

	Basic	Enhanced	Enhanced Plus	Premiere
<b>Prescription Drugs<sup>†</sup></b> <ul style="list-style-type: none"> <li>• Generic* coverage</li> <li>• Shared dispensing fee</li> <li>• Co-payment</li> <li>• Anniversary year maximums</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• No maximum</li> <li>• 80%</li> <li>• \$450</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• No maximum</li> <li>• 80%</li> <li>• \$900</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• No maximum</li> <li>• 80%</li> <li>• \$900</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• No maximum</li> <li>• 80%</li> <li>• \$2,000</li> </ul>
<b>Dental Services</b> Covers services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence. <ul style="list-style-type: none"> <li>• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services</li> <li>• Reimbursement on extensive services including oral surgery, endodontics and periodontics, as well as denture services</li> <li>• Reimbursement on crowns, bridges, dentures and orthodontics</li> <li>• Anniversary year maximums</li> <li>• Recall visits</li> </ul> <p><i>Note: If applicable, dental coverage begins at the age when your provincial health insurance plan coverage ends.</i></p>	<ul style="list-style-type: none"> <li>• Not covered</li> <li>• Not covered</li> <li>• Not covered</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> <li>• Not covered</li> <li>• Not covered</li> <li>• N/A</li> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> <li>• 80%</li> <li>• Not covered</li> <li>• Year 1 \$700; Year 2 \$850; Year 3+ \$1,000</li> <li>• 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> <li>• 80%</li> <li>• 60% commencing in Year 3</li> <li>• Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,500</li> <li>• 6 months</li> </ul>
<b>Vision Care</b> Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none"> <li>• \$150 per 2 benefit years plus</li> <li>• \$50 for Optometrist visit<sup>†</sup> per 2 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 per 2 benefit years plus</li> <li>• \$50 for Optometrist visit<sup>†</sup> per 2 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 per 2 benefit years plus</li> <li>• \$50 for Optometrist visit<sup>†</sup> per 2 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 per 2 benefit years plus</li> <li>• \$50 for Optometrist visit<sup>†</sup> per 2 benefit years</li> </ul>
<b>Hospital Benefits</b> 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. <ul style="list-style-type: none"> <li>• Type of accommodation</li> <li>• Maximum charge per day</li> <li>• Reimbursement per anniversary year</li> <li>• Cash benefit in lieu of accommodation: <ul style="list-style-type: none"> <li>– Per day</li> <li>– Maximum</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private room</li> <li>• \$175</li> <li>• 50% for 150 days</li> <li>• \$25/day</li> <li>• \$1,500 anniversary year maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private room</li> <li>• \$175</li> <li>• 100% first 60 days; 50% next 90 days</li> <li>• \$50/day</li> <li>• \$3,000 anniversary year maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private room</li> <li>• \$175</li> <li>• 100% first 60 days; 50% next 90 days</li> <li>• \$50/day</li> <li>• \$3,000 anniversary year maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-private or private room</li> <li>• \$200</li> <li>• 100% first 100 days; 60% next 90 days</li> <li>• \$50/day</li> <li>• \$5,000 anniversary year maximum</li> </ul>
<b>Extended Healthcare Benefits:</b>	<b>Lifetime maximum \$100,000</b>	<b>Lifetime maximum \$200,000</b>	<b>Lifetime maximum \$200,000</b>	<b>Lifetime maximum \$300,000</b>
<b>Registered Specialists and Therapists</b> – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists.				
<b>Registered Specialists and Therapists<sup>†</sup></b> <ul style="list-style-type: none"> <li>• Maximum claims paid</li> <li>• Per visit maximum</li> <li>• Chiropractic x-rays</li> </ul>	<ul style="list-style-type: none"> <li>• 20 visit maximum per specialist per year</li> <li>• \$15 per visit</li> <li>• \$35 per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$600 combined per anniversary year</li> <li>• \$35 per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$600 combined per anniversary year</li> <li>• \$35 per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$600 combined per anniversary year</li> <li>• \$35 per year</li> </ul>
<b>Registered Psychologist</b> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$80</li> <li>• \$65</li> <li>• 12</li> </ul>

Extended Healthcare Benefits (continued)	Basic	Enhanced	Enhanced Plus	Premiere
<b>Registered Speech Therapist*</b> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year	• \$65 • \$45 • 10	• \$65 • \$45 • 10	• \$65 • \$45 • 10	• \$65 • \$45 • 12
<b>Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment</b> – Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Certified Home Support Worker, Occupational Therapist, Registered Dietician, Registered Nursing Assistant or healthcare aide; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	• For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$500 Year 2: \$750 Year 3+: \$1,250	• For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000	• For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000	• For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$3,000 per year
<b>Custom-Made Orthotics</b> – Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).	• \$250 maximum per anniversary year	• \$250 maximum per anniversary year	• \$250 maximum per anniversary year	• \$250 maximum per anniversary year
<b>Accidental Dental</b> – 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.	• Maximum of \$2,000 per year	• Maximum of \$2,500 per year	• Maximum of \$2,500 per year	• Maximum of \$3,000 per year
<b>Hearing Aids</b> – Covers the costs to purchase and/or repair up to the allowed maximum.	• \$300/5 benefit years	• \$400/5 benefit years	• \$400/5 benefit years	• \$600/4 benefit years
<b>Ambulance Services*</b> – Covers trips to hospitals 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 transport • Up to \$4,000 air ambulance per year	• Unlimited ground transport • Up to \$4,000 air ambulance per year	• Unlimited ground transport • Up to \$4,000 air ambulance per year	• Unlimited ground transport • Up to \$4,000 air ambulance per year
<b>Lifeline® Emergency Response Service</b> – Provides 24-hour monitoring service for people coping with medical problems at home.	• Maximum of 6 months per lifetime	• Maximum of 6 months per lifetime	• Maximum of 6 months per lifetime	• Maximum of 6 months per lifetime
<b>Health Service Navigator®</b> Offers evaluation of medical records upon diagnosis of serious illness or injury.	• Included	• Included	• Included	• Included
<b>Preferred Vision Services (PVS)</b> Offers discounts for vision and hearing aid products and services through participating optical outlets and PVS Preferred provider Hearing Healthcare Centres.	• Included	• Included	• Included	• Included
<b>Fracture Benefit</b> Pays a scheduled amount depending on which bone is fractured. If more than one bone is fractured in a single accident, the amount payable is for the most severe fracture.	• Not available	• Up to \$350	• Up to \$350	• Up to \$500
<b>Accidental Death and Dismemberment</b> Payment for accidental death or dismemberment directly resulting from an accident, occurring within one year of the date of the accident.	• \$10,000 for adults • \$5,000 for children and persons aged 65 years or over	• \$25,000 for adults • \$10,000 for children and persons aged 65 years or over	• \$25,000 for adults • \$10,000 for children and persons aged 65 years or over	• \$50,000 for adults • \$15,000 for children and persons aged 65 years or over
<b>Survivor Benefit</b> Provides for continuous coverage for 1 year, following the death of an adult policyholder.	• Included	• Included	• Included	• Included

\* Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product. Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details. † Prescription drug coverage in the provinces of British Columbia and Saskatchewan is based on calendar year.

‡ Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable. Benefits payable are up to reasonable and customary charges.

Anniversary year means the consecutive 12 months following the effective date of the agreement, and each 12-month period thereafter. Benefit year means the 12 consecutive months following the incurred date of the claim.

Calendar year means each successive 12-month period commencing January 1 and ending December 31. All references to “year” refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, year refers to benefit year.

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 no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

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