

	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% • \$2,200
Dental Services 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"> • 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 <p>Note: If applicable, dental coverage begins at the age when your provincial health insurance plan coverage ends.</p>	<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† per 2 benefit years 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus • \$50 for Optometrist visit† per 2 benefit years 	<ul style="list-style-type: none"> • \$200 per 2 benefit years plus • \$50 for Optometrist visit† per 2 benefit years 	<ul style="list-style-type: none"> • \$250 per 2 benefit years plus • \$50 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 Healthcare 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, Physiotherapists, Psychologists 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"> • \$600 combined per anniversary year • \$35 per year
Registered 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

	Basic	Enhanced	Enhanced Plus	Premiere
Extended Healthcare Benefits (continued)	Lifetime maximum \$100,000	Lifetime maximum \$200,000	Lifetime maximum \$200,000	Lifetime maximum \$300,000
Registered Speech Therapist† • Maximum per first visit • Maximum per subsequent visit • Maximum visits per year	• \$65 • \$45 • 10	• \$65 • \$45 • 10	• \$65 • \$45 • 10	• \$65 • \$45 • 12
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.	• 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
Custom-Made Orthotics – 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
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 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
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
Preferred Vision & Hearing Services (PVS)§ 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
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.	• Up to \$10,000 for adults • Up to \$5,000 for children and persons aged 65 years or over	• Up to \$25,000 for adults • Up to \$10,000 for children and persons aged 65 years or over	• Up to 25,000 for adults • Up to \$10,000 for children and persons aged 65 years or over	• 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 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.

§ 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.

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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