

The Association Health & Dental Insurance Plan

Plan Details Chart for Quebec Residents



→ No medical underwriting is required at the time of application for the Base Plan and any of the Dental Only Plans.	Base Plan	Base Dental Plan	Bronze Plan	Bronze Dental Plan	Silver Plan	Silver Dental Plan	Gold Plan	Gold Dental Plan
Dental Services Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.								
<ul style="list-style-type: none"> Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services 	<ul style="list-style-type: none"> 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80% 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services 	<ul style="list-style-type: none"> 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> 70% 	<ul style="list-style-type: none"> Year 1: 50%; Year 2 & beyond: 70% 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80% 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> Year 1: 60%; Year 2 & beyond: 80%
<ul style="list-style-type: none"> Reimbursement on crowns, bridges, dentures and orthodontics 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years) 	<ul style="list-style-type: none"> Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
<ul style="list-style-type: none"> Combined anniversary year maximums 	<ul style="list-style-type: none"> \$400 per year 	<ul style="list-style-type: none"> \$400 per year 	<ul style="list-style-type: none"> \$500 per year 	<ul style="list-style-type: none"> \$500 per year 	<ul style="list-style-type: none"> Year 1: \$600; Year 2 & beyond: \$900 	<ul style="list-style-type: none"> Year 1: \$600; Year 2 & beyond: \$900 	<ul style="list-style-type: none"> Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500 	<ul style="list-style-type: none"> Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
<ul style="list-style-type: none"> Recall visits 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 9 months 	<ul style="list-style-type: none"> 6 months 	<ul style="list-style-type: none"> 6 months
Prescription Drugs[†] <ul style="list-style-type: none"> Generic* vs. brand-name coverage Birth control and fertility drugs Reimbursement on first amount per year^{††} Reimbursement on next amount per year^{††} Maximum per year^{††} 	<ul style="list-style-type: none"> Generic Not covered 70% of first \$750 None \$525 	<ul style="list-style-type: none"> n/a n/a n/a n/a n/a 	<ul style="list-style-type: none"> Generic Not covered 70% of first \$500 80% of next \$2,500 \$2,350 	<ul style="list-style-type: none"> n/a n/a n/a n/a n/a 	<ul style="list-style-type: none"> Generic Covered 70% of first \$500 100% of next \$4,650 \$5,000 	<ul style="list-style-type: none"> n/a n/a n/a n/a n/a 	<ul style="list-style-type: none"> Brand-name Covered 90% of first \$2,222 100% of next \$8,000 \$10,000 	<ul style="list-style-type: none"> n/a n/a n/a n/a n/a
Core Benefits Vision Care – Covers the costs towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$150 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$250 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years 	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$60 for Optometrist visits per 2 benefit years
Hospital Benefits – Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. <ul style="list-style-type: none"> Type of accommodation Maximum charge per day Reimbursement per anniversary year 	<ul style="list-style-type: none"> n/a n/a n/a 	<ul style="list-style-type: none"> n/a n/a n/a 	<ul style="list-style-type: none"> n/a n/a n/a 	<ul style="list-style-type: none"> n/a n/a n/a 	<ul style="list-style-type: none"> Semi-private only \$150 100% of first 30; 50% of next 100 days 	<ul style="list-style-type: none"> n/a n/a n/a 	<ul style="list-style-type: none"> Semi-private & private \$200 100% for complete year 	<ul style="list-style-type: none"> n/a n/a n/a
Accidental Death and Dismemberment – Payment for a loss directly resulting from accidental bodily injury or accidental loss of life, where the loss occurs within a year of the date of the accident. <ul style="list-style-type: none"> Number of trips per year Maximum trip length 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$12,500 per adult under 65 \$5,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$25,000 per adult under 65 \$10,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$50,000 per adult under 65 \$20,000 per child or per adult 65 and older 	<ul style="list-style-type: none"> \$10,000 per adult under 65 \$4,000 per child or per adult 65 and older
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. <ul style="list-style-type: none"> Number of trips per year Maximum trip length 	<ul style="list-style-type: none"> Unlimited 5 days 	<ul style="list-style-type: none"> n/a n/a 	<ul style="list-style-type: none"> Unlimited 9 days 	<ul style="list-style-type: none"> n/a n/a 	<ul style="list-style-type: none"> Unlimited 17 days 	<ul style="list-style-type: none"> n/a n/a 	<ul style="list-style-type: none"> Unlimited 30 days 	<ul style="list-style-type: none"> n/a n/a
Survivor Benefit – Provides continuous coverage for 1 year, following the death of an adult Insured. <ul style="list-style-type: none"> Available 1 year after policy effective date 	<ul style="list-style-type: none"> Available 1 year after policy effective date 	<ul style="list-style-type: none"> Available 1 year after policy effective date 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Available 1 year after policy effective date 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Available 1 year after policy effective date 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Available 1 year after policy effective date
Health Service Navigator^{®†} – Offers evaluation of medical records upon diagnosis of serious illness or injury and web/toll-free health care information. <ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered
Lifeline[®] Personal Response Service[‡] – Provides 24-hour monitoring service for people coping with medical problems at home. <ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 6 months per lifetime 	<ul style="list-style-type: none"> 3 months per lifetime 	<ul style="list-style-type: none"> 6 months per 3-year period 	<ul style="list-style-type: none"> 3 months per lifetime

† The prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.
 †† Prescription drug coverage is based on Calendar Year. * 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.
 Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details.

Plan Details Chart for Quebec Residents (continued)

→ Core Benefits continued	Base Plan	Base Dental Plan	Bronze Plan	Bronze Dental Plan	Silver Plan	Silver Dental Plan	Gold Plan	Gold Dental Plan
Extended Health Care Registered Specialists & Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists, Psychotherapists and Speech Therapists. Registered Specialists & Therapists* <ul style="list-style-type: none"> Maximum claims paid 	<ul style="list-style-type: none"> \$300 per specialist/therapist 	<ul style="list-style-type: none"> \$300 per specialist/therapist 	<ul style="list-style-type: none"> 80% to a maximum of \$450 per specialist/therapist 	<ul style="list-style-type: none"> \$300 per specialist/therapist 	<ul style="list-style-type: none"> 90% to a maximum of \$600 per specialist/therapist 	<ul style="list-style-type: none"> \$300 per specialist/therapist 	<ul style="list-style-type: none"> \$1,500 combined 	<ul style="list-style-type: none"> \$300 per specialist/therapist
<ul style="list-style-type: none"> Per visit maximum Chiropractic X-rays 	<ul style="list-style-type: none"> \$20 \$35 per year 	<ul style="list-style-type: none"> \$20 \$35 per year 	<ul style="list-style-type: none"> n/a \$35 per year 	<ul style="list-style-type: none"> \$20 \$35 per year 	<ul style="list-style-type: none"> n/a \$35 per year 	<ul style="list-style-type: none"> \$20 \$35 per year 	<ul style="list-style-type: none"> n/a \$35 per year 	<ul style="list-style-type: none"> \$20 \$35 per year
Registered Psychologist or 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 	<ul style="list-style-type: none"> \$80 \$65 10 	<ul style="list-style-type: none"> \$80 \$65 10 	<ul style="list-style-type: none"> \$80 \$65 10 	<ul style="list-style-type: none"> \$80 \$65 12 	<ul style="list-style-type: none"> \$80 \$65 10 	<ul style="list-style-type: none"> \$80 \$65 15 	<ul style="list-style-type: none"> \$80 \$65 10
Registered 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 	<ul style="list-style-type: none"> \$65 \$45 10 	<ul style="list-style-type: none"> \$65 \$45 10 	<ul style="list-style-type: none"> \$65 \$45 10 	<ul style="list-style-type: none"> \$65 \$45 12 	<ul style="list-style-type: none"> \$65 \$45 10 	<ul style="list-style-type: none"> \$65 \$45 15 	<ul style="list-style-type: none"> \$65 \$45 10
Diagnostic Services CAT scans – Expenses incurred when required for diagnosis or treatment of an illness or injury, when prescribed or requested by attending Physician. CA 125 test – Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by attending Physician. PSA test – Towards the expense of testing required for the diagnosis or treatment of an illness, when prescribed or requested by attending Physician. Ultrasound scans – The cost incurred when performed in a private office. Magnetic Resonance Imaging – Expenses incurred when required for diagnosis or treatment of an illness or injury, when prescribed or requested by attending Physician. Audiologist – Charges for services rendered. Laboratory Tests – 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.	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category 	<ul style="list-style-type: none"> \$200 annual maximum \$75 annual maximum \$75 annual maximum \$50 annual maximum \$500 annual maximum \$500 annual maximum \$500 annual maximum \$100 annual maximum per category
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist, Registered Dietician, includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Homecare & Nursing: \$2,500 per year Prosthetic Appliances: \$2,500 per year Durable Medical Equipment: \$2,500 per year 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Homecare & Nursing: \$3,500 per year Prosthetic Appliances: \$3,500 per year Durable Medical Equipment: \$3,500 per year 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Combined maximum for Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$8,500 per year 	<ul style="list-style-type: none"> 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 – Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year 	<ul style="list-style-type: none"> \$225 per year
Hearing Aids – Covers the cost to purchase and/or repair up to the allowed maximum.	<ul style="list-style-type: none"> \$300 per 4-year period 	<ul style="list-style-type: none"> \$300 per 4-year period 	<ul style="list-style-type: none"> \$300 per 4-year period 	<ul style="list-style-type: none"> \$300 per 4-year period 	<ul style="list-style-type: none"> \$400 per 4-year period 	<ul style="list-style-type: none"> \$300 per 4-year period 	<ul style="list-style-type: none"> \$500 per 4-year period 	<ul style="list-style-type: none"> \$300 per 4-year period
Ambulance Services* – Covers trips to hospital in a licensed ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation 	<ul style="list-style-type: none"> Unlimited ground and air transportation
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.	<ul style="list-style-type: none"> \$2,000 per year 	<ul style="list-style-type: none"> \$2,000 per year 	<ul style="list-style-type: none"> \$2,000 per year 	<ul style="list-style-type: none"> \$2,000 per year 	<ul style="list-style-type: none"> \$2,500 per year 	<ul style="list-style-type: none"> \$2,000 per year 	<ul style="list-style-type: none"> \$3,000 per year 	<ul style="list-style-type: none"> \$2,000 per year
Lifetime Maximum	<ul style="list-style-type: none"> \$100,000 	<ul style="list-style-type: none"> \$100,000 	<ul style="list-style-type: none"> \$250,000 	<ul style="list-style-type: none"> \$100,000 	<ul style="list-style-type: none"> \$350,000 	<ul style="list-style-type: none"> \$100,000 	<ul style="list-style-type: none"> \$350,000 	<ul style="list-style-type: none"> \$100,000

All references to “year” refer to Anniversary Year. When it relates to Hearing Aids and Vision 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. ♦ Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable. † Manulife cannot guarantee the availability of this benefit indefinitely. Accessible formats and communication supports are available upon request. Visit Manulife.com/accessibility for more information.

The Association Health & Dental Insurance Plan is offered through **The Manufacturers Life Insurance Company (Manulife).**



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