

	<b>Starter Plan</b> No medical questionnaire required at the time of application	<b>Essential Plan</b> Medical questionnaire required	<b>Enhanced Plan</b> Medical questionnaire required
<b>Prescription Drugs</b>			
<b>Formulary</b>	Manulife Drug Essentials Formulary	Manulife Mandatory Generic <sup>1</sup> Formulary	Manulife Managed Formulary
<b>Dispensing fee</b>	Dispensing fee is capped at \$6.50 and subject to co-payment. No capped dispensing fee in Quebec.	Full coverage of reasonable and customary dispensing fees	Full coverage of reasonable and customary dispensing fees
<b>Birth control</b>	Not covered	Not covered	Covered
<b>Reimbursement per person</b> (AB, MB, NB, NL, NS, ON, PEI, NWT, NU, YK)	<b>If purchased at a Costco pharmacy</b> For all ages: 90% to a maximum of \$650 per year <b>OR</b> <b>If purchased at another pharmacy</b> For all ages: 70% to a maximum of \$525 per year	<b>If purchased at a Costco pharmacy</b> For all ages: 95% to a maximum of \$5,000 per anniversary year <b>OR</b> <b>If purchased at another pharmacy</b> Under age 65: 70% of the first \$750, 90% of the next \$4,972 to a maximum of \$5,000 per anniversary year Age 65+: 100% of the first \$750, 90% of the next \$4,722 to a maximum of \$5,000 per anniversary year	<b>If purchased at a Costco pharmacy</b> For all ages: 100% to a maximum of \$10,000 per anniversary year <b>OR</b> <b>If purchased at another pharmacy</b> Under age 65: 90% of the first \$2,222, 100% of the next \$8,000 to a maximum of \$10,000 per anniversary year Age 65+: 100% of the first \$750, 90% of the next \$10,278 to a maximum of \$10,000 per anniversary year
<b>Reimbursement per person</b> (BC, SK)	<b>If purchased at a Costco pharmacy</b> For all ages: 90% to a maximum of \$650 per calendar year <b>OR</b> <b>If purchased at another pharmacy</b> For all ages: 70% to a maximum of \$525 per calendar year	<b>If purchased at a Costco pharmacy</b> For all ages: 95% to a maximum of \$5,000 per calendar year <b>OR</b> <b>If purchased at another pharmacy</b> For all ages: 70% of the first \$750, 90% of the next \$4,972 to a maximum of \$5,000 per calendar year	<b>If purchased at a Costco pharmacy</b> For all ages: 100% to a maximum of \$10,000 per calendar year <b>OR</b> <b>If purchased at another pharmacy</b> For all ages: 90% of the first \$2,222, 100% of the next \$8,000 to a maximum of \$10,000 per calendar year
<b>Reimbursement per person</b> (Quebec only)	For all ages: 70% to a maximum of \$565 per calendar year	For all ages: 75% of the first \$1,500, 95% of the next \$4,079 to a maximum of \$5,000 per calendar year	For all ages: 90% of the first \$2,000, 100% of the next \$8,200 to a maximum of \$10,000 per calendar year

### Extended Health

<b>Lifetime maximum</b>	\$350,000	\$400,000	\$400,000
<b>Registered Specialists and Therapists* – Includes visits to Acupuncturists, Chiropractors, Dietitians, Osteopaths, Physiotherapists, Podiatrists, Naturopaths, Chiropodists and Registered Massage Therapists.</b>			
<b>Maximum per visit</b>	\$20	\$25	\$25
<b>Maximum visits per anniversary year</b>	20	25	25
<b>Chiropractic X-rays</b>	\$35 per anniversary year	\$35 per anniversary year	\$35 per anniversary year
<b>Psychologists</b>			
<b>Maximum per first visit</b>	\$80	\$80	\$80
<b>Maximum per subsequent visit</b>	\$65	\$65	\$65
<b>Maximum visits per anniversary year</b>	15	15	15
<b>Speech Therapists*</b>			
<b>Maximum per first visit</b>	\$65	\$65	\$65
<b>Maximum per subsequent visit</b>	\$45	\$45	\$45
<b>Maximum visits per anniversary year</b>	15	15	15

<sup>1</sup> 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 drug will be made at the co-payment level of your plan.

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<b>Extended Health (continued)</b>			
<b>Hearing Aids</b> Covers the cost to purchase and repair up to the allowed maximum. (Applicable every 4 benefit years.)	<b>Maximums, if purchased at a Costco Hearing Aid Centre</b> Under age 65: \$500 Age 65+: \$600 <b>OR</b> <b>Maximums, if purchased at another location</b> Under age 65: \$400 Age 65+: \$500	<b>Maximums, if purchased at a Costco Hearing Aid Centre</b> Under age 65: \$500 Age 65+: \$600 <b>OR</b> <b>Maximums, if purchased at another location</b> Under age 65: \$400 Age 65+: \$500	<b>Maximums, if purchased at a Costco Hearing Aid Centre</b> Under age 65: \$500 Age 65+: \$600 <b>OR</b> <b>Maximums, if purchased at another location</b> Under age 65: \$400 Age 65+: \$500
<b>Ambulance Services*</b> Covers trips to hospital in a licensed ambulance.	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation
<b>Homecare and Nursing, Prosthetic Appliances and Medical Equipment</b> Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker or Occupational Therapist. Includes surgical bandages and dressings and the purchase or rental of medically necessary equipment recommended by your physician and approved by Manulife. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<b>Maximum per category, per anniversary year</b> <b>Under age 65:</b> \$1,000 maximum in Year 1 \$1,300 maximum in Year 2 \$1,500 maximum in Year 3 \$1,700 maximum in Year 4 \$3,000 maximum in Year 5+ <b>Age 65+:</b> \$1,100 maximum in Year 1 \$1,500 maximum in Year 2 \$1,700 maximum in Year 3 \$2,000 maximum in Year 4 \$3,500 maximum in Year 5+	<b>Under age 65:</b> \$3,000 maximum per category, per anniversary year  <b>Age 65+:</b> \$3,500 maximum per category, per anniversary year	<b>Under age 65:</b> \$3,000 maximum per category, per anniversary year  <b>Age 65+:</b> \$3,500 maximum per category, per anniversary year
<b>Custom-Made Orthotics</b>	\$225 per anniversary year	\$225 per anniversary year	\$225 per anniversary year
<b>Accidental Dental</b> 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.	\$10,000 per anniversary year	\$10,000 per anniversary year	\$10,000 per anniversary year
<b>Accidental Death &amp; Dismemberment</b> Provides payment for accidental death or dismemberment directly resulting from an accident, occurring within one year of the date of the accident.	<ul style="list-style-type: none"> <li>• Up to \$25,000 for adults under age 65</li> <li>• Up to \$10,000 for children and adults age 65 and over</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$25,000 for adults under age 65</li> <li>• Up to \$10,000 for children and adults age 65 and over</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$25,000 for adults under age 65</li> <li>• Up to \$10,000 for children and adults age 65 and over</li> </ul>
<b>Survivor Benefit</b> Provides that, for a period of one year following the death of an adult insured, coverage of any remaining insured adult or eligible dependent will be maintained and the payment of premiums waived.	Available one year after the policy effective date	Covered	Covered
<b>TELUS Health Virtual Care*</b> Provides unlimited 24/7 text and chat with doctors and nurse practitioners.	Included	Included	Included

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

\* TELUS Health Virtual Care is a trademark of TELUS Corporation, used by it and its affiliates under license. Manulife cannot guarantee the availability of this benefit indefinitely.

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<b>Dental Services</b>			
Covers basic services, paid at a percentage of the current Dental Association Fee Guide (or the reasonable and customary charge) in the insured's province or territory of residence. <b>If applicable, dental coverage begins at the age when dental coverage under your government health insurance plan ends.</b>	<b>Coverage included with the Starter Plan</b>	<b>Optional coverage available with the Essential Plan</b>	<b>Optional coverage available with the Enhanced Plan</b>
<b>Waiting period</b>	None	None	None
Reimbursement for ongoing maintenance service: fillings, cleanings, scalings, examinations, polishings and select extractions.	70% of first 500 for all existing services and all "extensive services" e.g. oral surgery, periodontics and endodontics)	<ul style="list-style-type: none"> <li>•80% of first \$300</li> <li>•50% of next \$850</li> </ul>	For examinations, diagnostic services and scaling only: <ul style="list-style-type: none"> <li>•100% of first \$500</li> <li>•60% thereafter</li> </ul> For all other maintenance services: <ul style="list-style-type: none"> <li>•90% of first \$500</li> <li>•60% thereafter</li> </ul>
<b>Maximum per anniversary year</b>	Year 1 and subsequent years: \$350	Year 1 and subsequent years: \$665	No annual maximum
<b>Recall visits</b>	9 months	9 months	6 months
Reimbursement for extensive services including oral surgery, endodontics and periodontics.	Included in above maximum	Included in above maximum	<ul style="list-style-type: none"> <li>•Year 1 and Year 2: 60%</li> <li>•Year 3 and subsequent: 80%</li> <li>•Year 1 maximum: \$400</li> </ul>
Reimbursement for major restorative services including crowns, bridges, dentures and orthodontics.	Not covered	Not covered	<ul style="list-style-type: none"> <li>•Year 1: 0%</li> <li>•Year 2 and subsequent: 60%</li> </ul>
<b>Maximum per anniversary year</b>	Not applicable	Not applicable	Combined maximum for 3 consecutive years: \$1,250
<b>Vision</b>			
<b>Covers the costs towards prescription lenses and frames, contact lenses, laser eye surgery and Optometrist visits*</b>	\$150 per 2 consecutive benefit years to cover costs towards prescription lenses, frames, contact lenses and laser eye surgery. <b>OR</b> <b>If frames or prescription lenses are purchased at a Costco Optical Centre, the above benefit maximum increases to \$250.</b> Optometrist visit: \$80 every 2 benefit years. This benefit is only available where optometrist visits are not covered by a government health insurance plan.	\$250 per 2 consecutive benefit years to cover costs towards prescription lenses, frames, contact lenses and laser eye surgery. <b>OR</b> <b>If frames or prescription lenses are purchased at a Costco Optical Centre, the above benefit maximum increases to \$300.</b> Optometrist visit: \$80 every 2 benefit years. This benefit is only available where optometrist visits are not covered by a government health insurance plan.	\$250 per 2 consecutive benefit years to cover costs towards prescription lenses, frames, contact lenses and laser eye surgery. <b>OR</b> <b>If frames or prescription lenses are purchased at a Costco Optical Centre, the above benefit maximum increases to \$300.</b> Optometrist visit: \$80 every 2 benefit years. This benefit is only available where optometrist visits are not covered by a government health insurance plan. <b>Optional coverage available with the Enhanced Plan: \$500 per 3 consecutive benefit years.</b>
<b>Waiting period</b>	None	None	None

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**Hospital** – Preferred hospital accommodation in excess of the standard ward room rate for a general (acute care) hospital.

	<b>No coverage under the Starter Plan</b>	<b>Optional coverage available with the Essential Plan</b>	<b>Optional coverage available with the Enhanced Plan</b>
<b>Type of accommodation</b>	Not covered	Semi-private	Private and semi-private
<b>Maximum charge per day</b>	Not covered	100% of the first 30 days and 50% of the next 100 days per anniversary year, up to a maximum of \$150 per day.	100% of private and semi-private coverage per anniversary year, up to a maximum of \$200 per day.
<b>Cash benefit in lieu of accommodation</b>	Not covered	\$50 per day beginning on the 4 <sup>th</sup> day of hospitalization, for a maximum of 30 days if a semi-private room is not obtained, to a maximum of \$750 per year.	\$75 per day beginning on the 4 <sup>th</sup> day of hospitalization, for a maximum of 60 days if a private/semi-private room is not obtained, to a maximum of \$3,000 per year.

**Travel Emergency Medical – Available to age 65**

Covers emergency hospital or medical expenses while travelling outside the insured’s province or territory of residence. Includes 24-hour assistance. Travel coverage may be limited or excluded for any illness or condition which first manifested itself within the consecutive 9-month period preceding the effective date of departure. Excluded for any medical condition you suffer or contract when an official travel advisory issued by the Canadian government before your departure date states, “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of your destination.

<b>Maximum</b>	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip
<b>Deductible</b>	\$100 per claim	\$100 per claim	\$100 per claim
<b>Number of trips per year</b>	Unlimited	Unlimited	Unlimited
<b>Maximum trip length</b>	9 days	9 days	9 days <b>Optional 21-day coverage extension available with the Enhanced plan.</b>

**Diagnostic Services – Available ONLY to Quebec residents**

<b>CAT Scans</b> – Expenses for scans required for the diagnosis or treatment of an illness or injury, when prescribed or requested by the attending physician.	\$200 per anniversary year	\$200 per anniversary year	\$200 per anniversary year
<b>Ultrasound Scans</b> – The cost of ultrasound scans performed in a private office.	\$50 per anniversary year	\$50 per anniversary year	\$50 per anniversary year
<b>Magnetic Resonance Imaging</b> – Expenses for magnetic resonance imaging (MRI) required for the diagnosis or treatment of an illness or injury, when requested by a physician.	\$500 per anniversary year	\$500 per anniversary year	\$500 per anniversary year
<b>Laboratory Tests</b> – 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.	\$100 per category, per anniversary year	\$100 per category, per anniversary year	\$100 per category, per anniversary year
<b>Audiologist</b> – Charges for the services of an audiologist.	\$500 per anniversary year	\$500 per anniversary year	\$500 per anniversary year
<b>Prostate Specific Antigen (PSA)</b> – Expenses for testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending physician.	\$75 per anniversary year	\$75 per anniversary year	\$75 per anniversary year
<b>CA 125 Test</b> – Expenses for testing required for the diagnosis or treatment of an illness, when prescribed or requested by the attending physician.	\$75 per anniversary year	\$75 per anniversary year	\$75 per anniversary year

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