Manulife

The Manufacturers Life Insurance Company (Manulife)

FollowMe™ Health and Dental Plan – Your Contract

You've made a great choice to buy supplemental health care coverage with 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.

Important Notice: Please note that the FollowMe health insurance plan isn't intended to and won't provide the exact same coverage that you may have had under your group health insurance plan.

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Signed for The Manufacturers Life Insurance Company (Manulife) at Toronto by:

Roy Gori,
President and Chief Executive Officer

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 rights of any beneficiary under the policy are also subject to this right of cancellation.

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

Table of contents

Before you begin

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

To be eligible to submit claims, you must pay the policy premiums in full to the current date, so your policy is in good standing. You must have government health insurance coverage in your home province or territory.

We occasionally use the phrase "according to the terms and conditions of this policy." We may change our terms and conditions without notice to reflect corporate policies, economic changes, revisions to usual, reasonable and customary charges 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 and it's very important that you read this policy with these specific meanings in mind. Refer to the section **Terms used in this policy** to familiarize yourself with these terms and their associated meaning whenever consulting this policy.

All benefits described in this policy may not be applicable to your specific coverage. Please refer to *Your Benefits* and the Manulife *Vitality*™ program summary, if applicable for details of coverage selected.

We may need to update the contract and Your Benefits from time-to-time. You can view the current version and details about your specific coverage for each benefit online at manulife.ca/secureserve.

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. On the *Summary of Information* page, we show 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,
- have coverage under your government health insurance plan;
- Quebec residents must also be registered under the RAMQ Prescription Drug Insurance Plan or have equivalent coverage under a group plan;
- had previous coverage under a group health and dental insurance plan as a member, spouse of a member, or child of a member. The coverage under that group plan must have ended before the effective date of this policy and must not have ended more than:
  - 120 days before the application date for this policy if you were a member of a Manulife group plan.
  - 90 days before the application date for this policy if you were a member of any other group plan.

  Exceptions: your application involved medical underwriting, or we waived this requirement
- are at least 18 years of age on the date of application for this policy, except for children of an insured person.

If we decide that you or anyone else on the policy was not or is not eligible, we may terminate the policy immediately without refunding premiums. We may also ask you to repay us for any claims we might have paid.

Premiums

The premium is the amount we charge you for your health care policy.

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 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 written notice. The premium may also change from year to year, depending on the Vitality Status™ of the primary insured person.

How to make changes to 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. We may require medical evidence when you add people to your coverage after the initial application. The primary insured person's Vitality Status may not be used as a substitute for or to override medical evidence. We don't require evidence of health for a newborn child if you send us the application within 30 days following the date of birth. Only one spouse may be covered under a plan at any given time.

You must have been covered under this policy for at least 12 consecutive months before you can change your benefits.

You must remove people insured under your plan if:

- an insured person dies,
- you divorce,
- your primary residence is different than the policy owner, 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. We'll provide you with revised *Summary of Information* page to show the change to your policy and your new premium payment. Any adult insured or dependent wishing to exercise their conversion right may also join the Manulife *Vitality* program at the time they apply for conversion, but not after.

You can't change the primary insured person, also known as the policy owner, to another person.

Reapplication

If your policy has been terminated, you must wait for 24 months before you can reapply for any Manulife Individual (non-group) Health Plan.

How to cancel your policy

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

You must contact us to cancel coverage within 30 days following the date of: death; divorce; or if your primary residence is different than the policy owner's. You must also cancel coverage for an insured child when they become 21 years of age, get married; becomes an orphan; or obtains full-time employment. 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.

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**.

When is a Prior Authorization form needed?

When you get prior authorization for a product or service, you'll know how much of a benefit payment you can expect before paying for it. In some cases, we'll also make recommendations for services in your area. Any product or service over $300 or those specified in *Your Benefits* requires a Prior Authorization form.

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.

2 How we pay claims

When you bought this extended health care policy, we agreed that if you pay your premiums, we would 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 policy owner's estate. All benefits and amounts are in Canadian dollars and don't gather interest.

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 for eligible expenses that:

- are considered to be usual, reasonable and customary as determined by us. This means that the expenses aren't higher than the standard fee charged by providers of similar standing in the same geographical area, when providing the same treatment.
- are within the maximums of your policy.
- aren't prohibited by any exclusions, limitations, conditions, and amendments to this policy.
- are determined to be medically necessary by us and are prescribed by a physician, nurse practitioner, dentist, denturist, or other licensed health care professional.
- aren't available through a government health insurance plan.
- are payable according to law.
- we receive all written proof that we ask for (such as receipts) within 12 months of the expense.

We won't pay claims for:

- benefits available through a government health insurance plan;
- services or supplies payable or available, regardless of any waiting list, under any government-sponsored plan or program unless explicitly covered under this benefit;
- expenses that happen outside your home province or territory;
- 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; or
- services, supplies, devices, or items that don't qualify as medical expenses under the *Income Tax Act (Canada)*, unless covered under this policy.

3 Health care benefits

Your health care benefits are specific to the plan coverage options you chose. Refer to your **Summary of Information** page for details of your coverage and **Your Benefits** on manulife.ca/secureserve for a list of coverages, reductions, limitations and exclusions.

Payments for care, services or supplies listed under this section are subject to the maximum amounts stated for your policy. The expense must take place in your home province or territory to be eligible. Participation in available manufacturer's rebate programs and government programs is mandatory for all applicable benefits.

4 Emergency travel medical care benefits (optional)

This benefit isn't automatically included in your plan and must be purchased as an option when you buy your policy. It can't be added later and is only available to those under age 69. This benefit ends at age 80. Refer to your *Summary of Information* page for details of your coverage.

The emergency travel medical care benefit is available to residents of Canada to cover eligible expenses over and above those paid by their government health insurance plan. Benefits are available for medically necessary care, services or supplies required as a result of emergency illness or injuries which occur outside of your province or territory of residence. The benefit maximum is $5 million Canadian for each incident.

5 Manulife *Vitality* program benefit (optional)

Only the primary insured person can apply for and be rated for Vitality Status under the Manulife *Vitality* program to determine the premium savings for each policy anniversary year. These premium savings can change without notice. No other person insured under this policy can substitute for the primary insured.

Vitality Status

There are 4 Vitality Status levels: Platinum, Gold, Silver, and Bronze. Each level has a corresponding premium savings, shown in the attached Manulife *Vitality* program summary. The program summary also outlines the premium savings for the first year in the program. The first-year premium savings apply no matter what the primary insured person's Vitality Status is on any other Manulife Vitality policy.

After the first year, the Vitality Status of the primary insured on each policy anniversary determines the premium savings for the next year (the 12 months following the policy anniversary). It's understood that the primary insured person's Vitality Status is determined 2 months before the start of the anniversary year.

If the primary insured person is covered under more than one policy with the Manulife *Vitality* program (for example, a life insurance policy and a health and dental policy), the insured's Vitality Status is determined according to the policy with the earliest policy effective date.

Status qualification

The primary insured person must meet certain status qualification requirements to attain or maintain a status other than Bronze. The status qualification requirements are the criteria used to determine the insured's Vitality Status.

We may administer the Vitality Status qualification requirements directly or may designate a third-party provider to do so. We may designate or replace a third-party provider at any time without notifying an insured.

We may change the Vitality Status qualification requirements from time to time without notification. A change to these requirements could affect your ability to maintain a Vitality Status or attain an improved Vitality Status. You can get up-to-date information about the Vitality Status qualification requirements by visiting manulife.ca/vitality or by contacting the phone number shown on the Manulife *Vitality* program summary and other communications about this program.

We, or the third-party provider may make offers to you, including access to information, discounts, tools, or other services designed to encourage you to participate in activities to help meet Vitality Status qualification requirements. These offers may change without notice from time to time and may vary based on the coverage or type of plan you hold.

Participation in the Manulife *Vitality* program ends at the earliest of the following dates:

- when you ask us to cancel participation in the program;
- when the primary insured person dies;
- when this policy lapses for non-payment of premiums; or
- when the policy ends for any other reason.

When participation in the Manulife *Vitality* program ends, you lose the Vitality Status you've attained and any earned rewards.

We don't reimburse any costs incurred to meet a Vitality Status qualification requirement.

6 More information about this policy

Applications

If we change or replace 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.

Co-ordination of benefits

We follow the co-ordinating coverage guidelines for out of country and out of province or territory expenses set out by the Canadian Life and Health Insurance Association (CLHIA).

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 be more than 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. After you've had your coverage for more than 2 years, we can't cancel any coverage unless you commit fraud.

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,
- another health & dental plan that offers the Manulife *Vitality* program.
- 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.

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

If necessary, we adjust the provisions described in this policy to meet the minimum requirements of law within your province or territory.

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.

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.

7 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.

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.

8 Terms used in this policy

Where used in this policy, these terms mean the following:

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 and shall not 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 Individual Insurance 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 January 1 and ends December 31.

change in medication - medication dosage or frequency being reduced, increased, stopped or new medications being 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 registered with a federal or provincial association of counsellors.

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-payment - the percentage of charges for eligible benefits that we pay.

dentist or 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, unmarried, doesn't work full-time, and relies on you for financial support.

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

eligible expense - 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 The Health Protection Branch of 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 (except the province of Quebec) 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, a home for the aged, a rehabilitation centre or an 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 – confined to a hospital for more than 24 consecutive hours, on the recommendation of the attending physician or nurse practitioner.

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). Also referred in this policy as "us".

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 where the drug is dispensed; but has been identified as interchangeable by Manulife.

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.

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 service or supplies 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.

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 help us determine how to allocate healthcare resources, in a standardized and scientifically grounded manner.

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

primary insured person – 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

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 – the expenses aren't higher than the standard fee charged by providers of similar standing in the same geographical area, when providing the same treatment. In relation to charges:

- usual means typical charges for a service given or supplied by a provider
- reasonable means charges consistent with representative fees and prices which would normally be made in the absence of coverage under this policy
- customary means a range of usual charges by providers with similar expertise and services

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

Vitality charge means the amount charged by us for the Manulife *Vitality* program. The Vitality charge is shown in the Manulife *Vitality* program summary included with this policy and the annual renewal notice.

Vitality Status means the primary insured person's status level under the Manulife *Vitality* program, described in more detail in the Manulife *Vitality* program section.

Underwritten by The Manufacturers Life Insurance Company (Manulife).

Eligibility for rewards may change over time and are not guaranteed over the full life of the insurance policy.

Vitality Group International, Inc., in association with The Manufacturers Life Insurance Company, provides the Manulife *Vitality* program. The Manulife *Vitality* program is available with select policies. Vitality and Vitality Status are trademarks of Vitality Group International, Inc., and are used by the Manufacturers Life Insurance Company and its affiliates under license. The Manulife trademark is also used by Vitality Group International, Inc. and its affiliates under license.

FollowMe, SecureServe, Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company (Manulife) and are used by it, and by its affiliates under license.

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

Accessible formats and communication supports are available upon request.
Visit manulife.ca/accessibility for more information.

Manulife