

## ASSOCIATION HEALTH & DENTAL PLAN

### Base

#### Dental Services

Covers basic services, paid at a percentage of the current Dental Fee Guide 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%
- Reimbursement on extensive services including endodontics, periodontics and denture services: 70%
- Reimbursement on crowns, bridges, dentures and orthodontics: **Not covered**
- Anniversary year maximums: \$400 per year
- Recall visits: 9 months

#### Prescription Drugs

- Generic vs Brand-Name coverage: Generic
- Shared Dispensing Fee: \$6.50 maximum
- Birth control: Covered
- Fertility drugs: **Not covered**
- Reimbursement on first amount per anniversary year: 70% on first \$750
- Reimbursement on next amount per anniversary year: None

#### Vision Care

Covers the costs to purchase prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.

- Maximum: \$100 per 2 years plus \$60 for Optometrist visits

#### Accidental Death and Dismemberment

Payment for a loss directly resulting from accidental bodily injury, including loss of life, where the loss occurs within a year of the date of the accident.

- Maximum: \$10,000 per adult
- Maximum: \$4,000 per child or senior over 65

#### 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
- Maximum trip length: 5 days
- Note: Coverage may be limited or excluded for any illness or condition that first manifested itself within the 9 month period immediately preceding each departure date. Not available to persons age 65 and over.

#### Survivor Benefit

Provides survivor benefit for continuous coverage for 1 year, following the death of subscriber or co-subscriber

- Maximum: Available 1 year after policy effective date

#### **Extended Health Care:**

#### **Registered Specialists and Therapists**

Includes visits to Acupuncturists, Chiropractors, Dietitian, Osteopaths, Podiatrists, Naturopaths, Chiropractists, Registered Massage Therapists, Physiotherapists, Psychologists, Social Workers and Speech Therapists.

#### **Registered Specialists and Therapists**

- Maximum claims paid: \$500 combined per year
- Per visit maximum: \$25
- Chiropractic x-rays: \$35 per year

#### **Psychologist/Psychotherapist/Social Worker**

- Maximum per first visit: \$80
- Maximum per subsequent visit: \$65
- Maximum visits per year: 10

#### **Speech Therapist**

- Maximum per first visit: \$65
- Maximum per subsequent visit: \$45
- Maximum visits per year: 10

#### **Lifeline Response Service**

Provides 24-hour monitoring service for people coping with medical problems at home.

- Maximum: 3 months per lifetime

#### **Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment**

Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheel-chairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife Financial. Also includes prosthetic appliances such as artificial limbs, 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

#### **Hearing Aids**

Covers the cost to purchase and /or repair up to the allowed maximum.

- Maximum: \$300 per 4 year period

**Ambulance Services**

Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.

- Maximum: Unlimited ground transport
- Maximum: Unlimited air ambulance

**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.

- Maximum: \$2,000 per year

**Lifetime Maximum**

- \$100,000