

Prescription Drugs	Basic	Enhanced	Enhanced Plus	Premiere
Coverage	Generic ³	Generic or Brand-name ³	Generic or Brand-name ³	Generic or Brand-name ³
Maximum dispensing fee (not applicable in Quebec)	\$5	\$6.50	\$6.50	\$8
Coinsurance	80%	80%	80%	80%
Annual maximums ^{1,2}	\$500	\$1,500	\$1,500	\$2,800
Diabetic supplies (test strips, syringes, and lancets)	Covered	Covered	Covered	Covered
Dental Services	Basic	Enhanced	Enhanced Plus	Premiere
Covers dental 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.)				
Coinsurance on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services.	Not covered	Not covered	80%	80%
Coinsurance on extensive services including oral surgery, endodontics, periodontics and denture services	Not covered	Not covered	80%	80%
Coinsurance 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
Vision Care	Basic	Enhanced	Enhanced Plus	Premiere
Covers the costs towards prescription lenses and frames, contact lenses, laser eye surgery, and routine eye exams. This benefit is only available where optometrist visits are not covered or partially covered by a government health insurance plan.	<ul style="list-style-type: none"> \$150 per 2 benefit years \$60 per 2 benefit years for routine eye exams 	<ul style="list-style-type: none"> \$200 per 2 benefit years \$60 per 2 benefit years for routine eye exams 	<ul style="list-style-type: none"> \$200 per 2 benefit years \$60 per 2 benefit years for routine eye exams 	<ul style="list-style-type: none"> \$300 per 2 benefit years \$60 per 2 benefit years for routine eye exams
Hospital Benefits	Basic	Enhanced	Enhanced Plus	Premiere
Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) public hospital.				
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% first 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
Extended Health Care Benefits	Basic	Enhanced	Enhanced Plus	Premiere
Registered Specialists and Therapists Registered specialists and therapists include acupuncturists, chiropractors, dietitians, massage therapists, naturopaths, osteopaths, physiotherapists, and podiatrists. Reimbursement per anniversary year Covers charges up to the amount between what your government health insurance plan covers and/or what is reasonable and customary.	80% up to \$400 for all practitioners combined	\$600 per year for all practitioners combined	\$600 per year for all practitioners combined	\$650 per year for all practitioners combined
Mental Health and Therapy Psychologists, psychotherapists, clinical counsellors, registered social workers and speech therapists.	Maximum for initial/subsequent Visits \$65	\$65	\$65	\$65
	Combined maximum visits per year 10	10	10	10
Homecare, Prosthetics and Medical Equipment and Supplies	CPAP, APAP machines and supplies \$500 per 5 years, combined	\$500 per 5 years, combined	\$500 per 5 years, combined	\$500 per 5 years, combined
	Hospital beds \$500 per lifetime	\$750 per lifetime	\$750 per lifetime	\$1,500 per lifetime
	Oxygen and equipment, respirator/ventilator \$500 per year, combined	\$750 per year, combined	\$750 per year, combined	\$1,000 per year, combined
	Medical aids (crutches, canes, walkers) \$100 per year, combined	\$150 per year, combined	\$150 per year, combined	\$250 per year, combined
	Wheelchairs \$500 per 5 years \$5,000 lifetime maximum	\$1,000 per 5 years \$5,000 lifetime maximum	\$1,000 per 5 years \$5,000 lifetime maximum	\$1,250 per 5 years
	Medical supplies (aerochamber, colostomy, urinary catheters and kits, bandages and traction kits) \$500 per year, combined	\$1,000 per year, combined	\$1,000 per year, combined	\$1,250 per year, combined
	Prosthesis (ankles, arms, breasts, ears, eyes, feet, fingers, hands, legs, limbs, lenses, toes) \$1,000 per year, combined	\$1,500 per year, combined	\$1,500 per year, combined	\$2,500 per year, combined
	Medical aids (braces, casts, cervical collars, splints, truss, stump socks/stump sheaths) \$250 per year, combined	\$500 per year, combined	\$500 per year, combined	\$750 per year, combined
	Surgical stockings/surgical brassieres \$250 per benefit year, combined	\$250 per benefit year, combined	\$250 per benefit year, combined	\$250 per benefit year, combined
	Wigs \$100, one per lifetime	\$150, one per lifetime	\$150, one per lifetime	\$250, one per lifetime
	Personal support worker \$500 per year	\$750 per year	\$750 per year	\$1,000 per year
	Registered nurse (R.N.), registered practical nurse (R.P.N.), and Licensed Practical Nurses (L.P.N.) \$1,000 combined per year	\$2,000 combined per year	\$2,000 combined per year	\$3,000 combined per year

Extended Health Care Benefits (continued)		Basic	Enhanced	Enhanced Plus	Premiere
Custom-Made Orthotics	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
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 \$10,000 per year
Hearing Aids	Covers the costs to purchase and/or repair up to the allowed maximum.	\$300 per 5 benefit years	\$400 per 5 benefit years	\$400 per 5 benefit years	\$600 per 5 benefit years
Ambulance Services (air or ground)	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	Unlimited	Unlimited	Unlimited
TELUS Health Virtual Care⁴	Access to 24/7 on-demand virtual medical consultations with health care professionals and clinicians at no additional cost.	Included	Included	Included	Included

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"> 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 \$50,000 for adults Up to \$15,000 for children and persons aged 65 years or over

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:

Travel Add-On	Diagnostic Services (Quebec only)
Optional emergency medical insurance of up to \$5,000,000 per trip for an unlimited number of trips per year. Requires an additional premium. ^{5,6} <ul style="list-style-type: none"> Maximum \$5,000,000 per trip Termination age: 80 Maximum issue age: 69 6-month stability clause 24-hour assistance \$200 deductible per claim Medical Concierge Program⁴ included No medical underwriting required⁷ 	<ul style="list-style-type: none"> Audiologist: \$500 maximum per year Magnetic Resonance Imaging: \$500 maximum per year Computerized Axial Tomography (CAT) Scans: \$200 maximum per year Ultrasound Scans: \$50 maximum per year PSA Test: \$75 maximum per year CA 125 Test: \$75 maximum per year Laboratory Tests*: \$100 maximum per category per year <ul style="list-style-type: none"> *Blood tests, urine tests, throat cultures <p>Please note: Extended health care benefits are payable only after government health insurance plan maximums have been reached, as applicable.</p>

¹ Maximums displayed are the maximum amounts payable per year.

² Prescription drug coverage in the provinces of British Columbia, Saskatchewan and Quebec is based on calendar year.

³ 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.

⁴ Manulife cannot guarantee the availability of this benefit indefinitely.

⁵ This optional add-on is only available at time of purchase.

⁶ Travel insurance coverage is only available for purchase to those age 69 or under and ends at age 80, and may be limited or excluded for any illness or condition that first appears in the 6 months preceding each departure date.

⁷ No medical underwriting required if application is received within 90 days of leaving group health insurance plan.

Anniversary year means the 12 consecutive 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 unless otherwise indicated.

FollowMe™ Health and Dental plans are not intended to provide and will not provide the exact same coverage that you may have had under your group or existing health insurance plan. In the event of any discrepancy between this chart and the FollowMe Health Policy (including *Your Benefits*), the FollowMe Health Policy shall govern.

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

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