

	Basic	Enhanced	Enhanced Plus	Premiere
<p><b>Prescription Drugs</b> The prescription drug coverage available under this plan is limited to costs not covered by the RAMQ Prescription Drug Insurance Plan. It is not intended to be a replacement for the RAMQ Plan. In order to be eligible for coverage under this Plan, you must have a provincial health card and be registered under the RAMQ Prescription Drug Insurance Plan, or have equivalent coverage under a group plan.</p> <ul style="list-style-type: none"> <li>• Generic* coverage</li> <li>• Co-payment</li> <li>• Calendar year maximums</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• 80%</li> <li>• \$450</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• 80%</li> <li>• \$900</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• 80%</li> <li>• \$900</li> </ul>	<ul style="list-style-type: none"> <li>• Generic</li> <li>• 80%</li> <li>• \$2,000</li> </ul>
<p><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.</p> <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>	<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>
<p><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.</p>	<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>
<p><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.</p> <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>
<p><b>Extended Healthcare Benefits:</b></p>	<p><b>Lifetime maximum \$100,000</b></p>	<p><b>Lifetime maximum \$200,000</b></p>	<p><b>Lifetime maximum \$200,000</b></p>	<p><b>Lifetime maximum \$300,000</b></p>
<p><b>Registered Specialists and Therapists</b> – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists.</p>				
<p><b>Registered Specialists and Therapists<sup>†</sup></b></p> <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>
<p><b>Registered Psychologist</b></p> <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> <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>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$65</li> <li>• \$45</li> <li>• 12</li> </ul>
<b>Diagnostic Services</b> <ul style="list-style-type: none"> <li>• Audiologist</li> <li>• Magnetic Resonance Imaging</li> <li>• CAT Scans</li> <li>• Ultrasound Scans</li> <li>• PSA Test</li> <li>• CA 125 Test</li> <li>• Laboratory Tests (blood tests, urine tests, throat cultures)</li> </ul>	<ul style="list-style-type: none"> <li>• \$500 maximum per year</li> <li>• \$500 maximum per year</li> <li>• \$200 maximum per year</li> <li>• \$50 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$100 maximum per category per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$500 maximum per year</li> <li>• \$500 maximum per year</li> <li>• \$200 maximum per year</li> <li>• \$50 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$100 maximum per category per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$500 maximum per year</li> <li>• \$500 maximum per year</li> <li>• \$200 maximum per year</li> <li>• \$50 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$100 maximum per category per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$500 maximum per year</li> <li>• \$500 maximum per year</li> <li>• \$200 maximum per year</li> <li>• \$50 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$75 maximum per year</li> <li>• \$100 maximum per category per year</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$500 Year 2: \$750 Year 3+: \$1,250</li> </ul>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment: \$3,000 per year</li> </ul>
<b>Custom-Made Orthotics</b> – Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).	<ul style="list-style-type: none"> <li>• \$250 maximum per anniversary year</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 maximum per anniversary year</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 maximum per anniversary year</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 maximum per anniversary year</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Maximum of \$2,000 per year</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of \$2,500 per year</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of \$2,500 per year</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of \$3,000 per year</li> </ul>
<b>Hearing Aids</b> – Covers the costs to purchase and/or repair up to the allowed maximum.	<ul style="list-style-type: none"> <li>• \$300/5 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$400/5 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$400/5 benefit years</li> </ul>	<ul style="list-style-type: none"> <li>• \$600/4 benefit years</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• Up to \$4,000 air ambulance per year</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• Up to \$4,000 air ambulance per year</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• Up to \$4,000 air ambulance per year</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited ground transport</li> <li>• Up to \$4,000 air ambulance per year</li> </ul>
<b>Lifeline® Emergency Response Service</b> – Provides 24-hour monitoring service for people coping with medical problems at home.	<ul style="list-style-type: none"> <li>• Maximum of 6 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 6 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 6 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 6 months per lifetime</li> </ul>
<b>Health Service Navigator®</b> Offers evaluation of medical records upon diagnosis of serious illness or injury.	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• Not available</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$350</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$350</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$500</li> </ul>
<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.	<ul style="list-style-type: none"> <li>• \$10,000 for adults</li> <li>• \$5,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>• \$25,000 for adults</li> <li>• \$10,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>• \$25,000 for adults</li> <li>• \$10,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000 for adults</li> <li>• \$15,000 for children and persons aged 65 years or over</li> </ul>
<b>Survivor Benefit</b> Provides for continuous coverage for 1 year, following the death of an adult policyholder.	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>

\* 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.  
† 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.

FollowMe™ Health is offered through The Manufacturers Life Insurance Company (Manulife Financial).

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