

<b>Prescription Drugs<sup>1,2</sup></b>	<b>Basic</b>	<b>Enhanced</b>	<b>Enhanced Plus</b>	<b>Premiere</b>	
Generic coverage	Generic <sup>3</sup>	Generic <sup>3</sup>	Generic <sup>3</sup>	Generic <sup>3</sup>	
Shared dispensing fee (not applicable in Quebec)	\$5	\$6.50	\$6.50	\$8	
Reimbursement	80%	80%	80%	80%	
Anniversary year maximums	\$500	\$1,300	\$1,300	\$2,600	
<b>Dental Services</b>	<b>Basic</b>	<b>Enhanced</b>	<b>Enhanced Plus</b>	<b>Premiere</b>	
<b>Covers basic services, paid at a percentage of the current Dental Association Fee Schedule in your province of residence. (Note: If applicable, dental coverage begins at the age when your government health insurance plan coverage ends.)</b>					
Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services. Covers charges up to the amount between what your government health insurance plan covers and/or what is reasonable and customary.	Not covered	Not covered	80%	80%	
Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	Not covered	Not covered	80%	80%	
Reimbursement on crowns, bridges, dentures and orthodontics	Not covered	Not covered	Not covered	60% commencing in Year 2	
Anniversary year maximums	N/A	N/A	Year 1 \$700; Year 2 \$850; Year 3+ \$1,000	Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,500	
Recall visits	N/A	N/A	9 months	9 months	
<b>Vision Care</b>	<b>Basic</b>	<b>Enhanced</b>	<b>Enhanced Plus</b>	<b>Premiere</b>	
Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses. This benefit is only available where optometrist visits are not covered by a government health insurance plan.	<ul style="list-style-type: none"> <li>\$150 per 2 benefit years</li> <li>\$60 every 2 benefit years for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per 2 benefit years</li> <li>\$60 every 2 benefit years for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per 2 benefit years</li> <li>\$60 every 2 benefit years for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>\$300 per 2 benefit years</li> <li>\$60 every 2 benefit years for Optometrist visits</li> </ul>	
<b>Hospital Benefits</b>	<b>Basic</b>	<b>Enhanced</b>	<b>Enhanced Plus</b>	<b>Premiere</b>	
<b>Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital.</b>					
Type of accommodation	Semi-Private Room	Semi-Private Room	Semi-Private Room	Semi-Private Room/Private Room	
Maximum charge per day	\$175	\$175	\$175	\$200	
Reimbursement per anniversary year	50% for 150 days	100% first 60 days; 50% next 90 days	100% first 60 days; 50% next 90 days	100% first 100 days; 60% next 90 days	
<b>Extended Health Care Benefits</b>	<b>Basic</b>	<b>Enhanced</b>	<b>Enhanced Plus</b>	<b>Premiere</b>	
No lifetime maximums					
<b>Registered Specialists and Therapists</b> Registered specialists and therapists include acupuncturists, chiropractors, dietitians, osteopaths, podiatrists, naturopaths, chiropodists, registered massage therapists and physiotherapists. Covers charges up to the amount between what your government health insurance plan covers and/or what is reasonable and customary.	Maximum claims paid	20 visit max. per specialist per anniversary year Per visit maximum: \$15 per visit	\$600 combined per anniversary year	\$600 combined per anniversary year	\$650 combined per anniversary year
<b>Mental Health and Therapy</b> Psychologists, psychotherapists, clinical counsellors, Registered Social Workers and speech therapists.	Maximum for Initial/Subsequent Visits	\$65	\$65	\$65	\$65
	Maximum visits per year	10	10	10	10
<b>Homecare, Prosthetics and Medical Equipment and Supplies</b>	CPAP machines and supplies	\$250 per 5 benefit years, combined	\$250 per 5 benefit years, combined	\$250 per 5 benefit years, combined	\$250 per 5 benefit years, combined
	Hospital beds	\$500 per benefit year	\$750 per benefit year	\$750 per benefit year	\$1,500 per benefit year
	Oxygen and equipment, respirator/ventilator	\$500 per benefit year, combined	\$750 per benefit year, combined	\$750 per benefit year, combined	\$1,000 per benefit year, combined
	Medical aids (crutches, canes, walkers)	\$100 per benefit year, combined	\$150 per benefit year, combined	\$150 per benefit year, combined	\$250 per benefit year, combined
	Wheelchairs	\$500 per 5 benefit years \$5,000 lifetime maximum	\$1,000 per 5 benefit years \$5,000 lifetime maximum	\$1,000 per 5 benefit years \$5,000 lifetime maximum	\$1,250 per 5 benefit years \$5,000 lifetime maximum
	<b>Medical supplies</b> (aerochamber, colostomy, urinary catheters and kits, bandages and traction kits)	\$500 per benefit year	\$1,000 per benefit year	\$1,000 per benefit year	\$1,250 per benefit year
	<b>Prosthesis</b> (ankles, arms, breasts, braces, ears, eyes, feet, fingers, hands, legs, limbs, lenses, toes)	\$1,000 per benefit year	\$1,500 per benefit year	\$1,500 per benefit year	\$2,500 per benefit year
	<b>Medical aids</b> (braces, casts, cervical collars, splints, truss, stump socks/stump sheaths)	\$250 per benefit year	\$500 per benefit year	\$500 per benefit year	\$750 per benefit year
	Surgical stockings/surgical brassieres	\$250 per benefit year	\$250 per benefit year	\$250 per benefit year	\$250 per benefit year
	Wigs	\$100 per benefit year	\$150 per benefit year	\$150 per benefit year	\$250 per benefit year
	Personal support worker	\$500 per benefit year	\$750 per benefit year	\$750 per benefit year	\$1,000 per benefit year
	Registered nurse (R.N.), registered practical nurse (R.P.N.)	\$1,000 per benefit year	\$2,000 per benefit year	\$2,000 per benefit year	\$3,000 per benefit year

Extended Health Care Benefits (continued)		Basic	Enhanced	Enhanced Plus	Premiere
<b>Custom-Made Orthotics</b>	Covers charges for the purchase of custom-made orthotics (plaster cast or computer tomography).	Maximum of \$250 per year	Maximum of \$250 per year	Maximum of \$250 per year	Maximum of \$250 per 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 \$10,000 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 hospital in a licensed ambulance in your home province/territory of residence. Covers charges up to the amount between what your government health insurance plan covers and what is reasonable and customary.	Unlimited ground and air transport	Unlimited ground and air transport	Unlimited ground and air transport	Unlimited ground and air transport
<b>Akira by TELUS Health (Virtual Healthcare App)<sup>4</sup></b>	24/7 access to healthcare practitioners online, through the app.	Included	Included	Included	Included
<b>TELUS LivingWell Companion<sup>4,5</sup></b>	Get live access to a trained operator for emergency assistance 24 hours a day, 7 days a week. Includes an optional fall detector.	Available	Available	Available	Available
<b>TELUS SmartHome Security<sup>4,5</sup></b>	Get home security and home monitoring from your smartphone				

Fracture Benefit	Basic	Enhanced	Enhanced Plus	Premiere
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 covered	Up to \$350	Up to \$350	Up to \$500

Accidental Death and Dismemberment	Basic	Enhanced	Enhanced Plus	Premiere
Payments 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>Up to \$10,000 for adults</li> <li>Up to \$5,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$25,000 for adults</li> <li>Up to \$10,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$25,000 for adults</li> <li>Up to \$10,000 for children and persons aged 65 years or over</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$50,000 for adults</li> <li>Up to \$15,000 for children and persons aged 65 years or over</li> </ul>

**Included in Basic, Enhanced, Enhanced Plus and Premiere plans:**

Survivor Benefit
Provides for continuous coverage for one year following the death of an adult insured.

**Additional features:**

Diagnostic Services (Quebec only)
<ul style="list-style-type: none"> <li><b>Audiologist:</b> \$500 maximum per year</li> <li><b>Magnetic Resonance Imaging:</b> \$500 maximum per year</li> <li><b>CAT Scans:</b> \$200 maximum per year</li> <li><b>Ultrasound Scans:</b> \$50 maximum per year</li> <li><b>PSA Test:</b> \$75 maximum per year</li> <li><b>CA 125 Test:</b> \$75 maximum per year</li> <li><b>Laboratory Tests*:</b> \$100 maximum per category per year *Blood tests, urine tests, throat cultures</li> </ul>
<b>Please note:</b> Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable.

<sup>1</sup> Drug Essentials Formulary  
<sup>2</sup> Prescription drug coverage in the provinces of British Columbia, Saskatchewan and Quebec is based on calendar year.  
<sup>3</sup> 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.  
<sup>4</sup> Manulife cannot guarantee the availability of this benefit indefinitely.  
<sup>5</sup> Akira by TELUS Health, TELUS LivingWell Companion, and TELUS SmartHome Security are trademarks of TELUS Corporation, used by it and its affiliates under license.

Plans underwritten by **The Manufacturers Life Insurance Company (Manulife).**

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