

Compare the CPA Select* Health & Dental Plans

Dental Care Benefit¹

Covers basic services, paid at a percentage of the current Provincial Dental Association Fee Guide for General Practitioners

	Starter Health & Dental No medical questionnaire required to apply	Essential Health Medical questionnaire required to apply	Essential Health & Dental Medical questionnaire required to apply	Enhanced Health Medical questionnaire required to apply	Enhanced Health & Dental Medical questionnaire required to apply
Reimbursement of exams, diagnostic services, scaling and other ongoing maintenance including preventative services, pit and fissure, restoration, polishing, root planing and select extractions	70% to a max. of \$400 per year	N/A	100% of the first \$500, 60% of the next \$700 Max. of \$920 per year	N/A	100% of the first \$500, 60% of the next \$700 Max. of \$920 per year
Reimbursement of extensive services including oral surgery, endodontics, periodontics and denture services	N/A	N/A	Year 1 & Year 2: 60% Year 3 & beyond: 80%	N/A	Year 1 & Year 2: 60% Year 3 & beyond: 80%
Reimbursement of major restorative services including crowns, bridges, dentures and orthodontics	N/A	N/A	Year 1 & Year 2: 0% Year 3 & beyond: 60%	N/A	Year 1 & Year 2: 0% Year 3 & beyond: 60%
Anniversary year maximums for extensive services	N/A	N/A	Year 1: \$400 (included in the overall max. of \$1,250) Combined 3 consecutive year max. of \$1,250	N/A	Year 1: \$400 (included in the overall max. of \$1,250) Combined 3 consecutive year max. of \$1,250
Recall visits	9 months	N/A	6 months	N/A	6 months

Prescription Drug Benefit²

	Starter Health & Dental	Essential Health	Essential Health & Dental	Enhanced Health	Enhanced Health & Dental
Generic ³ vs brand-name coverage	Generic	Generic	Generic	Brand-name or Generic	Brand-name or Generic
Dispensing fee	\$6.50 max.	Full coverage of reasonable and customary dispensing fees	Full coverage of reasonable and customary dispensing fees	Full coverage of reasonable and customary dispensing fees	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.	All	All except fertility and birth control drugs	All except fertility and birth control drugs	All except fertility and birth control drugs	All except fertility and birth control drugs
Reimbursement amount per year (under age 65)	70% of the first \$750	70% of the first \$750 90% of the next \$4,972 to a max. of \$5,000	70% of the first \$750 90% of the next \$4,972 to a max. of \$5,000	90% of the first \$2,222 100% of the next \$8,000 to a max. of \$10,000	90% of the first \$2,222 100% of the next \$8,000 to a max. of \$10,000
Reimbursement amount per year (age 65 and beyond)	100% of the first \$750	100% of the first \$750 90% of the next \$4,722 to a max. of \$5,000	100% of the first \$750 90% of the next \$4,722 to a max. of \$5,000	100% of the first \$750 90% of the next \$10,278 to a max. of \$10,000	100% of the first \$750 90% of the next \$10,278 to a max. of \$10,000

Core Benefits

	Starter Health & Dental	Essential Health	Essential Health & Dental	Enhanced Health	Enhanced Health & Dental
Vision Care – Covers the costs towards prescription lenses and frames and/or contact lenses. (This benefit does not include industrial safety glasses.)	\$150 per 2 benefit years \$50 per 2 benefit years for Optometrist visits	\$250 per 2 benefit years \$50 per 2 benefit years for Optometrist visits	\$250 per 2 benefit years \$50 per 2 benefit years for Optometrist visits	\$250 per 2 benefit years \$50 per 2 benefit years for Optometrist visits	\$250 per 2 benefit years \$50 per 2 benefit years for Optometrist visits
Hospital Benefits – Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation. Hospitalization due to pregnancy or complication of pregnancy is limited to 2 days.					
Type of accommodation	N/A	Private and semi-private	Private and semi-private	Private and semi-private	Private and semi-private
Maximum charge	N/A	100% up to \$200 per day	100% up to \$200 per day	100% up to \$200 per day	100% up to \$200 per day
Cash benefit in lieu of accommodation	N/A	\$50 per day beginning on the 4th day of hospitalization, for a max. of 60 days, if a semi-private/private room is not obtained	\$50 per day beginning on the 4th day of hospitalization, for a max. of 60 days, if a semi-private/private room is not obtained	\$50 per day beginning on the 4th day of hospitalization, for a max. of 60 days, if a semi-private/private room is not obtained	\$50 per day beginning on the 4th day of hospitalization, for a max. of 60 days, if a semi-private/private room is not obtained
Accidental Death and Dismemberment Payment for a loss directly resulting from accidental bodily injury or for accidental loss of life, where the loss occurs within a year of the date of the accident.	\$25,000 max. per adult \$10,000 max. per child or senior age 65 and beyond	\$25,000 max. per adult \$10,000 max. per child or senior age 65 and beyond	\$25,000 max. per adult \$10,000 max. per child or senior age 65 and beyond	\$25,000 max. per adult \$10,000 max. per child or senior age 65 and beyond	\$25,000 max. per adult \$10,000 max. per child or senior age 65 and beyond
Travel Coverage (to age 65) – Covers emergency hospital/medical expenses while travelling outside your country of residence and access to a 24-hour worldwide medical assistance centre up to a maximum of \$5,000,000 per covered person per trip. This benefit includes a deductible of \$100 per claim.					
Number of trips per year	N/A	Unlimited	Unlimited	Unlimited	Unlimited
Maximum trip length	N/A	9 days	9 days	9 days	9 days
Survivor Benefit – For a period of one year following the death of an adult insured, this benefit will waive premiums and maintain coverage for any remaining adult insured or eligible dependant.	Available 1 year after policy effective date	Covered	Covered	Covered	Covered
Lifeline® Personal Response Service ⁺⁺ Provides 24-hour monitoring service for people coping with medical problems at home. Installation charges are not eligible benefits.	6 months per 3 anniversary years	6 months per 3 anniversary years	6 months per 3 anniversary years	6 months per 3 anniversary years	6 months per 3 anniversary years
Healthcare Online ⁺ – 24/7 access to health care professionals (including physicians, nurse practitioners and nurses) online or through the app. Plus, access to lab results, scripts, refills and referrals.	Covered	Covered	Covered	Covered	Covered

Extended Health Care Benefits

	Starter Health & Dental	Essential Health	Essential Health & Dental	Enhanced Health	Enhanced Health & Dental
Lifetime Maximum	\$250,000 \$260,000 (age 65 and beyond)	\$350,000 \$260,000 (age 65 and beyond)	\$350,000 \$260,000 (age 65 and beyond)	\$350,000 \$260,000 (age 65 and beyond)	\$350,000 \$260,000 (age 65 and beyond)

Registered Specialists & Therapists⁴ – Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Physiotherapists and Registered Massage Therapists

Maximum claims paid per year	\$400 per specialist/therapist (\$250 max. for physiotherapists)	\$400 per specialist/therapist	\$400 per specialist/therapist	\$400 per specialist/therapist	\$400 per specialist/therapist
Maximum per visit	\$20	\$20	\$20	\$20	\$20
Maximum visits per year	20	20	20	20	20
Chiropractic X-rays per year	\$35	\$35	\$35	\$35	\$35

Psychologists/Psychotherapists/Marriage & Family Therapists/Social Workers

Maximum per first visit	\$80	\$80	\$80	\$80	\$80
Maximum per subsequent visit	\$65	\$65	\$65	\$65	\$65
Maximum visits per year	10	15	15	15	15

Speech Pathologists/Therapists⁴

Maximum per first visit	\$65	\$65	\$65	\$65	\$65
Maximum per subsequent visit	\$45	\$45	\$45	\$45	\$45
Maximum visits per year	10 (15 at age 65 and beyond)	10 (15 at age 65 and beyond)	10 (15 at age 65 and beyond)	10 (15 at age 65 and beyond)	10 (15 at age 65 and beyond)

Homecare and Private Nursing, Prosthetic Appliances, and Durable Medical Equipment

Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Licensed Practical Nurse, Personal Support Worker, Occupational Therapist or Registered Dietitian. Includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheelchairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following a mastectomy. Payment will be coordinated where benefits are available through the Assistive Devices Program.	Max. for each of the 3 categories: Under age 65: Year 1 – \$1,000 Year 2 – \$1,300 Year 3 – \$1,500 Year 4 – \$1,700 Year 5+ – \$3,000 Age 65 and beyond: Year 1 – \$1,100 Year 2 – \$1,500 Year 3 – \$1,700 Year 4 – \$2,000 Year 5+ – \$3,500	\$3,500 max. per year, for each of the 3 categories \$4,000 max. per year at age 65 and beyond for each of the 3 categories	\$3,500 max. per year, for each of the 3 categories \$4,000 max. per year at age 65 and beyond for each of the 3 categories	\$3,500 max. per year, for each of the 3 categories \$4,000 max. per year at age 65 and beyond for each of the 3 categories	\$3,500 max. per year, for each of the 3 categories \$4,000 max. per year at age 65 and beyond for each of the 3 categories
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Extended Health Care Benefits (continued)

	Starter Health & Dental	Essential Health	Essential Health & Dental	Enhanced Health	Enhanced Health & Dental
Custom-Made Orthotics	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year
Hearing Aids – Covers the cost to purchase and/or repair, up to the allowed maximum.	\$400 per 4 consecutive benefit years \$500 per 4 consecutive benefit years at age 65 and beyond	\$400 per 4 consecutive benefit years \$500 per 4 consecutive benefit years at age 65 and beyond	\$400 per 4 consecutive benefit years \$500 per 4 consecutive benefit years at age 65 and beyond	\$500 per 4 consecutive benefit years \$500 per 4 consecutive benefit years at age 65 and beyond	\$500 per 4 consecutive benefit years \$500 per 4 consecutive benefit years at age 65 and beyond
Ambulance Services⁴					
Covers trips to hospital in a licensed ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation
Accidental Dental					
Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year

1. If applicable, dental coverage begins at the age when dental coverage under your provincial health insurance plan coverage ends.
 2. All maximums are per person unless stated otherwise. Prescription drug coverage is based on **Anniversary year**.
 3. Generic Drug: a generally less expensive alternative to an interchangeable brand-name drug product. Please note: Not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent, if applicable. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.
 4. Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.
- + Lifeline® and Healthcare Online are offered through The Manufacturers Life Insurance Company (Manulife). Manulife cannot guarantee the availability of this benefit indefinitely.
 ¥ Lifeline® is a trademark of Lifeline Systems Inc.

Unless stated otherwise, all references to “year” refer to Anniversary Year. **Anniversary Year** means each successive 12-month period following the effective date of your policy. **Benefit Year** means each successive 12-month period following the date a claim for a specific benefit is first incurred under your policy. **Calendar Year** means each successive 12-month period commencing January 1 and ending December 31.

Important Notice: This is not a contract. Actual terms and conditions are detailed in the policy issued by Manulife upon final application approval. It contains important details concerning exclusions, conditions and limitations. Please review them carefully upon receipt.

* CPA Select and CPA Select Plans are official marks of the Chartered Professional Accountants of Ontario.



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