Quebec. For all other provinces, coverage is based on Anniversary Year. 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. Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details.
- ‡ If applicable, dental coverage begins at the age when dental coverage under your provincial/territorial health insurance plan ends. Covers basic services, paid at a percentage of the current Dental Fee Guide or the reasonable and customary charge in your province of residence.
- ‡‡ Benefits are only payable after yearly maximums allowed under your provincial/territorial health insurance plan have been reached, if applicable.
- * Manulife cannot guarantee the availability of semi-private and/or private accommodation.
- *** Registered specialists and therapists include acupuncturists, chiropractors, dietitians, osteopaths, podiatrists, naturopaths, chiropodists, massage therapists, physiotherapists, psychologists, psychotherapists and speech therapists.
- *** Manulife cannot guarantee the availability of this benefit indefinitely.
- ¹ Health-care spending projected to jump nearly 4% this year, report finds, Globe & Mail, 2017.

Important Notice

This is not a contract. Actual terms and conditions are detailed in the policy issued by Manulife upon final application approval. It contains important details concerning exclusions, conditions and limitations. Please review them carefully upon receipt.

Medically Underwritten

If the plan is “medically underwritten,” or “requires a medical questionnaire,” you must disclose to us any medical condition, injury or illness that occurred or existed on or before the date of your application, regardless of whether you went to see a doctor about the condition or were given a diagnosis, or whether or not you believe that it is important. The premium charged and/or benefits offered could be subject to adjustment or modification of coverage or declined based on your or your family’s medical background. This will be determined after an evaluation of the information provided on the enclosed medical questionnaire.

Pre-existing Conditions

The insurer will not pay any Emergency Travel Medical Care Benefits for any claims relating directly or indirectly to a pre-existing condition that is not stable within the consecutive nine-month period immediately preceding the date of departure from the insured’s province/territory of residence. This means any condition, injury, illness, disease or related complication in relation to which:

- an insured has had new symptoms, or existing symptoms have become more frequent or more severe, or there has been a test result showing deterioration;
- a Physician (or other medical professional) has prescribed or recommended a change in medication (the medication dosage or frequency has been reduced, increased, or stopped, and/or new medication has been prescribed) taken for that condition;
- a Physician (or other medical professional) has prescribed or recommended a change in treatment for that condition; or
- there has been an admission to a hospital and/or results are pending for further investigation into that condition during such nine-month period. This exclusion does not apply to minor ailments or a change in medication where the active ingredient and strength remain the same (i.e., generic).

Effective Date of Coverage

Coverage is effective no earlier than the first day of the month following final approval of the application and receipt of first premium payment.

Plans underwritten by The Manufacturers Life Insurance Company.

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**For more information,
please contact your advisor.**