


### Plan Comparison

Please note: All plans include core benefits.

Core Benefits	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™ Basic	DrugPlus™ Enhanced	ComboPlus™ Starter	ComboPlus™ Basic	ComboPlus™ Enhanced
<p>Vision (Basic), Chiropractor, Chiropracist, 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; width: fit-content;"> <p>DentalPlus Basic and Enhanced have an escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> </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><b>Generic Drug Plan</b> 70% of first \$750 90% of next \$4,972 Total benefits payable per year: \$5,000 Full coverage of reasonable and customary dispensing fees* Exclusions – smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs and drugs not requiring a prescription</p>	<p><b>Brand-Name Drug Plan</b> 90% of first \$2,222 100% of next \$8,000 Total benefits payable per year: \$10,000 Brand-name or generic drugs, including birth control and fertility drugs Full coverage of reasonable and customary dispensing fees* 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> <b>9-month recall</b> 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 Dispensing Fee Cap: \$6.50* Total benefits payable per year: \$525 Exclusions per DrugPlus Basic</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> </div> <p><i>No medical questionnaire required.</i></p>	<p><b>DENTAL:</b> <b>Ongoing Maintenance</b> <b>9-month recall</b> 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 Basic</p>	<p><b>DENTAL:</b> <b>Ongoing Maintenance</b> <b>6-month recall</b> 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 Enhanced</p>
AGES: Single Adults	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™ Basic	DrugPlus™ Enhanced	ComboPlus™ Starter	ComboPlus™ Basic	ComboPlus™ Enhanced
< 45	\$69.00	\$112.70	\$53.20	\$81.90	\$71.70	\$81.50	\$136.40
45 – 54	\$72.20	\$135.00	\$61.20	\$84.90	\$86.30	\$101.00	\$164.30
55 – 59	\$73.00	\$137.70	\$70.00	\$94.90	\$91.70	\$106.60	\$176.40
60 – 64	\$74.90	\$139.40	\$76.30	\$104.30	\$96.60	\$113.30	\$184.10
65 – 69	\$74.40	\$134.60	\$54.90	\$70.50	\$82.90	\$90.00	\$147.80
70 – 79	\$75.10	\$132.30	\$61.30	\$77.50	\$88.80	\$95.30	\$148.40
80 – 89	\$75.60	\$126.90	\$68.40	\$90.80	\$92.30	\$93.50	\$148.90
90+	\$98.30	\$130.90	\$99.90	\$127.10	\$122.90	\$120.60	\$149.70
Couples – Per Adult							
< 45	\$56.90	\$94.90	\$44.00	\$69.80	\$61.60	\$71.30	\$123.80
45 – 54	\$59.70	\$114.80	\$52.40	\$73.10	\$75.30	\$89.60	\$150.60
55 – 59	\$60.50	\$117.80	\$60.40	\$82.70	\$80.50	\$94.50	\$162.00
60 – 64	\$62.60	\$118.80	\$66.60	\$91.60	\$84.70	\$101.10	\$169.50
65 – 69	\$61.60	\$114.30	\$46.10	\$59.50	\$71.90	\$78.90	\$134.80
70 – 79	\$62.70	\$112.30	\$52.30	\$66.20	\$77.50	\$84.10	\$135.10
80 – 89	\$62.60	\$107.10	\$59.30	\$78.30	\$80.90	\$82.40	\$135.90
90+	\$84.40	\$110.80	\$89.50	\$112.90	\$110.30	\$109.00	\$136.50
1-2 Children – Per Child							
< 5	\$20.10	\$23.20	\$24.70	\$36.50	\$30.60	\$32.00	\$42.60
5 – 20	\$34.80	\$71.40	\$19.80	\$26.70	\$36.00	\$41.20	\$78.00
3+ Children – Per Child							
< 5	\$18.30	\$21.10	\$22.50	\$32.70	\$27.50	\$29.10	\$38.30
5 – 20	\$31.40	\$64.10	\$17.80	\$24.10	\$32.10	\$36.90	\$70.30
Seniors' Adjustments							
65+							
EHC Lifetime maximum \$260,000	<i>Travel coverage not available.</i>	<i>Travel coverage not available.</i>	<p><b>Generic Drug Plan</b> 100% of first \$750 90% of next \$4,722/yr for costs not covered by the provincial drug plan <i>Travel coverage not available.</i></p>	<p><b>Brand-Name Drug Plan</b> 100% of first \$750 90% of next \$10,278/yr for costs not covered by the provincial drug plan <i>Travel coverage not available.</i></p>	<p><b>Generic Drug Plan</b> 100% of first \$750/yr for costs not covered by the provincial drug plan. Full coverage of reasonable and customary dispensing fees.* <i>Travel coverage not available.</i></p>	<p><b>Generic Drug Plan</b> 100% of first \$750 90% of next \$4,722/yr for costs not covered by the provincial drug plan <i>Travel coverage not available.</i></p>	<p><b>Brand-Name Drug Plan</b> 100% of first \$750 90% of next \$10,278/yr for costs not covered by the provincial drug plan <i>Travel coverage not available.</i></p>

All benefits are based on Anniversary year maximums except for Vision and Hearing Aid benefits, which are based on Benefit year. Rates are effective May 1, 2013, and are subject to change without notice. \*Subject to applicable co-payment.

## Add-On Coverages

	Catastrophic Coverage (\$4,500 deductible)	Catastrophic Coverage (\$10,200 deductible)	Hospital Basic	Hospital Enhanced	Vision Enhanced	Travel +8 Days	Travel +21 Days	AD&D Enhanced
	Unlimited 100% coverage for drugs after \$4,500 deductible. Up to \$25,000 coverage for Homecare and Nursing, Durable Medical Equipment & Prosthetic Appliances after \$7,500 deductible. Unlimited Chiropractor and Physiotherapist for 1 year following accident requiring hospitalization.	Unlimited 100% coverage for drugs after \$10,200 deductible. Up to \$25,000 coverage for Homecare and Nursing, Durable Medical Equipment & Prosthetic Appliances after \$7,500 deductible. Unlimited Chiropractor and Physiotherapist for 1 year following accident requiring hospitalization.	Semi-private room, 100% first 30 days, 50% next 100 days; up to maximum \$150 per day. Cash Benefit in lieu of room: \$25/day beginning on the 4th day. Maximum of 30 days.	100% of private and semi-private room coverage, up to maximum \$200 per day. Cash Benefit in lieu of room: \$50/day beginning on the 4th day. Maximum of 60 days.	\$100 towards laser eye surgery. \$500 maximum per 3 consecutive benefit years. Optometrists to maximum of \$50/2 years. Not available with ComboPlus Starter.	Trips of up to 17 days are covered (i.e. 9 days + 8 days) \$5,000,000 per covered person per trip. \$100 deductible per claim.	Trips of up to 30 days are covered (i.e. 9 days + 21 days) \$5,000,000 per covered person per trip. \$100 deductible per claim.	\$50,000 for adults and \$20,000 for children (\$25,000 Core coverage & \$25,000 Add-On coverage for adults; \$10,000 Core coverage & \$10,000 Add-On coverage for children.)
	<i>No medical questionnaire required.</i>				<i>No medical questionnaire required.</i>	<i>No medical questionnaire required.</i>	<i>No medical questionnaire required.</i>	<i>No medical questionnaire required.</i>
AGES Single Adults	Catastrophic Coverage (\$4,500 deductible)	Catastrophic Coverage (\$10,200 deductible)	Hospital Basic	Hospital Enhanced	Vision Enhanced	Travel +8 Days	Travel +21 Days	AD&D Enhanced
< 45	\$12.40	\$11.30	\$12.50	\$16.40	\$14.80	\$4.30	\$6.90	\$3.10
45 – 54	\$13.80	\$12.50	\$10.10	\$13.80	\$15.60	\$4.30	\$6.90	\$3.20
55 – 59	\$15.20	\$13.80	\$12.20	\$16.60	\$16.00	\$4.90	\$7.70	\$3.30
60 – 64	\$16.60	\$15.10	\$18.80	\$25.60	\$16.20	\$6.40	\$10.50	\$3.30
65 – 69	\$22.80	\$20.70	\$26.30	\$33.60	\$16.20	n/a	n/a	\$3.00
70 – 79	\$25.30	\$23.00	\$38.90	\$50.50	\$14.30	n/a	n/a	\$3.80
80 – 89	\$29.30	\$26.60	\$57.10	\$74.30	\$12.90	n/a	n/a	\$6.60
90+	\$35.70	\$32.50	\$75.00	\$98.00	\$12.20	n/a	n/a	\$10.40
Couples – Per Adult								
< 45	\$12.40	\$11.30	\$11.50	\$15.10	\$12.50	\$4.30	\$6.90	\$3.10
45 – 54	\$13.80	\$12.50	\$9.80	\$13.00	\$13.20	\$4.30	\$6.90	\$3.20
55 – 59	\$15.20	\$13.80	\$11.40	\$15.50	\$13.60	\$4.90	\$7.70	\$3.30
60 – 64	\$16.60	\$15.10	\$17.60	\$22.30	\$13.70	\$6.40	\$10.50	\$3.30
65 – 69	\$20.40	\$18.50	\$24.20	\$31.30	\$13.60	n/a	n/a	\$3.00
70 – 79	\$22.80	\$20.70	\$35.90	\$46.60	\$12.10	n/a	n/a	\$3.80
80 – 89	\$26.70	\$24.30	\$52.90	\$68.50	\$11.30	n/a	n/a	\$6.60
90+	\$29.30	\$26.60	\$69.40	\$90.70	\$10.10	n/a	n/a	\$10.40
1-2 Children – Per Child								
< 5	\$11.00	\$10.00	\$9.00	\$10.50	\$5.00	\$4.20	\$6.30	\$2.80
5 – 20	\$11.00	\$10.00	\$6.90	\$8.10	\$14.10	\$4.20	\$6.30	\$2.70
3+ Children – Per Child								
< 5	\$11.00	\$10.00	\$7.70	\$9.50	\$4.20	\$3.80	\$5.70	\$2.60
5 – 20	\$11.00	\$10.00	\$6.30	\$7.50	\$12.80	\$3.80	\$5.70	\$2.50
Seniors' Adjustments								
65+	Available as renewal only.	Available as renewal only.	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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