

# Health and Dental Plans

* Optional Plans available upon request		Bronze Plan	Silver Plan
<b>Prescription Drugs†</b>	Generic vs brand-name coverage	Generic	Generic
	Shared dispensing fee (Not applicable in Quebec)	\$6.50 maximum	\$7.50 maximum
	Birth control	Covered	Covered
	Fertility Drugs	Not covered	Not covered
	Reimbursement on first amount per year††	70% of first \$500	70% of first \$500
	Reimbursement on next amount per year††	80% of next \$2,500	100% of next \$4,650
	Maximum per year††	\$2,350	\$5,000
<b>Dental Services‡</b>	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	70%	80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	70%	80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered	Not covered
	Combined anniversary year maximums	\$500 per year	Year 1: \$600; Year 2 & beyond: \$900
	Recall visits	9 months	9 months
<b>Hospital Benefits</b>	Type of accommodation*	n/a	Semi-private only
	Maximum charge per day	n/a	\$150
	Reimbursement per anniversary year	n/a	100% of first 30 days; 50% of next 100 days
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	n/a	\$25 payable starting on the 4th day (\$750 maximum)
<b>Travel Coverage (to age 65)</b>	Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length	9 days	17 days
Core Benefits††		Bronze Plan	Silver Plan
<b>Registered Specialists &amp; Therapists**</b>	Maximum claims paid	\$750 combined per year	\$1000 combined per year
	Per visit maximum	n/a	n/a
	Chiropractic X-rays	\$35 per year	\$35 per year
<b>Registered Psychologist or Psychotherapist</b>	Maximum per first visit	\$80	\$80
	Maximum per subsequent visit	\$65	\$65
	Maximum visits per anniversary year	10	12
<b>Registered Speech Therapist</b>	Maximum per first visit	\$65	\$65
	Maximum per subsequent visit	\$45	\$45
	Maximum visits per anniversary year	10	12
<b>Vision</b>	Covers costs towards prescription lenses and frames, contact lenses and laser eye surgery. Excludes industrial safety glasses.	\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years	\$150 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
<b>Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment</b>	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:	\$2,500 per year	\$3,500 per year
<b>Custom-made Orthotics</b>		\$225	\$225
<b>Accidental Death and Dismemberment</b>	Per adult under 65	\$12,500	\$25,000
	Per child or adult 65 and older	\$5,000	\$10,000
<b>Accidental Dental</b>		\$2,000 per year	\$2,500 per year
<b>Hearing Aids</b>		\$300 per 4-year period	\$400 per 4-year period
<b>Akira by TELUS Health (Virtual Healthcare App)***</b>	Available once you have registered to submit claims online.	Included	Included
<b>TELUS LivingWell Companion***</b> <b>TELUS SmartHome Security***</b>		Available	Available
<b>Ambulance Services</b>		Unlimited ground and air transportation	Unlimited ground and air transportation
<b>Survivor Benefit</b>		Covered	Covered
<b>Lifetime Maximum</b>		\$250,000	\$350,000
<b>Quebec only: Diagnostic Services (Annual maximums)</b>		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category	

Individual Cost Per Month Per Person		
Age Group	Bronze Plan	Silver Plan
18-44	\$109.70	\$135.40
45-54	\$130.00	\$154.30
55-59	\$134.00	\$167.30
60-64	\$139.00	\$179.90
65-69	\$143.00	\$184.50
70-79	\$151.20	\$201.00
80-89	\$160.30	\$215.40
90+	\$203.90	\$292.20

  

Couple Cost Per Month Per Person		
Age Group	Bronze Plan	Silver Plan
18-44	\$94.50	\$121.00
45-54	\$113.00	\$138.60
55-59	\$117.20	\$150.10
60-64	\$122.20	\$162.80
65-69	\$125.10	\$167.30
70-79	\$132.40	\$182.90
80-89	\$141.70	\$197.00
90+	\$182.70	\$271.00

  

1 to 2 Children Cost Per Month Per Person		
Age Group	Bronze Plan	Silver Plan
0-4	\$22.60	\$28.30
5-20	\$54.80	\$68.90

  

3+ Children Cost Per Month Per Person		
Age Group	Bronze Plan	Silver Plan
0-4	\$20.60	\$25.70
5-20	\$49.50	\$62.30

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.

**Quebec only:** 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 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, birth control drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details.

‡ Note: If applicable, dental coverage begins at the age when dental coverage under your government health insurance plan coverage ends.

‡‡ Benefits are only payable after yearly maximums allowed under your provincial 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.

## The Association Health & Dental Plan is offered through The Manufacturers Life Insurance Company (Manulife).

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