

### Plan Comparison


Please note: All plans include core benefits.

Core Benefits	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™	ComboPlus™ Starter	ComboPlus™ Basic	ComboPlus™ Enhanced						
<p>Vision (Basic), Chiropractor, Chiroprapist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Psychologist, Speech Pathologist/Therapist, Physiotherapist, Homecare and Nursing, Prosthetic Appliances, Durable Medical Equipment, Health Service Navigator®, Preferred Vision Services (PVS), Accidental Dental, Ambulance, Hearing Aid, Emergency Travel Health Coverage, Accidental Death and Dismemberment, Survivor Benefits.</p> <p>Extended Health Care (EHC) Lifetime maximum \$250,000</p>	<p><b>Ongoing Maintenance</b> 9-month recall Total benefits payable: Year 1: 50% of first \$1,150 <i>Total payable per anniversary year in year 1: \$575</i> Year 2 and beyond: 80% of first \$400; 50% of next \$860 <i>Total payable per anniversary year in year 2+: \$750</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     DentalPlus Basic and Enhanced have an escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances                 </div> <p><i>No medical questionnaire required.</i></p>	<p><b>Ongoing Maintenance</b> 6-month recall Total benefits payable: Year 1: 70% of first \$1,200 <i>Total payable per anniversary year in year 1: \$840</i> Year 2 and beyond: 100% of first \$500; 60% of next \$700 <i>Total payable per anniversary year in year 2+: \$920</i></p> <p><b>Combined maximum of \$1,250-3 year period for:</b></p> <ul style="list-style-type: none"> <li>• <b>Oral Surgery, Endodontics, Periodontics</b> Year 1: 0%; Year 2: 60% Year 3 and beyond: 80%</li> <li>• <b>Major Restorative</b> First 2 years: 0% Year 3 and beyond: 60%</li> </ul> <p><i>No medical questionnaire required.</i></p>	<p>100% of eligible brand-name and generic prescription costs not covered by your provincial prescription drug insurance plan, including annual deductible and co-payment to a maximum per calendar year equal to your current RAMQ deductible.</p> <p>Exclusions – smoking cessation drugs, over-the-counter drugs, erectile dysfunction drugs and drugs not requiring a prescription</p>	<p><b>DENTAL:</b> <b>Ongoing Maintenance</b> 9-month recall 70% of first \$575 Total benefits payable per year: \$400</p> <p><b>PRESCRIPTION DRUGS:</b> <b>Generic Drug Plan</b> 70% of first \$750 Total benefits payable per year: \$525 Exclusions – smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances                 </div> <p><i>No medical questionnaire required.</i></p>	<p><b>DENTAL:</b> <b>Ongoing Maintenance</b> 9-month recall 80% of first \$400 50% of next \$860 Total benefits payable per year: \$750</p> <p><b>PRESCRIPTION DRUGS:</b> Coverage as outlined in DrugPlus</p>	<p><b>DENTAL:</b> <b>Ongoing Maintenance</b> 6-month recall 100% of first \$500 60% of next \$700 Total benefits payable per year: \$920</p> <p><b>Combined maximum year 1: \$400 and combined maximum of \$1,250/3 years:</b></p> <ul style="list-style-type: none"> <li>• <b>Oral Surgery, Endodontics, Periodontics</b> Year 1 &amp; 2: 60% Year 3 and beyond: 80%</li> <li>• <b>Major Restorative</b> Year 1 &amp; 2: 0% Year 3 and beyond: 60%</li> </ul> <p><b>PRESCRIPTION DRUGS:</b> Coverage as outlined in DrugPlus</p>						
AGES: Single Adults	DentalPlus™ Basic		DentalPlus™ Enhanced		DrugPlus™		ComboPlus™ Starter		ComboPlus™ Basic		ComboPlus™ Enhanced	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 45	\$58.20	\$68.90	\$85.30	\$99.80	\$43.40	\$58.50	\$52.00	\$62.60	\$60.70	\$77.60	\$84.90	\$106.00
45 – 54	\$69.00	\$78.50	\$111.30	\$125.80	\$53.40	\$64.20	\$68.30	\$79.30	\$80.60	\$94.00	\$113.90	\$130.90
55 – 59	\$69.90	\$79.20	\$116.90	\$131.00	\$63.50	\$72.60	\$75.60	\$85.60	\$88.90	\$100.00	\$126.50	\$141.90
60 – 64	\$76.20	\$87.10	\$123.40	\$137.20	\$70.70	\$80.80	\$81.70	\$92.00	\$96.60	\$108.30	\$134.80	\$149.10
65 – 69	\$74.50	\$83.20	\$120.00	\$127.90	\$71.50	\$78.80	\$86.90	\$94.30	\$98.30	\$105.90	\$136.10	\$143.10
70 – 79	\$82.70	\$85.90	\$126.90	\$128.10	\$86.00	\$89.50	\$100.70	\$103.40	\$112.70	\$115.20	\$144.50	\$145.60
80 – 89	\$94.00	\$93.00	\$132.90	\$129.50	\$104.60	\$104.60	\$116.50	\$115.80	\$123.50	\$123.00	\$157.10	\$153.90
90+	\$154.90	\$154.20	\$184.60	\$182.30	\$178.30	\$178.30	\$181.80	\$181.50	\$188.60	\$188.20	\$198.70	\$197.10
Couples – Per Adult												
< 45	\$47.80	\$57.40	\$70.80	\$84.20	\$34.70	\$49.20	\$43.40	\$53.60	\$51.80	\$67.90	\$75.00	\$94.90
45 – 54	\$56.90	\$66.10	\$94.00	\$106.70	\$44.00	\$53.90	\$58.10	\$68.60	\$69.90	\$82.90	\$102.70	\$118.60
55 – 59	\$57.80	\$66.20	\$98.60	\$111.30	\$53.20	\$61.30	\$64.90	\$74.20	\$77.60	\$88.40	\$114.10	\$128.50
60 – 64	\$63.40	\$73.30	\$104.10	\$116.90	\$59.90	\$69.30	\$70.90	\$80.90	\$85.20	\$96.60	\$122.00	\$135.80
65 – 69	\$61.90	\$69.80	\$101.00	\$108.60	\$60.30	\$67.20	\$75.50	\$82.70	\$86.70	\$94.10	\$123.40	\$130.20
70 – 79	\$69.70	\$72.70	\$107.10	\$108.60	\$74.00	\$77.10	\$88.70	\$91.60	\$100.50	\$103.20	\$131.20	\$132.50
80 – 89	\$79.40	\$78.30	\$113.00	\$109.50	\$91.70	\$91.70	\$104.00	\$103.00	\$111.30	\$110.80	\$143.20	\$140.40
90+	\$136.30	\$135.80	\$158.90	\$157.30	\$161.40	\$161.40	\$167.30	\$166.80	\$173.80	\$173.50	\$183.60	\$181.80
1-2 Children – Per Child												
< 5	\$20.90	\$20.90	\$22.60	\$22.60	\$10.00	\$10.00	\$16.20	\$16.20	\$15.50	\$15.50	\$16.10	\$16.10
5 – 20	\$35.60	\$35.60	\$68.10	\$68.10	\$13.40	\$13.40	\$28.00	\$28.00	\$31.70	\$31.70	\$61.30	\$61.30
3+ Children – Per Child												
< 5	\$18.70	\$18.70	\$20.80	\$20.80	\$9.30	\$9.30	\$14.60	\$14.60	\$14.00	\$14.00	\$14.40	\$14.40
5 – 20	\$31.70	\$31.70	\$61.20	\$61.20	\$12.00	\$12.00	\$25.00	\$25.00	\$28.80	\$28.80	\$55.00	\$55.00
Seniors' Adjustments												
65+												
EHC Lifetime maximum \$260,000	<i>Travel coverage not available.</i>		<i>Travel coverage not available.</i>		<i>Travel coverage not available.</i>		<b>Generic Drug Plan</b> 100% of first \$750 for costs not covered by the provincial drug plan <i>Travel coverage not available.</i>		<i>Travel coverage not available.</i>		<i>Travel coverage not available.</i>	

All benefits are based on Anniversary year maximums except for Vision and Hearing Aid benefits, which are based on Benefit year, and Prescription Drug benefits, which are based on Calendar year. Rates are effective June 1, 2013, and are subject to change without notice.

\*Subject to applicable co-payment.

## Add-On Coverages

	Hospital Basic		Hospital Enhanced		Vision Enhanced		Travel +8 Days	Travel +21 Days	AD&D Enhanced
	<p>100% of semi-private room coverage, up to maximum \$150 per day.</p> <p>Cash Benefit in lieu of room: \$25/day beginning on the 4th day. Maximum of 30 days.</p> <p>Up to \$150 per day for convalescent care in a qualified institution.</p> <p>Up to 7 days/disability; up to 90 days for rehabilitation.</p>	<p>100% of private and semi-private room coverage, up to maximum \$200 per day.</p> <p>Cash Benefit in lieu of room: \$50/day beginning on the 4th day. Maximum of 60 days.</p> <p>Up to \$150 per day for convalescent care in a qualified institution.</p> <p>Up to 7 days/disability; up to 90 days for rehabilitation.</p>	<p>\$100 towards laser eye surgery.</p> <p>\$500 maximum per 3 consecutive benefit years.</p> <p>Optometrists to maximum of \$50/2 years.</p> <p>Not available with ComboPlus Starter.</p> <p><i>No medical questionnaire required.</i></p>	<p>Trips of up to 17 days are covered (i.e. 9 days + 8 days)</p> <p>\$5,000,000 per covered person per trip.</p> <p>\$100 deductible per claim.</p> <p><i>No medical questionnaire required.</i></p>	<p>Trips of up to 30 days are covered (i.e. 9 days + 21 days)</p> <p>\$5,000,000 per covered person per trip.</p> <p>\$100 deductible per claim.</p> <p><i>No medical questionnaire required.</i></p>	<p>\$50,000 for adults and \$20,000 for children</p> <p><i>No medical questionnaire required.</i></p>			
AGES Single Adults	Hospital Basic		Hospital Enhanced		Vision Enhanced		Travel +8 Days	Travel +21 Days	AD&D Enhanced
	Male	Female	Male	Female	Male	Female	Male and Female	Male and Female	Male and Female
< 45	\$3.80	\$6.80	\$4.80	\$10.50	\$12.50	\$16.50	\$4.20	\$6.90	\$3.00
45 – 54	\$4.30	\$5.10	\$6.80	\$7.20	\$15.20	\$17.20	\$4.90	\$7.10	\$3.20
55 – 59	\$5.90	\$5.90	\$8.80	\$8.80	\$16.90	\$18.50	\$5.60	\$8.60	\$3.50
60 – 64	\$8.00	\$8.00	\$13.20	\$13.20	\$16.90	\$18.60	\$7.10	\$12.00	\$3.50
65 – 69	\$10.40	\$10.40	\$17.90	\$17.90	\$17.20	\$18.30	n/a	n/a	\$3.20
70 – 79	\$14.60	\$14.60	\$26.30	\$26.30	\$15.50	\$16.20	n/a	n/a	\$4.00
80 – 89	\$20.70	\$20.70	\$37.80	\$37.80	\$14.50	\$13.40	n/a	n/a	\$7.00
90+	\$26.40	\$26.40	\$49.40	\$49.40	\$13.20	\$14.90	n/a	n/a	\$11.20
Couples – Per Adult									
< 45	\$3.50	\$6.40	\$4.30	\$9.90	\$10.40	\$13.50	\$4.20	\$6.90	\$3.00
45 – 54	\$4.20	\$4.80	\$6.40	\$7.00	\$12.90	\$14.50	\$4.90	\$7.10	\$3.20
55 – 59	\$5.60	\$5.60	\$8.10	\$8.10	\$14.10	\$15.30	\$5.60	\$8.60	\$3.50
60 – 64	\$7.70	\$7.70	\$12.60	\$12.60	\$14.40	\$15.30	\$7.10	\$12.00	\$3.50
65 – 69	\$9.90	\$9.90	\$16.90	\$16.90	\$14.50	\$15.20	n/a	n/a	\$3.20
70 – 79	\$13.80	\$13.80	\$24.20	\$24.20	\$13.00	\$13.40	n/a	n/a	\$4.00
80 – 89	\$19.10	\$19.10	\$35.10	\$35.10	\$12.20	\$11.40	n/a	n/a	\$7.00
90+	\$24.30	\$24.30	\$45.90	\$45.90	\$11.20	\$12.70	n/a	n/a	\$11.20
1-2 Children – Per Child									
< 5	\$4.80	\$4.80	\$6.80	\$6.80	\$5.10	\$5.10	\$4.30	\$7.00	\$2.90
5 – 20	\$4.10	\$4.10	\$5.70	\$5.70	\$15.10	\$15.10	\$4.30	\$7.00	\$2.80
3+ Children – Per Child									
< 5	\$4.10	\$4.10	\$6.00	\$6.00	\$4.30	\$4.30	\$4.00	\$6.30	\$2.70
5 – 20	\$3.90	\$3.90	\$5.10	\$5.10	\$13.80	\$13.80	\$4.00	\$6.30	\$2.60
Seniors' Adjustments									
65+	No change.		No change.		No change.		Coverage not available.	Coverage not available.	\$10,000 core coverage and \$10,000 add-on coverage.

**Anniversary year** means the consecutive 12 months following the effective date of the Agreement, and each 12-month period thereafter. **Benefit year** means the 12 consecutive months following the incurred date of the claim. **Calendar year** means each successive 12-month period commencing January 1 and ending December 31. All references to "year" refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, year refers to benefit year.

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