

	Basic	Enhanced	Enhanced Plus	Premiere
Prescription Drugs† <ul style="list-style-type: none"> • Generic* coverage • Shared dispensing fee • Reimbursement • Anniversary year maximums 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$450 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$1,000 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$1,000 	<ul style="list-style-type: none"> • Generic • No maximum • 80% • \$2,400
Dental Services Covers services, paid at a percentage of the current Dental Association Fee Schedule in your province of residence. <ul style="list-style-type: none"> • Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services • Reimbursement on extensive services including oral surgery, endodontics and periodontics, as well as denture services • Reimbursement on crowns, bridges, dentures and orthodontics • Anniversary year maximums • Recall visits Note: If applicable, dental coverage begins at the age when your provincial health insurance plan coverage ends.	<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 \$60 for Optometrist visit† per 2 benefit years 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus \$60 for Optometrist visit† per 2 benefit years 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus \$60 for Optometrist visit† per 2 benefit years 	<ul style="list-style-type: none"> • \$300 per 2 benefit years plus \$60 for Optometrist visit† per 2 benefit years
Hospital Benefits Preferred hospital accommodation in excess of the standard ward room rate set 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 Health Care Benefits	Lifetime maximum \$100,000	Lifetime maximum \$200,000	Lifetime maximum \$200,000	Lifetime maximum \$300,000
Registered Specialists and Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Dietitians, Psychologists, Psychotherapists and Speech Therapists.				
Registered Specialists and Therapists† <ul style="list-style-type: none"> • Maximum claims paid • Per visit maximum • Chiropractic X-rays 	<ul style="list-style-type: none"> • 20-visit maximum per specialist, per year • \$15 per visit • \$35 per year 	<ul style="list-style-type: none"> • \$600 combined per anniversary year • \$35 per year 	<ul style="list-style-type: none"> • \$600 combined per anniversary year • \$35 per year 	<ul style="list-style-type: none"> • \$650 combined per anniversary year • \$35 per year
Registered Psychologists and Psychotherapists <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
Registered 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

Extended Health Care Benefits (cont'd)	Basic	Enhanced	Enhanced Plus	Premiere
Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of registered health professionals including Registered Nurses, Registered Practical Nurses, Licensed Practical Nurses, Personal Support Workers and Occupational Therapists. Includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheelchairs, hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following a mastectomy. 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 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$3,000 	<ul style="list-style-type: none"> For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$3,500 per year
Custom-Made Orthotics – Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).	<ul style="list-style-type: none"> \$250 maximum per anniversary year 	<ul style="list-style-type: none"> \$250 maximum per anniversary year 	<ul style="list-style-type: none"> \$250 maximum per anniversary year 	<ul style="list-style-type: none"> \$250 maximum per anniversary 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.	<ul style="list-style-type: none"> Maximum of \$2,000 per year 	<ul style="list-style-type: none"> Maximum of \$2,500 per year 	<ul style="list-style-type: none"> Maximum of \$2,500 per year 	<ul style="list-style-type: none"> Maximum of \$10,000 per year
Hearing Aids – Covers the costs to purchase and/or repair up to the allowed maximum.	<ul style="list-style-type: none"> \$300 per 5 benefit years 	<ul style="list-style-type: none"> \$400 per 5 benefit years 	<ul style="list-style-type: none"> \$400 per 5 benefit years 	<ul style="list-style-type: none"> \$600 per 4 benefit years
Ambulance Services† – 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"> Unlimited air and ground transportation 	<ul style="list-style-type: none"> Unlimited air and ground transportation 	<ul style="list-style-type: none"> Unlimited air and ground transportation 	<ul style="list-style-type: none"> Unlimited air and ground transportation
Lifeline® Emergency Response Service – Provides 24-hour monitoring service for people coping with medical problems at home.	<ul style="list-style-type: none"> 6 months every 3 years 	<ul style="list-style-type: none"> 6 months every 3 years 	<ul style="list-style-type: none"> 6 months every 3 years 	<ul style="list-style-type: none"> 6 months every 3 years
Health Service Navigator®§ Offers evaluation of medical records upon diagnosis of serious illness or injury.	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Up to \$350 	<ul style="list-style-type: none"> Up to \$350 	<ul style="list-style-type: none"> 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"> Up to \$10,000 for adults Up to \$5,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> Up to \$25,000 for adults Up to \$10,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> Up to \$25,000 for adults Up to \$10,000 for children and persons aged 65 years or over 	<ul style="list-style-type: none"> Up to \$50,000 for adults Up to \$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 insured.	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Included 	<ul style="list-style-type: none"> Included

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.

* **Generic Drug** – A generally less expensive alternative to an interchangeable brand-name drug product. **Exclusions for all plans:** smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control, erectile dysfunction drugs, and drugs not requiring a prescription. **Premiere Plan is the only plan** that covers birth control drugs (oral pills and patches only). 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.
§ Manulife cannot guarantee the availability of this benefit indefinitely.

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.



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