

Health & Dental Insurance for CARP Members - Plan Comparisons



AVAILABLE BENEFITS	EXTENDED HEALTH CARE NO MEDICAL QUESTIONNAIRE*	DENTAL ENHANCED NO MEDICAL QUESTIONNAIRE*	THREE STAR NO MEDICAL QUESTIONNAIRE*	FOUR STAR Medical Questionnaire Required	FIVE STAR Medical Questionnaire Required
<p>DENTAL SERVICES</p> <p>Covers basic services such as examinations, fillings and cleanings, x-rays and select extractions. No waiting period required for basic services. Paid at a percentage of the current Dental Association Fee Schedule. If applicable, dental coverage begins at the age when dental coverage under your government health insurance plans ends.</p> <ul style="list-style-type: none"> • Anniversary year maximums • Major restorative • Recall for routine checkups 	<p>Dental is not covered under this plan</p> <ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan • Not covered with this plan 	<p>90% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics</p> <ul style="list-style-type: none"> • Yr 1: \$500; Yr 2: \$750; Yr 3 and 4: \$1,000; Yr 5+: \$1,250 • 60% co-payment starting in Yr 3 with a max. of \$800 for every 2-year period including dentures, orthodontics and crowns (part of overall max.) • 6 months 	<p>70% co-payment for basic, diagnostic and other dental services, including denture services</p> <ul style="list-style-type: none"> • \$350 per year • Not covered with this plan • 9 months 	<p>80% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics</p> <ul style="list-style-type: none"> • \$500 per year • 60% co-payment starting in Yr 3 with a max. of \$500 per anniversary year • 6 months 	<p>90% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics</p> <ul style="list-style-type: none"> • Yr 1: \$500; Yr 2: \$750; Yr 3 and 4: \$1,000; Yr 5+: \$1,250 • 60% co-payment starting in Yr 3 with a max. of \$800 for every 2-year period including dentures, orthodontics and crowns • 6 months
<p>PRESCRIPTION DRUGS**</p> <ul style="list-style-type: none"> • Drug coverage (Exclusions: Drugs for smoking cessation, erectile dysfunction, over-the-counter drugs and drugs not requiring a prescription) • Shared dispensing fee • At age 65 	<ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan • Not covered with this plan 	<ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan • Not covered with this plan 	<ul style="list-style-type: none"> • 70% to a maximum of \$525 per year for generic drugs[†] (fertility and birth control drugs not covered) • \$6.50 maximum • 70% to a max. of \$525/year 	<ul style="list-style-type: none"> • 85% of first \$500 for brand name drugs; 100% of next \$1,375 to a maximum of \$1,800 per year (fertility and birth control drugs not covered) • Covered • 100% to a max. of \$1,800/year 	<ul style="list-style-type: none"> • 85% of first \$500 for brand name drugs; 100% of next \$4,575 to a maximum of \$5,000 per year • Covered • 100% to a max. of \$5,000/year
<p>VISION CARE</p> <p>Covers costs toward the purchase of prescription lenses, frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.</p>	<ul style="list-style-type: none"> • \$150 for every 2 benefit years • \$60 for optometrist visits for every 2 benefit years 	<ul style="list-style-type: none"> • \$150 for every 2 benefit years • \$60 for optometrist visits for every 2 benefit years 	<ul style="list-style-type: none"> • \$150 for every 2 benefit years • \$60 for optometrist visits for every 2 benefit years 	<ul style="list-style-type: none"> • \$150 for every 2 benefit years • \$60 for optometrist visits for every 2 benefit years 	<ul style="list-style-type: none"> • \$250 for every 2 benefit years • \$60 for optometrist visits for every 2 benefit years
<p>HOSPITAL BENEFITS</p> <p>Preferred hospital accommodation in excess of the standard ward room rate charged by a general (acute care) hospital.</p> <p>A cash benefit is included in lieu of room costs for each day you are not able to obtain preferred accommodation.</p>	<ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan 	<ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan 	<ul style="list-style-type: none"> • Not covered with this plan • Not covered with this plan 	<ul style="list-style-type: none"> • Semi-private accommodation (up to a maximum of \$175 a day); 100-day maximum • Not covered with this plan 	<ul style="list-style-type: none"> • Semi-private or private room accommodation (unlimited) • \$50 per day from first day (to 60-day maximum per year)
<p>SURVIVOR BENEFIT</p> <p>Benefits will be maintained for one year following the death of the adult Insured.</p>	<ul style="list-style-type: none"> • Available one year after policy effective date 	<ul style="list-style-type: none"> • Available one year after policy effective date 	<ul style="list-style-type: none"> • Available one year after policy effective date 	<ul style="list-style-type: none"> • Covered 	<ul style="list-style-type: none"> • Covered

*Applicants for Extended Health Care, Dental Enhanced and Three Star Plans are not required to complete any medical questions at time of application. Acceptance is guaranteed subject to the receipt of the initial premium payment.

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Plans underwritten by The Manufacturers Life Insurance Company.

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AVAILABLE BENEFITS	EXTENDED HEALTH CARE NO MEDICAL QUESTIONNAIRE*	DENTAL ENHANCED NO MEDICAL QUESTIONNAIRE*	THREE STAR NO MEDICAL QUESTIONNAIRE*	FOUR STAR Medical Questionnaire Required	FIVE STAR Medical Questionnaire Required
LIFETIME MAXIMUM					
• Lifetime maximum of EHC benefits	• \$300,000	• \$100,000	• \$100,000	• \$300,000	• \$350,000
AMBULANCE SERVICES⁺⁺⁺					
Covers trips to hospitals in a licensed ambulance up to the amount between what your provincial health plan covers and what is reasonable and customary.	Unlimited ground and air transport	Unlimited ground and air transport	Unlimited ground and air transport	Unlimited ground and air transport	Unlimited ground and air transport
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 for natural teeth	• \$2,000 per year for natural teeth	• \$10,000 per year for natural teeth	• \$2,000 per year for natural teeth	• \$10,000 per year for natural teeth
HEARING AIDS					
Covers the purchase and/or repair up to the allowed maximum.	• \$500 for every 4 benefit years	• \$300 for every 4 benefit years	• \$300 for every 4 benefit years	• \$500 for every 4 benefit years	• \$500 for every 4 benefit years
REGISTERED SPECIALISTS AND THERAPISTS: Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists, Social Workers, Psychotherapists, Speech Therapists					
Registered Specialists and Therapists⁺⁺⁺					
<ul style="list-style-type: none"> • Maximum claims per year • Maximum per visit • Chiropractic x-rays 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$15 per visit • \$35 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$15 per visit • \$35 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$15 per visit • \$35 	<ul style="list-style-type: none"> • \$300 per specialist/therapist • \$15 per visit • \$35 	<ul style="list-style-type: none"> • \$600 combined • Unlimited • \$35
Psychologist/Social Worker/Psychotherapist					
<ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 15 per year
Speech Therapist					
<ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 15 per year
HEMOCARE AND NURSING, PROSTHETIC APPLIANCES AND DURABLE MEDICAL EQUIPMENT					
Covers the services of a Registered Nurse (R.N.), Registered Practical Nurse (R.P.N.), Licensed Practical Nurse, Personal Support Worker, Occupational Therapist or Registered Dietitian (R.D.); 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, eyes, splints, casts, breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.	Maximum per year for each of Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: • \$2,500	Maximum per year for each of Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: • Year 1: \$ 500 • Year 2: \$ 800 • Year 3: \$1,000 • Year 4: \$1,200 • Year 5+: \$2,500	Maximum per year for each of Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: • Year 1: \$ 500 • Year 2: \$ 800 • Year 3: \$1,000 • Year 4: \$1,200 • Year 5+: \$2,500	Maximum per year for each of Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: • \$2,500	Maximum per year combined for Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: • \$7,500
CUSTOM-MADE ORTHOTICS AND FRACTURE BENEFITS					
<ul style="list-style-type: none"> • Custom-made Orthotics • Fracture benefit – NEW! 	<ul style="list-style-type: none"> • \$225 per year • not covered with this plan 	<ul style="list-style-type: none"> • \$225 per year • not covered with this plan 	<ul style="list-style-type: none"> • \$225 per year • \$150 per year (combined max.) 	<ul style="list-style-type: none"> • \$225 per year • not covered with this plan 	<ul style="list-style-type: none"> • \$225 per year • not covered with this plan

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

** Coverage based on Calendar Year for residents of British Columbia and Saskatchewan. Based on Anniversary Year for residents of all other provinces, except Quebec, where coverage is not currently available.

+ 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. Exclusion: Multi-sourced Brand (MSB) also known as brands with generic equivalents, are not eligible under the Three Star Plan.

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