

Prescription Drugs^{1,2}	Basic	Enhanced	Enhanced Plus	Premiere	
Generic coverage	Generic ³	Generic ³	Generic ³	Generic ³	
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	
Dental Services	Basic	Enhanced	Enhanced Plus	Premiere	
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.)					
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	
Vision Care	Basic	Enhanced	Enhanced Plus	Premiere	
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"> \$150 per 2 benefit years \$60 per 2 benefit years for Optometrist visits 	<ul style="list-style-type: none"> \$200 per 2 benefit years \$60 per 2 benefit years for Optometrist visits 	<ul style="list-style-type: none"> \$200 per 2 benefit years \$60 per 2 benefit years for Optometrist visits 	<ul style="list-style-type: none"> \$300 per 2 benefit years \$60 per 2 benefit years for Optometrist visits 	
Hospital Benefits	Basic	Enhanced	Enhanced Plus	Premiere	
Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) 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% 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	
Extended Health Care Benefits	Basic	Enhanced	Enhanced Plus	Premiere	
No lifetime maximums					
Registered Specialists and Therapists 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 maximum per specialist per anniversary year Per visit maximum: \$15	\$600 combined per anniversary year	\$600 combined per anniversary year	\$650 combined per anniversary year
Mental Health and Therapy 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
Homecare, Prosthetics and Medical Equipment and Supplies	CPAP machines and supplies	\$250 per 5 years, combined	\$250 per 5 years, combined	\$250 per 5 years, combined	\$250 per 5 years, combined
	Hospital beds	\$500 per year, once per lifetime	\$750 per year, once per lifetime	\$750 per year, once per lifetime	\$1,500 per year, once 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 \$5,000 lifetime maximum
	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 calendar year, combined	\$250 per calendar year, combined	\$250 per calendar year, combined	\$250 per calendar year, combined
	Wigs	\$100 per year, one per lifetime	\$150 per year, one per lifetime	\$150 per year, one per lifetime	\$250 per year, 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.)	\$1,000 per year	\$2,000 per year	\$2,000 per year	\$3,000 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 4 benefit years
Ambulance Services	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
TELUS Health Virtual Care⁴	24/7 access to healthcare practitioners online, through the app.	Included	Included	Included	Included
TELUS LivingWell Companion^{4,5}	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
TELUS SmartHome Security^{4,5}	Get home security and home monitoring from your smartphone.	Available	Available	Available	Available

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 \$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:

Diagnostic Services (Quebec only)

- **Audiologist:** \$500 maximum per year
- **Magnetic Resonance Imaging:** \$500 maximum per year
- **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
*Blood tests, urine tests, throat cultures

Please note: Extended health care benefits are payable only after government health insurance plan maximums have been reached, as applicable.

¹ Drug Essentials Formulary

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 The TELUS LivingWell Companion and TELUS SmartHome Security are a combined benefit. You can select one of these two benefits for six months every three years.

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. When it relates to Hearing Aids and Vision benefits, “year” refers to benefit year.

FollowMe™ Health 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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