

Plan Comparison Chart

	Basic	Enhanced	Enhanced Plus	Premiere
Prescription Drugs[†] <ul style="list-style-type: none"> • Generic* coverage • Shared dispensing fee • Co-payment • Anniversary year maximums 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$450 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$900 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$900 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$1,800
Dental Services Covers basic 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"> • Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services, including denture services • Reimbursement on extensive services including endodontics and periodontics • Reimbursement on crowns, bridges, dentures and orthodontics • Anniversary year maximums • Recall visits <small>Note: FollowMe Health dental coverage begins at age 11 for residents of Nova Scotia, at age 13 for residents of Newfoundland and Labrador, and at age 17 for residents of Prince Edward Island.</small>	<ul style="list-style-type: none"> • Not covered • Not covered • Not covered • N/a • N/a 	<ul style="list-style-type: none"> • Not covered • Not covered • Not covered • N/a • N/a 	<ul style="list-style-type: none"> • 80% • 80% • Not covered • Year 1 \$700; Year 2 \$850; Year 3+ \$1,000 • 9 months 	<ul style="list-style-type: none"> • 80% • 80% • 60% commencing in Year 3 • Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,500 • 6 months
Vision Care 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"> • \$150 per 2 benefit years plus • \$50 for Optometrist visit[‡] 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus • \$50 for Optometrist visit[‡] 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus • \$50 for Optometrist visit[‡] 	<ul style="list-style-type: none"> • \$250 per 2 benefit years plus • \$50 for Optometrist visit[‡]
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. <ul style="list-style-type: none"> • Type of accommodation • Maximum charge per day • Reimbursement per anniversary year • Cash benefit in lieu of accommodation <ul style="list-style-type: none"> – Per day – Maximum 	<ul style="list-style-type: none"> • Semi-Private Room • \$175 • 50% for 150 days • \$25/day • \$1,500 anniversary year maximum 	<ul style="list-style-type: none"> • Semi-Private Room • \$175 • 100% first 60 days; 50% next 90 days • \$50/day • \$3,000 anniversary year maximum 	<ul style="list-style-type: none"> • Semi-Private Room • \$175 • 100% first 60 days; 50% next 90 days • \$50/day • \$3,000 anniversary year maximum 	<ul style="list-style-type: none"> • Semi-Private or Private Room • \$200 • 100% first 100 days; 60% next 90 days • \$50/day • \$5,000 anniversary year maximum
Extended Healthcare Benefits: Registered Specialists and Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropractors, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists Registered Specialists and Therapists[‡] <ul style="list-style-type: none"> • Maximum claims paid • Per visit maximum • Chiropractic x-rays 	Lifetime Maximum \$100,000 <ul style="list-style-type: none"> • 20 visit maximum per specialist • \$15 per visit • \$35 per year 	Lifetime Maximum \$200,000 <ul style="list-style-type: none"> • \$600 combined per anniversary year • \$35 per year 	Lifetime Maximum \$200,000 <ul style="list-style-type: none"> • \$600 combined per anniversary year • \$35 per year 	Lifetime Maximum \$300,000 <ul style="list-style-type: none"> • \$600 combined per anniversary year • \$35 per year
Psychologist <ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 	<ul style="list-style-type: none"> • \$80 • \$65 • 10 	<ul style="list-style-type: none"> • \$80 • \$65 • 12
Speech Therapist[‡] <ul style="list-style-type: none"> • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 	<ul style="list-style-type: none"> • \$65 • \$45 • 10 	<ul style="list-style-type: none"> • \$65 • \$45 • 12

Plan Comparison Chart (continued)

	Basic	Enhanced	Enhanced Plus	Premiere
Extended Healthcare Benefits (cont'd): Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment – 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"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$500 Year 2: \$750 Year 3+: \$1,250 Custom-made Orthotics: \$250 per year 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$750 Year 2: \$1,250 Year 3+: \$2,500 Custom-made Orthotics: \$250 per year 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$750 Year 2: \$1,250 Year 3+: \$2,500 Custom-made Orthotics: \$250 per year 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$2,500 per year Custom-made Orthotics: \$250 per year
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.	• Maximum of \$2,000 per year	• Maximum of \$2,500 per year	• Maximum of \$2,500 per year	• Maximum of \$3,000 per year
Hearing Aids – 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
Ambulance Services – Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.	<ul style="list-style-type: none"> Unlimited ground transport Up to \$4,000 air ambulance per year 	<ul style="list-style-type: none"> Unlimited ground transport Up to \$4,000 air ambulance per year 	<ul style="list-style-type: none"> Unlimited ground transport Up to \$4,000 air ambulance per year 	<ul style="list-style-type: none"> Unlimited ground transport Up to \$4,000 air ambulance per year
Lifeline® Emergency Response Service – 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
Health Service Navigator® Offers evaluation of medical records upon diagnosis of serious illness or injury.	• Included	• Included	• Included	• Included
Fracture Benefit 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
Accidental Death and Dismemberment 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"> \$10,000 for adults \$5,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> \$25,000 for adults \$10,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> \$25,000 for adults \$10,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> \$50,000 for adults \$15,000 for children and persons aged 65 years or over
Survivor Benefit 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, 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 benefits, year refers to benefit year.

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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.