

Health and 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
Dental Services	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.	Dental is not covered under this plan	90% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics	70% co-payment for basic, diagnostic and other dental services, including denture services	80% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics	90% co-payment for basic, diagnostic and other dental services, including oral surgery, endodontics, denture services and periodontics
	Anniversary year maximums	Not covered with this plan	Year 1: \$500 Year 2: \$750 Year 3 and 4: \$1,000 Year 5+: \$1,250	\$350 per year	\$500 per year	Year 1: \$500 Year 2: \$750 Year 3 and 4: \$1,000 Year 5+: \$1,250
	Major restorative	Not covered with this plan	60% co-payment starting in Year 3 with a maximum of \$800 for every 2-year period including dentures, orthodontics and crowns (part of overall maximum)	Not covered with this plan	60% co-payment starting in Year 3 with a maximum of \$500 per anniversary year	60% co-payment starting in Year 3 with a maximum of \$800 for every 2-year period including dentures, orthodontics and crowns
	Recall for routine checkups	Not covered with this plan	6 months	9 months	6 months	6 months
Prescription Drugs**	Drug coverage (Exclusions: Drugs for smoking cessation, erectile dysfunction, over-the-counter drugs and drugs not requiring a prescription)	Not covered with this plan	Not covered with this plan	70% to a maximum of \$525 per year for generic drugs ¹ (fertility and birth control drugs not covered)	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)	85% of first \$500 for brand name drugs; 100% of next \$4,575 to a maximum of \$5,000 per year
	Shared dispensing fee	Not covered with this plan	Not covered with this plan	\$6.50 maximum	Covered	Covered
	At age 65	Not covered with this plan	Not covered with this plan	70% to a maximum of \$450/year	100% to a maximum of \$1,800/year	100% to a maximum of \$5,000/year
Vision Care	Covers costs toward the purchase of prescription lenses, frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 for every 2 benefit years \$60 for optometrist visits for every 2 benefit years	\$150 for every 2 benefit years \$60 for optometrist visits for every 2 benefit years	\$150 for every 2 benefit years \$60 for optometrist visits for every 2 benefit years	\$150 for every 2 benefit years \$60 for optometrist visits for every 2 benefit years	\$250 for every 2 benefit years \$60 for optometrist visits for every 2 benefit years
Hospital Benefits	Preferred hospital accommodation in excess of the standard ward room rate charged by a general (acute care) hospital.	Not covered with this plan	Not covered with this plan	Not covered with this plan	Semi-private accommodation (up to a maximum of \$175 a day); 100-day maximum	Semi-private or private room accommodation (unlimited)
	A cash benefit is included in lieu of room costs for each day you are not able to obtain preferred accommodation.	Not covered with this plan	Not covered with this plan	Not covered with this plan	Not covered with this plan	\$50 per day from first day (to 60-day maximum per year)
Survivor Benefit	Benefits will be maintained for one year following the death of the adult Insured.	Available one year after policy effective date	Available one year after policy effective date	Available one year after policy effective date	Covered	Covered
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 transportation	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation

*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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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 per 4-year period	\$300 per 4-year period	\$300 per 4-year period	\$500 per 4-year period	\$500 per 4-year period
Registered Specialists & Therapists^{††} Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists	Maximum claims per year	Maximum 20 visits per year	Maximum 20 visits per year	Maximum 20 visits per year	Maximum 20 visits per year	\$600 combined
	Per visit maximum	\$20	\$20	\$20	\$20	Unlimited
	Chiropractic X-rays	\$35 per year	\$35 per year	\$35 per year	\$35 per year	\$35 per year
Registered Psychologist, Social Worker or Psychotherapist	Maximum per first visit	\$80	\$80	\$80	\$80	\$80
	Maximum per subsequent visit	\$65	\$65	\$65	\$65	\$65
	Maximum visits per year	10 per year	10 per year	10 per year	10 per year	15 per year
Registered Speech Therapist	Maximum per first visit	\$65	\$65	\$65	\$65	\$65
	Maximum per subsequent visit	\$45	\$45	\$45	\$45	\$45
	Maximum visits per year	10 per year	10 per year	10 per year	10 per year	15 per year
Homecare & 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 for each of Homecare and Nursing; Prosthetic Appliances; and Durable Medical Equipment: \$7,500
Akira by TELUS Health (Virtual Healthcare App)^{†††}	24/7 access to healthcare practitioners online, through the app. Included at no cost, once you have registered to submit claims online.	Included	Included	Included	Included	Included
Custom-made Orthotics		\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year
Fracture Benefit		Not covered with this plan	Not covered with this plan	\$150 per year (combined maximum)	Not covered with this plan	Not covered with this plan

Plans underwritten by The Manufacturers Life Insurance Company (Manulife).

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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 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.

**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.

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