



Health and Dental Guaranteed Issue Enhanced

This sample policy contract is provided for your information only.
It is not a valid contract or an offer of insurance.



The Manufacturers Life Insurance Company (Manulife)

Manulife Health and Dental Guaranteed Issue Enhanced Plan

You've made a great choice to buy supplemental health care coverage and we're pleased that you've chosen Manulife. This document contains all details about your policy and how to use it. Your contract includes this policy document, attachments, and any amendments. The effective date, also known as the start date, of this policy appears on the Summary of Information page. Read this document carefully to become familiar with the features of your policy so you can take full advantage of the benefits it offers.

Benefits are provided by The Manufacturers Life Insurance Company (Manulife). We administer this policy and pay benefits according to the terms, conditions, and limitations of the policy for as long as the premiums are paid. The first premium payment is due before the start date and future premiums are paid on the date shown on your Summary of Information page.

This policy contains a provision that removes or restricts your right to designate persons to whom or for whose benefit insurance money is to be payable.

Sincerely,

Roy Gori
President and Chief Executive Officer
The Manufacturers Life Insurance Company (Manulife)

30-day satisfaction guarantee

The first 30 days of your policy are known as the free-look period. If you decide that you don't want your policy, simply notify us.

We'll cancel your policy and send you a full refund, minus any claims we've paid. If the claims we paid are more than your payments, you must repay the difference. This right of cancellation expires 30 days after the policy is received by you and doesn't apply to any reissued, substituted, or consolidated policy continuing coverage that started under a previously issued policy.

The Manufacturers Life Insurance Company (Manulife)
Individual Insurance
P.O. Box 670, Station Waterloo
Waterloo, Ontario N2J 4B8
1 - 800-268-3763 – manulife.ca

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Before you begin

This policy is a legal contract between you and us. In this policy, “you” and “your” mean the owner of the policy, or any insured person. “We,” “our,” and “us” mean The Manufacturers Life Insurance Company (Manulife).

To be eligible to submit claims, this policy must be in good standing, which means the policy premiums must be paid in full to the current date. You must have government health insurance coverage in your home province or territory and be enrolled in a Provincial Drug plan, where applicable.

We occasionally use the phrase “according to the terms and conditions of this policy.” We may update our terms and conditions without notice to reflect corporate policies, economic changes, or legislative changes, including changes to income tax legislation. Any changes we make to the terms and conditions may affect the benefits provided by this policy. We reserve the right to change premiums or benefits required for this policy for any reason.

All benefits outlined in this policy apply to each insured person. We only cover usual, reasonable, and customary expenses for medically necessary conditions. This policy contains exclusions, limitations, conditions, deductibles, maximums, and definitions. Please read it carefully.

Please note: Some of the terms used in this policy have been assigned a specific meaning. Refer to the section **Terms used in this policy** to familiarize yourself with these terms and their associated meaning whenever consulting this policy.

You can view the current version of the policy online at manulife.ca/secureserve.

SAMPLE

1 How your policy works

When you bought this health and dental care policy, we agreed to provide you with benefits according to the terms of this policy if you pay your premiums. All amounts payable under this contract either to or by us is payable in Canadian currency and don't earn interest. The *Summary of Information* page shows your effective date. This is also known as the policy start date.

Everyone insured under your policy has the same coverage.

Eligibility

To be eligible for coverage under this policy, you must meet all the following requirements:

- be a resident of Canada;
- be at least 18 years of age on the date of application for this policy, except for children of an insured person;
- be covered under your provincial or territorial health insurance plan; and
- Quebec residents must also be registered under the Régie de l'assurance maladie du Québec (RAMQ) Prescription Drug Insurance Plan or have equivalent coverage under a group plan.

If we decide that you or anyone else on the policy was or is not eligible, we may: cancel the entire policy, modify it, or cancel only the coverage of the ineligible individuals. We'll maintain coverage for the remaining individuals insured under the policy, provided they aren't obligated to continue coverage in this manner. Premiums may not be returned, and we may also ask you to repay us for any claims paid after we told you about terminating your policy.

Premiums

The premium is the amount we charge you for your health care policy. On the *Summary of Information* page, we show your effective date. This is also known as the policy start date.

The premium changes if you change your coverages or if the coverage you chose has an increase on a scheduled renewal date. We'll send you a notice when your premium is scheduled to change.

Your premium payments are due each month. You can pay your monthly premiums automatically from your bank account or credit card. Payments must be in Canadian dollars, drawn from an account at a Canadian financial institution.

Your policy remains active from month to month if the required premiums are paid when due. If you don't pay your premiums, you have a 31-day grace period to pay the overdue amount to maintain your policy. Coverage ends on the last day of the 31-day grace period if we don't receive your payment. If a payment is returned because of insufficient funds, we charge a \$25 administration fee.

We reserve the right to change premiums required for this policy. If we do, we'll give you 30 days notice.

How to change or cancel your policy

As your life changes, your policy can change with you. You can add or remove your spouse or children from your policy by notifying us online or in writing. Only one spouse may be covered under a plan at any given time.

If you choose to change or end your coverage, you must contact us online or call our customer service centre at 1-800-268-3763.

You must remove people insured under your policy if:

- they die,
- they are no longer a spouse of the primary insured due to divorce,
- their primary residence is different than the primary insured's, or
- an insured child turns 21, gets married, becomes an orphan, or obtains full-time employment.

Persons previously insured on your policy have the option to convert to their own policy if you contact us within 30 days of coverage cancellation.

If a cancellation isn't reported to us until after the expiry of this 30-day period, any refund of premiums paid on account of deceased or ineligible insured people is limited to a maximum of 12 months.

We'll provide you with revised *Summary of Information* page to show the change to your policy and your new premium payment.

The primary insured person, also known as the policy owner, may not be changed to another person.

Reapplication for coverage

Twenty-four months must pass after a policy cancellation before another application is eligible under any Manulife individual (non-group) health plan.

How to contact us

You can send us notices, cancellations, and documents online. Go to the website: manulife.ca/secureserve and click on **Contact us**.

You can also send documents to us by prepaid post to:

Manulife, Individual Insurance
P.O. Box 670, Station Waterloo
Waterloo, ON N2J 4B8
Attention: Policy Service Department

2 Your health care benefits

Your health care benefits include extended health care, prescription drugs, vision, and dental. Go to *Your Benefits* on manulife.ca/secureserve for a list of coverages, reductions, limitations, and exclusions. In some cases, we require you to send us a Prior Authorization form before buying a product or service.

This section outlines certain terms applicable to the benefits available to you. Your participation in available manufacturer's rebate programs and government health care programs is mandatory for all applicable benefits. We reserve the right to require that you purchase equipment from a preferred supplier. The health care benefits available under this policy are subject to the limitations, exclusions, and reductions of coverage which may appear in the description of each benefit. Lifetime maximums apply to some benefits.

If your provider did not process your claims for expenses, you must submit those claims yourself. First submit your claims for all covered expenses to your government health care/drug plan. Then submit your claims for any remaining unpaid portions to us.

When is a Prior Authorization form needed?

Before purchasing any product or service exceeding \$300, you must send us a Prior Authorization form that outlines the purchase, lease, and rental charges for the equipment. We'll review the estimate and determine the amount payable, if any. We may make recommendations for services in your area.

You must send us a Prior Authorization form, signed by a medical professional, before you buy or arrange for these products or services:

- oxygen
- standard non-electric wheelchair
- hospital adjustable bed
- homecare or nursing
- hearing aids
- prosthetic appliances
- orthotics
- medical equipment
- accidental dental

How to submit a Prior Authorization form

After you complete all sections and the physician, nurse practitioner, and vendor representative have added their comments, you can scan the form and send it online using our secure inbox at manulife.ca/secureserve.

If mailing the form, please keep a copy for your files. Original copies of forms or receipts won't be returned. Send the completed form to:

**Manulife Individual Insurance, Health Claims Prior Authorization,
P.O. Box 670, Station Waterloo, Waterloo Ontario N2J 4B8**

We'll notify you of the approval limit of your request by email or mail. Please include your approval notice and complete vendor invoice indicating proof of applicable provincial or territory funding to your reimbursement claims submission online or by mail.

3 Eligibility of claims

When you bought this extended health and dental care policy, we agreed that if you pay your premiums, we will provide you with insurance coverage according to the terms and conditions of this policy.

We'll pay for eligible expenses by direct deposit or cheque to the policy owner or a service provider within 60 days. If the policy owner dies, we pay the claims to the owner's estate.

If you have eligible expenses for care, services, or supplies as described in this policy, or a sickness, injury, or other loss for which benefits are payable, we process and pay claims:

- for expenses that occurred within the last 12 months;
- according to what is usual, reasonable, and customary, as determined by us;
- that are within the maximums of your policy;
- that are determined medically necessary by us;
- that, in the case of prescription drugs, are prescribed by a physician, nurse practitioner, dentist, dentist, or other licensed health care professional who has the authority to prescribe them; and
- that are payable according to law.

We won't pay claims for:

- expenses that happen outside your home province or territory;
- any portion of eligible benefits that have already been paid by any applicable government health/drug insurance plan;
- services or supplies which would have been payable or available under any government-sponsored plan or program had proper application been made, unless explicitly covered under this benefit;
- expenses that aren't payable according to any exclusions, limitations, conditions, and amendments to this policy;
- services or supplies payable or available, regardless of any waiting list, under any government-sponsored plan or program, unless explicitly covered under this benefit;
- prescription drugs, services, or supplies that aren't approved by Health Canada or another government regulatory body;
- services, supplies, or treatment that aren't generally recognized by the medical profession in Canada as appropriate, effective, or required for the treatment of an accident, injury, or illness in accordance with Canadian medical standards;
- services, supplies, devices, or items that don't qualify as medical expenses under the *Income Tax Act (Canada)*, unless covered under this policy; or
- services or drugs administered in a hospital to inpatients and outpatients.

Register online

To get the best possible benefit claim experience, enter your email and banking details when you sign up on SecureServe®. Find the plan and identification numbers on your benefits card or previous claim statements. If you don't have either of these, contact the support centre by phone: 1-800-268-3763:

- log in to the website: manulife.ca/secureserve
- click on your name to access the menu
- choose "Banking information"
- enter your information and save it

Health claims

When you register online at manulife.ca/secureserve, remember to sign up for direct deposit to have your benefit payments automatically deposited to your account. If you choose not to, we'll mail your benefit cheque after your claim is processed. All claim forms are available online at manulife.ca under the Support section.

How to submit a claim online

You'll get your money back faster with online claims and direct deposit. When we process your claim, you get an email confirmation. Follow these steps to submit your online claim:

- obtain a receipt and proof of payment from your service provider that includes their name, contact information, address, and registration number
- log in to the website: manulife.ca/secureserve
- on the home page, click on "Submit a claim"
- follow the on-screen instructions to complete your submission

You'll receive an email confirmation when we receive your claim and a separate notification when we process your claim and deposit the claim payment to your bank account.

How to submit a paper claim

Submitting your claims online at manulife.ca/secureserve is the fastest way to process your claims. If you haven't registered yet, you can mail your claim to us for reimbursement, but this process takes a little longer to get your benefit payment to you.

- go to the website: manulife.ca/secureserve
- click on "Forms" and then download and print a claim form
- complete the claim form, including all signatures
- attach all original receipts, proof of payment and necessary documents and keep photocopies for your records. Mail the claim form and all supporting documents to:

Manulife, Individual Insurance
P.O. Box 670, Station Waterloo
Waterloo, Ontario N2J 4B8

Dental claims

Direct from provider - Most dental offices now submit claims directly to us for reimbursement. This method is faster than mail and convenient for you. Show your dental office your benefit card to confirm coverage for the services provided. If you've entered your banking details at manulife.ca/secureserve, we'll notify you by email when we deposit your claim benefit directly into your account. An Explanation of Benefits (EOB) is available online.

Non-direct online claim - If a dentist doesn't submit claims directly to us, they'll complete the standard Canadian Dental Association (CDA) dental claim form. You can then submit the claim to us either online or by mail.

- Online: Go to the website: manulife.ca/secureserve, and attach a scan of the CDA claim form. You'll receive your benefit by direct deposit. Your EOB is available online.
- Mail: This process takes longer than filing claims online. If you haven't yet registered at manulife.ca/secureserve, you can go to the website to download and print a claim form. Mail the original completed CDA dental claim form with the Manulife claim form to:

Manulife Financial, Individual Insurance
PO Box 670, Station Waterloo
Waterloo, Ontario N2J 4B8

If we owe you any money, we'll send a cheque and an EOB to you in the mail.

4 In-hospital expenses and emergency medical travel

This benefit is automatically included in your policy and ends at age 70. Go to *Your Benefits* on manulife.ca/secureserve for a list of coverages, reductions, limitations, and exclusions.

5 More information about this policy

Applications

If Manulife changes or replaces this policy, its rates, or any provisions, all applications made after that date are considered as applications for the revised policy and coverage. We issue policies according to the updated rates and provisions. Manulife, or a distribution outlet approved by us validates all applications.

Benefits

We reserve the right to change benefits for this policy for any reason. If we decrease benefits, we'll give you 30 days notice. All benefit levels in this policy are applied on a per insured basis. Your coverage level is dependent on whether you purchased single or family coverage, unless otherwise stated.

Co-ordination of benefits

This plan is a supplemental benefit plan and covers expenses that aren't paid under another benefit or insurance plan. You must send your claims for reimbursement to any government plans first. If you're eligible for similar benefits under another individual or group policy, such as credit card coverage, auto insurance, private insurance, workers' compensation, etc., you may co-ordinate benefits between this policy and those plans. Payment will never exceed the eligible expenses you paid.

- If your other plan doesn't allow co-ordination of benefits, submit your claim to that plan first.
- If your other plan does allow co-ordination of benefits, we prorate expenses among the plans, proportionate to the amounts that would have been paid if there was only one plan.

Limitation period

Every action or proceeding against us for the recovery of insurance money payable under the contract is absolutely barred unless started within the time set out in the *Insurance Act*, or other applicable legislation, or the *Limitations Act 2002*, for Ontario.

Limit of liability

We pay benefits according to the terms and conditions of this policy. We aren't responsible for:

- the quality or results of any medical treatment, care, supplies, or services a third party offers
- the unavailability of any medical treatments, care, supplies, or services due to pandemics, acts of terrorism, war, and similar events
- the quality or results of transportation services a third party offers
- any acts or omissions in care, treatment, services, or supplies by a third party
- your failure to seek or obtain medical treatment

Misrepresentation and adjustments

If, within 2 years of the start date of the policy, any misrepresentation, concealment, or failure to disclose correct information is discovered regarding any application made under this policy, we have the option to cancel the policy and limit our liability to the return of eligible premiums.

Where there are multiple people insured under the policy, we may either cancel the entire policy, modify, or cancel only the coverage of the individuals insured to whom the failure to disclose relates. We'll maintain coverage for the remaining individuals insured under the policy, provided they aren't obligated to continue coverage in this manner.

In addition, we have the right to subtract any claims we've paid from any premiums we refund. However, after coverage has been in force for a period of 2 years, we can't cancel any coverage, unless a fraud is committed.

Any intentional or non-intentional misrepresentation, concealment, or failure to disclose correct information in claims submission gives us the option to cancel the policy or make you responsible for 100% of the amount of the claim and for any costs we may pay during our claims investigation. This includes legal costs and any fees or costs paid to a private investigator. Both you and the policy owner, if different, are jointly and severally liable to pay us back in this regard, even after cancellation of this policy.

Multiple policies

You can't have coverage under more than one Manulife individual health and dental plan at a time. Additionally, you can't have coverage under successive Manulife health and dental plans that were issued within 24 months of the prior plan's cancellation.

If we determine that you're covered under more than one policy at the same time, or under successor policies, we may give you notice and cancel one, more, or all the policies without refunding any premiums. We may recover any claims paid under any of the policies.

Non-transferable

This policy is not transferable to another person or family member.

Proof of age

We may request proof of age for any person insured under this policy. If a date of birth is misstated, the correct birthdate is used, and the following may occur:

- rates may be adjusted
- the date coverage starts may change
- the amount and type of coverage may be reduced or cancelled
- any rights or benefits provided under this policy may be changed

Provincial variations

We reserve the right to adjust the provisions described in this policy to meet the minimum requirements of law within your province or territory.

Release of information

By applying for this policy, you authorize us to release any information that's necessary for us to determine eligibility of benefits and to pay claims. Manulife and our service providers may ask for relevant information from physicians, nurse practitioners, dentists, hospitals, clinics, and service providers. Our privacy policy is available on manulife.ca.

Subrogation

When we pay you a benefit or assume liability under this policy, we reserve the right to recover money from the party at fault and, if necessary, to bring a legal action in your name. You agree to not interfere with this right and co-operate fully with us.

If you choose to exercise the right of recovery and sue directly, you agree to tell us and do everything necessary to protect our interests. If you recover any money, you must first repay us for any benefit payments we made to you under this policy for the claim, minus a reasonable amount for legal fees that you pay.

Waiving our rights

If we waive our rights in a specific instance, this doesn't prevent us from exercising our rights if the same or similar instance arises later.

SAMPLE

6 Statutory conditions

These statutory conditions take precedence over all other provisions and conditions in this contract.

contract: The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

copy of application: The insurer will, upon request, give to the policy owner or to a claimant under the contract a copy of the application.

material facts: No statement made by the policy owner or insured person at the time of application for this contract will be used in defense of a claim under or to void this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

notice and proof of claim: The policy owner, an insured person, or a beneficiary entitled to make a claim, or the agent of any of them, must:

- give written notice of claim to us:
 - by delivery thereof, or by sending it by registered mail to the office of Affinity Markets, or
 - by delivery thereof to an authorized agent of the insurer in the province, not later than 30 days from the date a claim arises under the contract on account of an accident, sickness, or disability,
- within 90 days from the date a claim arises under the contract on account of an accident, sickness, or disability, give to us such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant, and
- if required by us, give a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract, and as to the duration of such disability.

failure to give notice or proof: Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate a claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness or disability, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

insurer to furnish forms for proof of claim: The insurer will provide forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time, he may submit his proof of claim in the form of a written statement of the cause or nature of the accident, sickness, or disability giving rise to the claim, and of the extent of the loss.

rights of examination: As a condition precedent to recovery of insurance moneys under this contract:

- the claimant will give us an opportunity to examine the insured person when and so often as is reasonably required while the claim is pending, and
- in the case of death of an insured person, we may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

when moneys payable: All moneys payable under this contract will be paid by us within 60 days after we have received proof of claim.

termination by the insured: The insured may at any time request that this contract be terminated, and the insurer will, as soon as practicable after the insured makes the request, refund the amount of premium actually paid by the insured that is in excess of the short rate premium calculated to the date of the request according to the table in use by the insurer at the time of the termination.

termination by the insurer: The insurer may terminate this contract at any time by giving written notice of termination to the insured and by refunding concurrently with the giving of notice the amount of premium paid in excess of the proportional premium for the expired time.

The notice of termination may be delivered to the insured, or it may be sent by registered mail to the latest address of the insured on the records of the insurer.

7 Terms used in this policy

Some of the terms used in this policy have a specific meaning, and it's very important this policy is read and understood with these specific meanings in mind. Please familiarize yourself with these terms and their associated meaning whenever consulting this policy.

accident or accidental - an unintentional, sudden, unexpected, and unforeseeable event caused by an external event inflicting, bodily injuries

active treatment hospital - an institution licensed as a hospital and operated for the care and treatment of resident inpatients with a Registered Nurse (R.N.) always on duty and with a laboratory and operating room (either on the premises or in facilities controlled by the hospital) where surgical operations are performed by a legally qualified surgeon. It doesn't include any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, chronic care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home or home for the aged, health spa, or treatment centre for drug or alcohol abuse.

act of terrorism - any activity that involves violence or the threat of violence, the commission or threat of a dangerous or menacing act, or the use of force, directed against the public, governments, organizations, buildings, infrastructure, or electronic systems. The intention of this activity is to: instill fear in the public, disrupt the economy, intimidate, coerce, or overthrow a sitting government or occupying power, or promote political, social, religious, or economic objectives

act of war - hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion, or civil war

anniversary year - the 12-month period that follows the start date of the policy, and each 12-month period after

application date - the date we receive the application at our office

benefit year - each successive 12-month period following the date of the first claim for a specified benefit under the policy.

brace - a rigid or semi-rigid supporting device or appliance that fits on and attaches to any part of the body. This excludes braces used for dental defects, deficiencies, or injuries

calendar year - the 12-month period that starts on January 1 and ends on December 31

change in medication - medication dosage, strength, or frequency is reduced, increased, or stopped or new medications are prescribed

claim - eligible expenses for an illness or injury while this policy is active, or the act of telling us that you have expenses, and you request payment

claimant - the insured person who makes a claim under this policy

clinical counsellor - a licensed professional who provides counselling services to help people understand and address personal development and mental health issues. Clinical counsellors must hold a counselling certification or degree recognized in the province where they practice and be registered with a federal or provincial association of counsellors

consult or consulted - seeking advice or treatment from a physician or health care professional for any condition, injury, disease, or disorder. This includes discussions of potential future testing or surgery

co-insurance - the percentage of charges for eligible expenses that we pay

dentist, denturist - a practitioner of dentistry licensed in their region where they provide services or supplies. The treating dentist or denturist may not be you or one of your immediate family members

dependent - a child listed on the application who you are responsible for by law. An insured child is under 21 years old, is unmarried, doesn't work full-time, and relies on you for financial support

drug - a medication that has been approved for use by Health Canada and has a drug identification number

drug dispensing fee - the portion of the total prescription drug cost that is charged for the pharmacist's professional services for filling a prescription

drug dispensing fee maximum - the maximum amount that is covered under this policy for a drug dispensing fee

drug essentials formulary - a listing of all drugs that qualify for reimbursement under the policy

due diligence - a process employed by Manulife to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the policy. This process may use pharmacoeconomics and cost effectiveness analysis, and reference information from existing federal or provincial formularies, recognized clinical practice guidelines, or an advisory body.

DIN - a number assigned by Health Canada to a drug product before it is marketed in Canada

effective date - the date coverage under this policy begins. Also referred to as the start date

eligible expenses - expenses covered by this plan, according to the provisions, terms, limitations, and exclusions of the policy

emergency - an acute, unexpected, or unforeseen illness or accidental injury which results in a sickness or accidental bodily injury of the insured person

experimental - a service, drug, treatment, or medical device that isn't approved by Health Canada for use in Canada or that isn't considered appropriate or acceptable by the medical profession

family coverage - your benefits cover a maximum of 2 adults aged 18 and older, and eligible children listed on the application form

government health insurance plan - any plan or arrangement provided by or under the administrative supervision of any Canadian government agency which provides coverage or reimbursement for any health care service or supply, including but not limited to the health insurance plan of your province or territory of residence, homecare program, assistive devices program, and the *Workers' Compensation Act* or similar legislation in your province or territory of residence. The Interim Federal Health Program (IFHP) is an exception and isn't considered a government health insurance plan.

health care professional - any licensed, regulated health professional whose occupational duties include the provision of treatment, advice, consultation, diagnosis, or hospitalization

hospital - a public hospital licensed under the *Public Hospitals Act* or similar legislation of the province or territory in question or recognized by the Ministry of Health of the province or territory in question as a public hospital, or a duly licensed general active treatment facility in another jurisdiction. Unless expressly stated otherwise in this policy, the term doesn't include a federal hospital, private hospital, rest home, nursing home, convalescent home, chronic care facility, health spa or hotel, home for the aged, rehabilitation centre or institution used primarily for the confinement or treatment of alcoholism or drug addiction

hospitalization - admission to a licensed facility where inpatients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians or nurse practitioners, with 24-hour care by registered nurses

immediate family member - the spouse, children, parents, and siblings of an insured person

injury - sudden bodily harm caused by external and purely accidental means, independent of any sickness or disease, and requires immediate medical treatment

inpatient – a person confined to a hospital for more than 24 consecutive hours

insured or insured person - a maximum of 2 people, aged 18 years or older, covered under this policy and also under a government health insurance plan, providing premiums continue to be paid. Also refer to the term dependent.

insurer - The Manufacturers Life Insurance Company (Manulife)

interchangeable drug - includes but is not limited to a:

- generic equivalent to the brand name drug considered to be interchangeable by law where the drug is dispensed
- drug that contains the same active ingredient that isn't considered to be interchangeable in the province or territory where the drug is dispensed, but we identify as interchangeable

licensed, certified, or registered - licensed, certified, or registered by the proper authority or professional body in the region where treatment or services are offered

loss - when a limb is completely severed at or above the wrist or ankle joint, and total and irrevocable loss of all sight

lower cost alternative - if two or more drugs, supplies, or services result in therapeutically similar results, or if prescribing guidelines recommend that alternate drugs, supplies, or services that are lower in cost be tried first, the lower cost alternative will be considered.

medical marijuana - also known as medical cannabis, refers to any drug made from cannabis or its active ingredients that does not have a drug identification number, is authorized for specific medical conditions, and is authorized by a health care professional whose scope of practice within their province permits them to authorize the use of medical marijuana. For the purpose of this policy, the term "drug" includes medical marijuana.

medical marijuana strains - are either pure or hybrid varieties of the Cannabis group of plants

medical profession - physicians, nurse practitioners, nurses, and other health care providers and their governing bodies, associations, and interested groups. This includes, but isn't limited to: The Ministry of Health, The College of Physicians and Surgeons, or similar provincial or territorial bodies and medical associations

medically necessary - care, services, or supplies you receive from a physician, nurse practitioner, or health care professional that we consider:

- appropriate and consistent with the symptoms, findings, diagnosis, and treatment of your illness or injury,
- generally accepted medical practice in Canada, and
- cost-effective.

The fact that your physician or nurse practitioner prescribes the care, service, or supply doesn't automatically mean that it's medically necessary and covered by the policy.

minor ailment - any condition that doesn't require:

- medication for more than 30 days
- follow-up or referral visit to a medical practitioner
- hospitalization
- surgical intervention

nurse - a person licensed or registered by the nursing regulatory body, college, or association in the province or territory where they work

nurse practitioner (NP) - a qualified registered nurse who has completed a graduate degree in nursing and is licensed in their region to:

- provide direct care to patients in the diagnosis and management of disease and illness,
- prescribe medications,
- order and interpret laboratory tests,
- initiate referrals to specialists, and
- isn't the insured person or an immediate family member.

prior authorization - a claims management feature applied to a specific list of drugs, supplies, or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation

out-of-pocket expenses - costs paid by or on behalf of an insured person which aren't covered or reimbursed under this policy

pandemic - a contagious illness occurring worldwide, crossing international boundaries, and affecting a large number of people

period of coverage - the number of days you have coverage, according to the plan option you chose

pharmacoeconomics - the scientific discipline that evaluates the value of pharmaceutical drugs, clinical services, or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value, and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation in a standardized and scientifically grounded manner, as determined by Manulife.

physician - a Doctor of Medicine (MD), legally qualified to practice medicine and perform surgery without restriction in the area where the services are provided. The treating physician may not be you or an immediate family member

policy - this insurance policy, including your application for insurance, any documents we attach to it, and any future amendments

policy owner - the person this policy was issued to and with whom Manulife entered into an insurance contract

policy anniversary - the anniversary of the month and day of the start date of the policy

provincial plan - any plan which provides hospital, medical, drug, or dental benefits established by the government in the province where the covered person lives

primary insured - the person listed as the primary applicant on the application for insurance. This person is usually the policy owner and the person responsible for the premiums on the policy.

private hospital - a private hospital as defined in the *Private Hospitals Act of Ontario* and licensed by the Ministry of Health as such, or an equivalent hospital outside Ontario

reasonable - in relation to charges, is consistent with the typical charges for a product or range of usual fees charged by providers with similar expertise

registered nurse (RN) - a person who:

- holds a certificate as a Registered Nurse (RN) under the *Health Disciplines Act* or similar legislation, or
- is registered or licensed in another area to provide services equivalent to those provided by an RN, and
- isn't a Registered Practical Nurse (RPN), and
- isn't you or an immediate family member.

registered practical nurse (RPN) or licensed practical nurse (LPN) - a person licensed, certified, or registered in the area where the services are provided, and who isn't you or an immediate family member

resident - a person who:

- has a valid provincial health insurance card,
- maintains a permanent residence in Canada, and
- has been in the country for at least 183 days during the past 12 months.

scans - an image or PDF of your application and any applicable medical Prior-Authorization form is as good as and as binding as the original. This doesn't apply to receipts as originals must be sent when requested.

single coverage - benefits cover only you and don't cover any family members

speed contest - a competitive activity where speed is a determining factor in the outcome of the event

spouse - a person who has coverage under a government health insurance plan and is legally married to you or lived with you in a conjugal relationship for at least 12 months in a row

travelling companion - any person who has prepaid accommodation and/or transportation with you for the same covered trip

treatment - any reasonable medical, therapeutic, or diagnostic measure prescribed by a dentist, physician, nurse practitioner, or health care professional in any form. This includes prescribed medication, reasonable investigative testing, hospitalization, surgery or other prescribed or recommended medical care directly referable to the condition, symptom, or problem.

trip - any excursion taken by you outside your province of residence

usual, reasonable, and customary - in relation to charges, means the lowest of:

- the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife;
- the amount shown in the applicable professional association fee guide; or
- the maximum price established by law

vehicle - a passenger automobile, motorcycle, motor home, truck, R.V., and all Class A, B and C vehicles under 11 metres or 36 feet, providing the vehicle isn't licensed to carry passengers for hire

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P.O. Box 670, Station Waterloo, Waterloo, ON N2J 4B8 – 1-800-268-3763 – manulife.ca

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