

Living Benefits at a glance



CRITICAL ILLNESS = DISABILITY = LONG TERM CARE = HEALTH AND DENTAL = TRAVEL

Looking for a company that provides the Living Benefits solutions your clients need?

Your clients probably have the need for only one kind of life insurance. But when it comes to Living Benefits insurance, it's a different story. They may need at least one or two ... and depending on their type of employee benefits, they may need them all.

What a unique opportunity for you!

Manulife can help. We are the only company in Canada to offer the full range of Living Benefits products available today: critical illness, disability, long term care, health and dental and travel insurance.

Our products offer competitive features, competitive prices and claims professionals providing quality service and exception claims management. And this is all backed by Manulife, one of the world's most experienced and professional insurance companies.

This overview is designed to give you an at-a-glance look at the complete suite of Manulife's Living Benefits products: key features, benefits, value and target markets. For specific product information and marketing materials, visit **Repsource**.

	Critical Illness Insurance	
Product name	Lifecheque	
Product overview	Provides a cash benefit if one of the 24 critical conditions is diagnosed. The benefit can provide financial options to help with recovery.	
Target markets	Individuals with diverse needs such as: mortgage or debt protection supplementing gaps in disability insurance protection asset preservation	
Premium structure	 10-year Renewable to age 75 20-year Renewable to age 75 Primary (Term 65) to age 65 Premiums are fully guaranteed. 	
Issue ages (age nearest)	 10-year Renewable: 18–60 20-year Renewable: 18–54 Permanent (pay until age 100): 18–60 Primary (Term 65) to age 65: 18–45 Permanent (page for 15 years): 18–55 Special quote available for ages 61–65 on 10-year Renewable and Permanent (pay until age 100), and for ages 61–64 on Level. 	
What triggers payment of benefits?	Diagnosis of any of our covered conditions, subject to satisfying the waiting period. See the sample contract on Repsource for a list of covered conditions.	
When does payment begin?	After satisfying the waiting period — usually 30 days following diagnosis (waiting periods vary by conditions — please refer to the sample contract for specific details).	
How are benefits paid?	One-time cash benefit. Care Benefits for the LivingCare Benefit are paid monthly.	
Benefit maximum	Policy face amount to a maximum of \$2,000,000 per insured. Coverage bands: \$25,000 – \$99,999 \$100,000 – \$249,999 \$250,000 – \$499,999 \$500,000+	
Standard benefits	 Early Intervention Benefit of 25% of coverage to a maximum of \$50,000 (per insured person) for one of the following conditions: Chronic lymphocytic leukemia (CLL) Rai stage 0 Coronary angioplasty Ductal carcinoma in situ of the breast Papillary or follicular thyroid cancer stage T1 Stage A (T1a or T1b) prostate cancer Stage 1 malignant melanoma The Early Intervention Benefit does not reduce the full coverage amount. Recovery Benefit provides an advance of up to 10% of the total Lifecheque coverage amount minus any care benefits paid to a maximum of \$10,000 to allow more rapid access to funds. Multi-life and multi-coverage. Manulife's Health Service Navigator® — an integrated health information and support centre, which includes a second opinion service provided by world-class doctors (non-contractual). LivingCare Benefit is available, subject to underwriting approval. Provides a monthly Care Benefit if the insured becomes functionally dependent and satisfies the 90 day waiting period. The monthly Care Benefit is equal to 1% of the total amount of Lifecheque insurance up to a maximum of \$5,000 per insured person. The monthly benefit doubles if care is in a long term care facility. The maximum LivingCare Benefit is \$500,000 per insured person. Continuation Option gives clients with Permanent Lifecheque coverage the opportunity to switch their LivingCare Benefit, after the 20th coverage anniversary, to a separate, comparable (as described in the Lifecheque contract) long term care policy, based on their age at that time. 	
Optional riders (age restrictions may apply)	 Return of Premium on Death (ROPD) Return of Premium with early surrender option (ROPS) available on Level (Term 75) and Permanent plans Return of Premium at Expiry (ROPX) available on Primary (Term 65) and Level (Term 75) plans Waiver of Premiums on Disability Children's Lifecheque Rider (CLR) (not available on Permanent 15-year premium duration) 	

	Critical Illness Insurance	
Product name	Lifecheque Basic	
Product overview	Provides a cash benefit if a covered condition is diagnosed.	
Target markets	 Individuals looking for: Value and convenience A simple application process with no medical tests Individuals with diverse needs such as: Mortgage or debt protection Supplementing gaps in disability insurance protection Small Businesses Available as a guaranteed issue solution for employers looking to enhance an existing employee benefits package Provides employer owned coverage for a minimum of 25 lives Policy is portable should an employee leave the employer 	
Premium structure	 Single-scale renewable to age 75 Guaranteed not to change for the first five years At the end of each 5-year period, the renewal rates are not guaranteed but the renewal rate is then guaranteed for the next 5-year period 	
Issue ages (age nearest)	18–65 for \$25,000; 18–60 for \$50,000; 18–55 for \$75,000 (16–55 with Return of Premium at Expiry)	
What triggers payment of benefits?	Diagnosis of any one of the following covered conditions, subject to survival of a waiting period: Cancer (Life Threatening) Heart Attack Stroke (Cerebrovascular Accident) Coronary Artery Bypass Surgery Aortic Surgery	
When does payment begin?	After survival of a waiting period is completed — 30 days following diagnosis.	
How are benefits paid?	One-time cash benefit	
Benefit maximum	Face amount options: \$25,000; \$50,000; \$75,000	
Standard benefits	Assistance Services Benefit	
Return of premium option (Age restrictions apply)	Return of Premium option provides a refund of 100% of eligible premiums at expiry.	

	Long Term Care Insurance	
Product name	LivingCare	
Product overview	Provides benefits to help cover the cost of long term care, either home-based or in a long term care facility.	
Target markets	 Retirees and pre-retirees concerned about: Not becoming a burden on their family Helping to maintain quality of life for themselves and their family Helping to protect retirement savings Helping to preserve their estate Couples (married or common law partners) who want an innovative way to share a pool of their long term care benefits People (often women) who have had a care-giving experience, and understand the challenges Children of aging parents who want to help them prepare for long term care needs Employers looking to improve employee benefits 	
Premium structure	Designed to remain level for the chosen premium duration: Pay to attained age 100 Premiums guaranteed for the first five years. After that, on annual basis only, we may change premiums to reflect changes in the cost of providing long term care insurance, and only if we need to change the cost for all similar LivingCare coverages. However, no premium changes will occur after the coverage anniversary nearest the 75th birthday or the 20th coverage anniversary, whichever is later.	
Issue ages	18–80 (age nearest)	
What triggers payment of benefits?	Functional dependence: Functional dependence means that an insured person needs substantial assistance with 2 or more Activities of Daily Living (bathing, eating, dressing, toileting, transferring, maintaining continence) or substantial supervision due to a cognitive impairment, and is under the regular care of a physician. See the policy contract for complete details and explanations of terms.	
When does payment begin?	After selected waiting period of 90 or 180 days. Waiting period begins when an on-site assessment is conducted by a Care Advisor.	
How are benefits paid?	Monthly Care Benefit is determined based on selected Amount of Insurance, Benefit Option percentage, and care setting. Does not depend on actual care costs. Payable while functional dependence continues until the Benefit Balance is exhausted. Benefit Options are: Single Life Coverage: 0.5%, 1%, 2% Shared Coverage: 0.25%, 0.5%, 1%	
Benefit maximum	Amount of Insurance: Single Life Coverage: \$25,000 to \$1 million Shared Coverage: \$50,000 to \$2 million At issue, the Amount of Insurance is also subject to income requirements and to maximum monthly benefit limits: Maximum Care Benefit (non facility care): \$5,000 per month Maximum Care Benefit (facility care): \$10,000 per month	
Standard benefits	 Innovative Shared Coverage allows couples (married/common law partners) to share a common pool of insurance between them as needed Waiver of premium on claim benefit once the waiting period is satisfied Days of functional dependence don't have to be consecutive; may be separated by up to 180 days if due to the same or related cause Care Support Services – Once per year during a claim, Care Advisor can provide written recommendations for care, information on community services, and help with locating appropriate care provider(s) 	
Riders	 Inflation Protection Rider – increases the Care Benefits and remaining Benefit Balance by 2% compounded annually, whether on claim or not Return of Premium on Death Rider – refunds a portion of eligible premiums at death, less any claims paid. For Shared Coverage, payable on last death 	

	Disability Insurance	
Product name	Personal Accident Disability Insurance	Cash Hospital
Product overview	Offers flexible coverage that provides a monthly benefit for: income replacement funding for medical costs income and business expense coverage for self-employed individuals if an accident or sickness results in a total or partial disability	Guaranteed issue coverage that provides a daily benefit if hospitalized as a result of an accident or sickness.
Target markets	Designed to provide Guaranteed to Issue Accident coverage provided the applicant satisfies two (2) qualifying questions. Available to non-working (students, at-homes, unemployed, seniors) and working (full or part-time employees, or self-employed) individuals. Sickness coverage is optional and subject to underwriting. There are no totally uninsurable occupations.	All individuals, couples and families. No eligibility questions, no integration with other government, travel, or health insurance, and medical or financial underwriting. Can be used as an alternative to disability or sickness insurance or travel insurance for those medically uninsurable, or in addition to any of these coverages.
Premium structure	Designed to be level to age 90; however, premiums can be changed on a class basis.	Premiums are level and guaranteed renewable to age 90; premiums can be changed on a class (not individual) basis only.
Issue ages	5 to 80, age last	18 to 80 Primary Insured or eldest spouse for spouse/family coverage; children from 31 days up to 21 years old or age 25 if full-time student.
Maximum monthly Benefit	Maximum monthly benefit if working at time of application is: \$ \$6,000 up to age 64, \$ \$4,000 from 65 to 68 and \$ \$1,000 for ages 69 through 80 Maximum monthly benefit if not employed at time of application is \$ \$1,000 regardless of age (minimum \$300 monthly benefit, available in increments of \$100).	Select from \$20 to \$100 per day (multiples of \$10). Note: Dependant's benefits are 50% of selected daily benefit.
What triggers payment of benefits?	For working individuals, Personal Accident has a 5 year regular occupation definition for disability, moving to any occupation definition thereafter plus a unique 'non-working' definition of disability. Total Disability If working prior to disability — unable to engage in regular occupation and not gainfully employed elsewhere. If not employed at time of disability — unable to perform most of his or her routine daily activities. Partial Disability If employed prior to the accident, cannot perform one or more important duties. If not employed, unable to perform a significant number of routine daily activities.	Daily benefit payable if Hospitalized within 90 days of an Accident or Sickness for up to one full year. If admitted to intensive care, outside of Canada or as a result of Cancer or Heart Attack, the payable benefit received is doubled. Convalescence benefit for up to 30 days is payable if still disabled after hospitalization discharge.
When does payment begin?	 For an accident, as early as 1st day, or after 30 or 120 days from onset of disability For a sickness, 15 day retroactive, 30 or 120-day elimination period Can be extended to have coverage with an elimination period (24-Hour Compensation (E) rider or Sickness (E) rider) 	As of the first day of hospitalization.
How are benefits paid?	Monthly benefits payable during the selected benefit period while disability lasts: 2 years (24 Hour Compensation Plan — base plan) Can be extended to a 5 year benefit period or to age 65	Daily benefits are paid during hospitalization up to a maximum of: Regular Daily Hospitalization: up to 365 days Supplementary Daily Hospitalization: up to 30 days Convalescence: up to 30 days

	Disability Insurance		
Product name	Personal Accident Disability Insurance	Cash Hospital	
Maximum benefit payable	Monthly benefit if working at time of disability is limited to 75% of pre-disability income or 1% of business income subject to maximum of: \$\[\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	Daily benefit maximum is \$100 payable up to one full year. Note: Benefit payable is in addition to other coverage including government health insurance plans, health and travel insurance.	
Standard benefits	 Total Disability up to selected benefit period Partial Disability (6 month maximum) Recurrent Disability (within 6 months considered continuation) Vocational or Physical Rehabilitation (3 month maximum) Non-occupational disability, reduces coverage cost by wrapping around existing WSIB \$100 per day accident hospitalization benefit (1 year maximum) \$100 ambulance benefit (reimbursement of costs, 1 per Accident) \$10,000 accidental death benefit which increases \$1,000 per year in force up to \$20,000. Waiver of Premiums after 30 days Assumed Disability Benefit Death benefit of 3 times the last monthly benefit if death occurs while on Claim 	 Daily Hospitalization Benefit Supplementary Benefit Convalescence Benefit Recurrent Hospitalization Benefit (within 6 months considered continuation) 	
Optional riders ¹ (age restrictions may apply)	 24-Hour Accident Disability Extension 24-Hour Compensation Disability Extension Accident Excess Medical Accidental Death Accidental Death and Dismemberment Non-Occupational Loss of Income Non-Occupational Loss of Income Accident Disability Extension Out-of-Province Medical Emergency Travel Insurance (available for trucking firms only, minimum 5 lives) Sickness Disability Sickness Hospitalization 	Accidental Death	

	Disability Insurance
Product name	Proguard Series
Product overview	Offers high quality income protection during total, partial or residual disability.
Target markets	Professionals and executives (including students and new graduates) who value a comprehensive income protection plan.
Premium structure	Level, guaranteed to age 65. Guaranteed renewable after age 65 if insured continues to work full-time (subject to change in premiums).
Issue ages	18–60 (age nearest)
Occupation classes	Classes 4S, 4A, 3A, 2A
What triggers payment of benefits?	Total or reduced disability due to injury or sickness. Total: Inability to perform the substantial duties of the regular occupation and not working elsewhere. Reduced: Choice of residual or partial definition at time of claim. Can switch option each month during first year of claim. Residual: Not totally disabled but suffers at least a 20% loss of income. Benefits are proportional to the income loss. Partial: Inability to perform one or more important duties or can only work half the regular hours. 50% of monthly benefit payable for first 36 months; 25% thereafter.
When does payment begin?	After selected elimination period from onset of disability: 30, 60, 90, 120, or 730 days (elimination periods vary by disability – please refer to the sample contract for specific details).
How are benefits paid?	Monthly benefits payable during the selected benefit period while disability lasts: 2 or 5 years, or to age 65
Benefit maximum	Monthly benefit selected at issue depends on earned income, with overall limits as follows: Class Ages 18–55 Ages 56–60 4A/4S \$24,500 \$12,000 3A \$15,000 \$8,000 2A \$8,000 \$5,000
Standard benefits	 Waiver of premiums after 90 days or elimination period if less Recurrent disability (12 months) Vocational rehabilitation Non-occupational disability No integration of benefits Accumulation of days for elimination period (24 month separation) Automatic coverage enhancements of 5% annually (issue ages 18–50, standard risks only) Additional 25% of monthly benefit paid for catastrophic disability (assumed total, loss of independence, cognitive loss, terminal illness) O-day elimination period for permanent catastrophic disability Recovery benefits Death benefit (3 times monthly benefit) Future Care Option³ (exchange disability coverage for long term care coverage)
Optional riders ¹ (age restrictions may apply)	 Premium Refund Rider (PRR) Additional Insurance Rider (AIR) — guaranteed insurability to age 55 (standard risks only) Cost of Living Adjustments (COLA) 5% Own Occupation (4S/4A)² Health Protection Rider (HPR) — Standard or Enhanced covering HIV, HepB and HepC Pensionguard

 $^{^{1}}$ Some restrictions apply for certain occupation categories. See Underwriting Guide for Disability Insurance. 2 Not available to chiropractors. Not available to clients upgraded from class 2A.

³ Some restrictions apply.

	Disability Insurance	
Product name	Venture Series	
Product overview	Provides cost-effective protection against total disability, with optional partial or residual benefits. Built-in discounts for business owners.	
Target markets	Small business owners and employees who want affordable and reliable income protection.	
Premium structure	Level, guaranteed to age 65. Guaranteed renewable after age 65 to age 75 if insured continues to work full-time (subject to change in premiums).	
Issue ages	18–60 (age nearest)	
Occupation classes	Classes 4S, 4A, 3A, 2A, A, B (For permanent part-time workers, occupation classes 4A, 3A, 2A only.)	
What triggers payment of benefits?	Total disability due to injury or sickness (plus partial or residual disability if the respective rider is added). Total: During regular occupation period, inability to perform the substantial duties of the regular occupation and not working elsewhere. After regular occupation period, inability to work in any reasonable occupation. Regular Occupation Period: Normally 5 years (2 years with 2-year benefit period). May be extended to age 65 when the to age 65 benefit period is selected (except for permanent part-time workers, and some class B occupations).	
When does payment begin?	After selected elimination period from onset of disability: 30, 60, 90, 120 or 730 days. However, farm owners may not select 30-day elimination period. Permanent part-time workers and new business owners may not select 30 or 60-day elimination period. Please refer to the sample contract for more details.	
How are benefits paid?	Monthly benefits payable during the selected benefit period while disability lasts: 2 or 5 years ⁴ , or to age 65 ⁵ Please refer to the sample contract for more details.	
Benefit maximum	Same as Proguard Series for class 4S/4A/3A/2A. For classes A and B as follows: Class Ages 18–55 Ages 56–60 A \$6,000 \$4,000 B \$4,000 \$3,000	
Standard benefits	 Waiver of premiums after 90 days or elimination period if less Recurrent disability (6 months) Vocational rehabilitation Non-occupational disability No integration of benefits for 4A/3A Liberal integration of benefits for 2A/A/B Accumulation of days for elimination period (12 month separation – 6 months for 2A/A/B) Automatic coverage enhancements of 3% annually (issue ages 18–50, standard risks only) Assumed total disability with 0-day elimination period Sale of business benefit Future Care Option³ (exchange disability coverage for long term care coverage) 	
Optional riders ¹ (age restrictions may apply)	 Premium Refund Rider (PRR) Additional Insurance Rider (AIR) – guaranteed insurability to age 55 (N/A for class B, standard risks only) Cost of Living Adjustments (COLA) 5% Own Occupation (4S/4A)^{2.5} Health Protection Rider (HPR) – Standard or Enhanced covering HIV, HepB and HepC⁵ Pensionguard⁴ Partial Disability Rider (PDR)⁵ Extended Partial Disability Rider (EPDR)⁵ Residual Disability Rider⁶ 	

⁴ Not available to new business owners.

 $^{^{\}rm 5}$ Not available to permanent part-time workers or new business owners.

⁶ Not available to farm owners, part-time workers, class B or class A business owners.

	Disabilit	y Insurance
Product name	ExpenseComp	Buy-Sell Plus
Product overview	Reimburses covered overhead expenses.	Provides funds to buy out a disabled principal.
Target markets	Small business owners and professionals.	Small businesses and partnerships.
Premium structure	Level, guaranteed to age 65. Guaranteed renewable after age 65 if insured continues to work full-time (subject to change in premiums).	Level, guaranteed to age 63.
Issue ages	18–60 (age last)	18–55 (age last)
Occupation classes	Classes 4A, 3A, 2A, A	Classes 4A, 3A, 2A
What triggers payment of benefits?	Total: Inability to perform the substantial duties of the regular occupation. For 2A/A, also not working elsewhere. Plus Residual (option for 4A/3A): Covered overhead expenses exceed 75% of gross income. Reimburses residual expenses.	Total: Inability to perform the substantial duties of the regular occupation. For 2A, also not working for the business in any capacity.
When does payment begin?	After selected elimination period from onset of disability: 30 or 90 days. Please refer to the sample contract for more details.	After selected elimination period from onset of disability: 12 or 24 months. Please refer to the sample contract for more details.
How are benefits paid?	Monthly reimbursements during the selected benefit period while disability lasts: 12, 18 or 24 months. Please refer to the sample contract for more details.	Reimbursement of buy-sell expense, with frequency depending on selected funding method: lump sum, monthly for 5 years, down payment (initial lump sum payment followed by monthly benefits). Please refer to the sample contract for more details.
Benefit maximum	Covered overhead expenses up to: 4A: \$30,000* 3A: \$15,000 2A: \$7,000 A: \$5,000	Insurable business value up to limits depending on class, elimination period and benefit period. Refer to the disability underwriting guide for details.
Standard benefits	 Waiver of premiums after elimination period Recurrent disability (6 months) Assumed total disability Accumulation of days for elimination period (6-month separation for 4A/3A, within 6 months for 2A/A) Extended benefit and carry-over provisions (total/residual) Benefit continuation on death (3 months) Disposal of business benefit Conversion provision 	 Waiver of premiums after 90 days Death benefit when monthly benefits are being paid Legal expense benefit Transfer of insurability Conversion provision
Optional riders ¹ (age restrictions may apply)	 Premium Refund Rider (PRR) Additional Insurance Rider (AIR) – guaranteed insurability to age 55 (standard risks only) Patient Protection Rider (PPR) – covering HIV 	Future Income Option (FIO) (standard risks only)

 $^{^{\}star}$ Individual consideration for up to \$40,000 by special quote

	Travel Insurance	
Product name	Manulife Financial Travel Insurance	
Product overview	Whether your clients are planning a trip, or expecting visitors to Canada, it's wise for them to obtain emergency travel coverage to be financially protected from unexpected emergencies that may happen prior to or during their trip.	
	TRAVELLING	CANADIANS
Product options	Single-trip plan: provides out-of-province emergency medical coverage for one trip for the number of days purchased. No age limit. Single-trip Quick Trip plan: provides out-of-province emergency medical coverage for one trip of up to 17 days or less for those applicants who are 55–74 years of age. Multi-trip plan: provides emergency medical coverage for an unlimited number of trips during the policy year for the number of days purchased. Choose from 4, 10, 18 and 30-day plans. Can also be purchased as a Multi-trip All-inclusive	All-Inclusive plan: provides several benefits all in one plan. Covers emergency medical, trip cancellation and interruption, baggage loss, delay and damage, flight accident and travel accident. Travel Canada plan: provides emergency medical insurance if all travel is within Canada at 50% of the regular Single-trip plan. Trip cancellation/interruption plan: may be purchased as part of an All-Inclusive plan or separately.
Available benefits	Emergency medical insurance: covers up to \$5,000,000 CAD for expenses as a result of emergency medical attention required during your trip. Trip cancellation/interruption insurance: a Single-trip plan covers up to \$3,500 per insured per trip and a Multi-trip All-Inclusive plan covers up to \$5,000 per trip and \$7,000 per policy year, if clients are unable to travel or their trip is interrupted due to a covered event.	Baggage loss, damage and delay: covers up to \$1,000 per trip (up to a maximum of \$3,000 per policy year for a Multi-trip All-Inclusive plan) for loss or damage to your baggage and covers you up to \$500 per trip (up to a maximum of \$1,500 per policy year for a Multi-trip All-Inclusive plan) for baggage delay. Flight accident: \$100,000 for death or double dismemberment or \$50,000 for single dismemberment. Travel accident: covers \$50,000 for death or double dismemberment or \$25,000 for single dismemberment.
Available discounts	15% – 50% deductible savings50% Travel Canada savings	■ Family coverage (up to age 54) for some plans
Medical questionnaire	A medical questionnaire is necessary for all applicants age 55 and over, except for those purchasing the Quick Trip Plan. The medical questionnaire determines the rate category and pre-existing condition stability requirement.	
	VISITORS TO CANADA	
Target market	 Visitors to Canada Canadians who are not eligible for benefits under a government health insurance plan Persons who are in Canada on a work visa New immigrants who are waiting for government health insurance plan coverage 	
Product options	Single-trip plan: provides emergency medical coverage up to the chosen amount for one trip for the number of days purchased. Trip interruption coverage: an optional benefit which covers the pre-paid non-refundable and non-transferable portion of your trip, should it be interrupted due to a covered event and client is required to return to his/her home country. Travel accident coverage: an optional benefit which covers up to \$50,000 CAD for an accidental bodily injury or death.	
Available plans	Plan A — does not provide coverage for any pre-existing medical conditions. Plan B — provides coverage for pre-existing medical conditions as long as the client is stable for 180 days before coverage starts. This plan is available for those under the age of 85 (69 for the \$150,000 plan).	
Coverage levels	Under age 85 – \$15,000, \$25,000, \$50,000 or \$100,000 Under age 69 – \$150,000	
Available savings	 15% savings for a \$500 deductible – 20% savings for a \$1,000 deductible savings; (5% surcharge for \$0 deductible) Family coverage (Plan A for up to age 59, for Travel Accident and Trip Interruption) Note: published rates include a \$75 deductible amount per claim. 	
Medical questionnaire	Manulife Financial requires a medical questionnaire for the following: Plan B for those age 35 and over	

	Travel Insurance	
Product name	Manulife Financial Travel Insurance for Students	
Product overview	This plan provides emergency and non-emergency medical cover	erage to students while they are attending school.
Eligibility	You must be under the age of 55 and a full-time student with proof of admission or enrolment in a a student completing post doctoral research in a recognized dependant(s) and/or the spouse of, and living with a student and purchasing coverage: for an inbound trip, when your home country is not Canada for an outbound trip, when your home country is Canada, ar while temporarily residing outside Canada, or as a national student, when your home country is Canada, a while you are temporarily residing in another Canadian prov	institute of learning; or covered under this insurance, and named on the application; and you are temporarily residing in Canada; or id you are covered under a government health insurance plan and you are covered under a government health insurance plan
Standard benefits	Emergency medical benefits are payable per insured for the following: 1. Hospital expenses, also including psychiatric treatment, to a maximum of thirty days per policy. 2. Physician services — for emergency medical attention and up to five follow-up visits. 3. Diagnostic services 4. Private duty nurse 5. Ambulance expenses 6. Prescription drugs 7. Paramedical services 8. Accidental dental injury 9. Emergency dental treatment 10. Psychiatric care 11. Trauma counselling 12. Medical appliances 13. Emergency evacuation home 14. Family transportation to bedside and subsistence allowance 15. Repatriation of mortal remains 16. Tuition reimbursement 17. Trip break to return home without terminating coverage	Non-Emergency medical benefits are payable per insured for the following: 18. Annual medical examination 19. Eye examination 20. Maternity benefit 21. Accidental death or dismemberment
Coverage levels	Maximum Aggregate of \$1,000,000	

	Travel Insurance	
Product name	Manulife Travel80 Term Travel Insurance	
Product overview	 Emergency medical travel insurance Any number of trips Max trip length of 30-days Individually underwritten, no family plans Annual premiums payable to age 80, when policy terminates No deductibles Effective upon confirmation of coverage Guaranteed renewable Guaranteed eligibility for top-up coverage 	
Target markets	 Canadian baby boomers—currently aged 42 to 60 Concerned with financial planning Planning for early retirement With a yen for travel Travelling more frequently Concerned about their health as it may affect insurability and ability to travel Legacy gift for children from parents/grandparents 	
Premium structure	 Annual, based on age at application Adjusted for health, inflation and plan experience PAC or credit card; annual or monthly payments Renewal letter sent prior to anniversary date Return of Premium benefit (See below for details) 	
Issue ages (attained age)	For residents of Canada with a government health insurance plan (GHIP) 18–65 years of age, inclusive	
How are benefits paid?	Covered expenses are paid to the provider of the service or to the policyholder. Return of premium benefits payable are paid to the policyholder.	
Benefit maximum	\$5,000,000 CDN (per lifetime)	
Standard benefits	Actual expenses per trip, subject to policy limits, up to lifetime maximum aggregate of \$5 million CDN for 1. Hospital and physician bills 2. Paramedical services 3. Ground ambulance transportation 4. Dental treatment and relief of dental pain 5. Return of deceased 6. Medical evacuation home 7. Meals, hotel, phone calls, taxi 8. Transportation to bedside 9. Return of dependent children 10. Return of travel companion 11. Vehicle return 12. Limited Terrorism Coverage	
Return of premium (age restrictions apply)	 50% Return of Premium (ROP) if claim-free* every 10 years, upon death, or at maturity No ROP if death occurs in the first two years 	

^{*} Claim-free means no payable claim or paid benefit under Term Travel Insurance (excludes top-ups).

	Health and Dental	
Product name	Flexcare	
Product overview	Flexcare is a unique health plan that allows your clients to select the benefits and level of coverage that best suits their needs — prescription drugs, dental care or a combination of both, vision care, Extended Health Care, travel, AD&D, hospital coverage and more.	
Target markets	Any client not fully covered by a group health plan.	
Product structure	Clients choose a core plan: DrugPlus (Basic or Enhanced); DentalPlus (Basic or Enhanced); ComboPlus (Starter, Basic or Enhanced) and then customize it with Add-On's OR they can select specific coverage without a core plan from the Stand-Alone options.	
Plan details	DrugPlus plans provide coverage for brand name and generic prescription drugs as well as vision care, EHC, travel and AD&D (choose Basic or Enhanced). DrugPlus plans require medical underwriting. DentalPlus guaranteed issue plans, cover regular cleanings, fillings, examinations and more, plus regular check-ups, and vision care, EHC, travel and AD&D (choose Basic or Enhanced). ComboPlus plans offer the comprehensive benefits of DrugPlus and DentalPlus combined (choose Starter, Basic or Enhanced). ComboPlus starter is a guaranteed issue plan; ComboPlus Basic and Enhanced require medical underwriting.	
Add-on's	 Vision Enhanced¹ Hospital Basic² Hospital Enhanced² Catastrophic Coverage - \$4,500 deductible² Catastrophic Coverage - \$10,200 deductible² Accidental Death and Dismemberment Enhanced Travel³ - 8 days of additional coverage Travel³ - 21 days of additional coverage 	
Stand-alones	 Hospital Basic² Hospital Enhanced² Catastrophic Coverage – \$4,500 deductible² Catastrophic Coverage – \$10,200 deductible² 	
How we pay the claims	In most cases, prescription drug claims are processed immediately with our electronic direct payment system. The same is true for many dental claims. All other claims are processed promptly upon arrival at Manulife Financial.	
More details	Flexcare is designed to fill the gaps left by government health insurance plans. And since provincial health plans differ across Canada, Flexcare plan coverage and rates differ from province to province. Further, Flexcare benefits are adjusted to reflect the special health priorities and GHIP coverage offered to Seniors. This is a summary only. Please visit Repsource (Insurance>Health and Dental) for complete product information. Actual terms and conditions, including exclusions and limitations, are detailed in the policy issued by Manulife Financial upon application approval.	

Please note: Catastrophic coverage is not available in the province of Quebec.

¹ Not available with ComboPlus Starter.

² Medical underwriting required.

 $^{^{\}rm 3}$ Travel coverage not available to persons age 65 and over.

Health and Dental	
FollowMe	Association Health and Dental Plan
FollowMe is the health plan specially designed for clients who are leaving their group health plan behind — any group plan — whether through career change, retirement or job loss. Acceptance is guaranteed without completion of a medical questionnaire as long as their application is received within 60 days of their group coverage ending.	The Association Health and Dental plan offers eight plan choices.
Any client whose group health coverage has recently ended or will soon end. (Application must be received within 60 days of group benefits ending.)	Small to medium sized associations or small businesses.
Clients select one of four plans — FollowMe Basic, Enhanced, Enhanced Plus or FollowMe Premiere.	Clients select one of eight plans — the Base, Bronze, Silver or Gold Health and Dental plan, or the Base, Bronze, Silver or Gold Dental Plan. The Base Health plan, and all Dental plans are guaranteed issue.
FollowMe Basic – A health plan that provides coverage for generic prescription drugs, vision care, EHC, hospital and AD&D.	The four Association Health and Dental plans offer increasing levels of coverage for prescription drugs, dental care, vision care, hospital coverage, EHC, AD&D and travel. The four Dental plans offer the same increasing levels of dental care coverage, and Base Health plan benefits excluding prescription drugs.
FollowMe Enhanced – A more generous plan that offers coverage for generic prescription drugs, vision care, EHC, hospital and AD&D.	
FollowMe Enhanced Plus – A comprehensive plan that offers the benefits of FollowMe Enhanced, plus dental care coverage.	
FollowMe Premiere – A health plan that provides more extensive protection against the costs of generic prescription drugs, dental care, vision, EHC, hospital benefits and AD&D.	
Acceptance is guaranteed for all four levels of coverage, provided that your client's application is received by Manulife Financial within the 60-day period. If, however, application is received thereafter, medical underwriting will be required.	
In most cases, prescription drug claims are processed immediately with our electronic direct payment system. The same is true for many dental claims. All other claims are processed promptly upon arrival at Manulife Financial.	In most cases, prescription drug claims are processed immediately with our electronic direct payment system. The same is true for many dental claims. All other claims are processed promptly upon arrival at Manulife Financial.
FollowMe monthly premiums vary by province. This is a summary only. Please visit Repsource (Insurance>Health and Dental) for complete product information. Actual terms and conditions, including exclusions and limitations, are detailed in the policy issued by Manulife Financial upon application approval.	The Association Health and Dental Plan monthly premiums vary by province or region. This is a summary only. Please visit Repsource (Insurance>Health and Dental) for complete product information. Actual terms and conditions, including exclusions and limitations, are detailed in the policy issued by Manulife Financial upon application approval.



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