

Benefit	Basic	Enhanced	Enhanced Plus	Premiere
<b>Prescription Drugs</b>	Generic* coverage Shared dispensing fee, no maximum 80% to a maximum of \$450 per anniversary year	Generic* coverage Shared dispensing fee, no maximum 80% to a maximum of \$1,000 per anniversary year	Generic* coverage Shared dispensing fee, no maximum 80% to a maximum of \$1,000 per anniversary year	Generic* coverage Shared dispensing fee, no maximum 80% to a maximum of \$2,200 per anniversary year
<b>Dental Services</b> Covers services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.	No coverage	No coverage	80% reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, select extractions, diagnostic and other basic dental services 80% reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services Anniversary year maximums: Year 1 \$700; Year 2 \$850; Year 3+ \$1,000 Recall visits 9 months	80% reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, select extractions, diagnostic and other basic denture services 80% reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services 60% reimbursement on crowns, bridges, dentures and orthodontics, commencing in Year 3 Anniversary year maximums: Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,500 Recall visits 6 months
<b>Vision Care</b> Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	\$150 per 2 benefit years plus \$50 for Optometrist visit* per 2 benefit years	\$200 per 2 benefit years plus \$50 for Optometrist visit* per 2 benefit years	\$200 per 2 benefit years plus \$50 for Optometrist visit* per 2 benefit years	\$250 per 2 benefit years plus \$50 for Optometrist visit* per 2 benefit years
<b>Hospital Benefits</b> Preferred hospital accommodation in excess of the standard ward room rate made 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.	Semi-private room Maximum charge per day \$175 Reimbursement per anniversary year: 50% for 150 days Cash benefit in lieu of accommodation: \$25/day to a \$1,500 maximum per anniversary year	Semi-private room Maximum charge per day \$175 Reimbursement per anniversary year: 100% first 60 days; 50% next 90 days Cash benefit in lieu of accommodation: \$50/day to a \$3,000 maximum per anniversary year	Semi-private room Maximum charge per day \$175 Reimbursement per anniversary year: 100% first 60 days; 50% next 90 days Cash benefit in lieu of accommodation: \$50/day to a \$3,000 maximum per anniversary year	Semi-private or private room Maximum charge per day \$200 Reimbursement per anniversary year: 100% first 100 days; 60% next 90 days Cash benefit in lieu of accommodation: \$50/day to a \$5,000 maximum per anniversary year
<b>Extended Health Care Benefits</b>	<b>Lifetime Maximum \$100,000</b>	<b>Lifetime Maximum \$200,000</b>	<b>Lifetime Maximum \$200,000</b>	<b>Lifetime Maximum \$300,000</b>
<b>Registered Specialists and Therapists</b> Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropractors, Registered Massage Therapists and Physiotherapists	<b>Registered Specialists and Therapists:*</b> 20-visit maximum per specialist per anniversary year; \$15 per visit maximum Chiropractic x-rays \$35 per year	<b>Registered Specialists and Therapists:*</b> Maximum claims paid \$600 combined per anniversary year Chiropractic x-rays \$35 per year	<b>Registered Specialists and Therapists:*</b> Maximum claims paid \$600 combined per anniversary year Chiropractic x-rays \$35 per year	<b>Registered Specialists and Therapists:*</b> Maximum claims paid \$600 combined per anniversary year Chiropractic x-rays \$35 per year
<b>Registered Psychologists and Registered Speech Therapists</b>	<b>Psychologist:</b> \$80 maximum per first visit \$65 maximum per subsequent visit Maximum 10 visits per year <b>Speech Therapist:†</b> \$65 maximum per first visit \$45 maximum per subsequent visit Maximum 10 visits per year	<b>Psychologist:</b> \$80 maximum per first visit \$65 maximum per subsequent visit Maximum 10 visits per year <b>Speech Therapist:†</b> \$65 maximum per first visit \$45 maximum per subsequent visit Maximum 10 visits per year	<b>Psychologist:</b> \$80 maximum per first visit \$65 maximum per subsequent visit Maximum 10 visits per year <b>Speech Therapist:†</b> \$65 maximum per first visit \$45 maximum per subsequent visit Maximum 10 visits per year	<b>Psychologist:</b> \$80 maximum per first visit \$65 maximum per subsequent visit Maximum 12 visits per year <b>Speech Therapist:†</b> \$65 maximum per first visit \$45 maximum per subsequent visit Maximum 12 visits per year
<b>Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment</b> 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 health care 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.	<b>For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment:</b> Year 1 \$500; Year 2 \$750; Year 3+ \$1,250	<b>For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment:</b> Year 1 \$1,000; Year 2 \$1,500; Year 3+ \$3,000	<b>For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment:</b> Year 1 \$1,000; Year 2 \$1,500; Year 3+ \$3,000	<b>For each of Homecare &amp; Nursing, Prosthetic Appliances and Durable Medical Equipment:</b> \$3,000 per year
<b>Custom-Made Orthotics</b> Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).	Maximum of \$250 per anniversary year	Maximum of \$250 per anniversary year	Maximum of \$250 per anniversary year	Maximum of \$250 per anniversary 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 \$3,000 per year

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<b>Extended Health Care Benefits (continued)</b>								
<b>Hearing Aids</b> Covers the costs to purchase and/or repair up to the allowed maximum.	Maximum of \$300 per 5 benefit years		Maximum of \$400 per 5 benefit years		Maximum of \$400 per 5 benefit years		Maximum of \$600 per 4 benefit years	
<b>Ambulance Services†</b> Covers trips to hospital 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	
<b>Lifeline® Emergency Response Service</b> 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	
<b>Health Service Navigator®†</b> Offers evaluation of medical records upon diagnosis of serious illness or injury.	Included		Included		Included		Included	
<b>Preferred Vision and Hearing Services (PVS)†</b> Offers discounts for vision and hearing aid products and services through participating optical retailers and PVS Preferred provider Hearing Healthcare Centres.	Included		Included		Included		Included	
<b>Fracture Benefit</b> 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	
<b>Accidental Death and Dismemberment</b> 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	
<b>Survivor Benefit</b> Provides for continuous coverage for one year, following the death of an adult policyholder.	Included		Included		Included		Included	
<b>Monthly Premiums</b>	<b>Individual</b>	<b>Couples – per adult</b>	<b>Individual</b>	<b>Couples – per adult</b>	<b>Individual</b>	<b>Couples – per adult</b>	<b>Individual</b>	<b>Couples – per adult</b>
<b>Age Group</b>								
18-44	\$70.00	\$62.80	\$90.60	\$83.40	\$119.90	\$112.50	\$155.80	\$147.80
45-54	\$81.00	\$73.70	\$105.40	\$98.00	\$134.90	\$127.60	\$181.70	\$174.00
55-59	\$90.30	\$82.90	\$112.20	\$104.90	\$143.80	\$136.30	\$195.40	\$187.70
60-64	\$95.10	\$87.80	\$120.60	\$113.40	\$148.70	\$141.20	\$202.10	\$194.60
65-69	\$77.80	\$70.90	\$94.70	\$88.10	\$115.20	\$108.70	\$163.90	\$156.80
70-79	\$84.60	\$77.40	\$105.20	\$99.10	\$124.40	\$118.30	\$169.10	\$162.10
80-89	\$93.00	\$86.00	\$139.40	\$132.00	\$157.80	\$150.80	\$212.80	\$205.50
90+	\$119.90	\$112.90	\$187.70	\$180.40	\$198.40	\$191.40	\$251.40	\$243.70
	<b>1-2 Children – per child</b>	<b>3+ Children – per child</b>	<b>1-2 Children – per child</b>	<b>3+ Children – per child</b>	<b>1-2 Children – per child</b>	<b>3+ Children – per child</b>	<b>1-2 Children – per Child</b>	<b>3+ Children – per child</b>
0-20	\$22.20	\$20.30	\$28.40	\$25.50	\$58.20	\$52.40	\$88.00	\$79.00

**Travel Add-On options: 15 or 30 days**

Provides emergency medical travel insurance for an unlimited number of trips per year. Maximum \$5,000,000 per trip; \$0 deductible; Medical Concierge Program by StandbyMD included; 24-hour assistance.

Age Group	Monthly Premiums		15-day		30-day		15-day		30-day	
	Individual	Couples (per person)	Individual	Couples (per person)	Individual	Couples (per person)	Individual	Couples (per person)	Child (per child)	Couples (per person)
<b>18-44</b>	\$4.10	\$6.70	\$4.10	\$6.70	\$3.90	\$6.40	<b>0-20</b>	\$4.10	\$6.70	
<b>45-54</b>	\$5.50	\$9.00	\$5.50	\$9.00	\$5.20	\$8.60				
<b>55-59</b>	\$8.40	\$13.70	\$8.40	\$13.70	\$8.00	\$13.00				
<b>60-64</b>	\$10.80	\$17.70	\$10.80	\$17.70	\$10.30	\$16.80				
<b>65-69</b>	\$13.90	\$21.90	\$13.90	\$21.90	\$13.20	\$20.80				

Premiums for Couples and Children are per each individual. Premiums are based on individual age at the time of application. Premiums will change as an individual's age increases in accordance with published age groups. Premiums are effective January 1, 2017, and are subject to change without notice.  
 \* Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product. 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. 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.

‡ Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.  
 † Manulife cannot guarantee the availability of this benefit indefinitely.  
 Benefits payable are up to reasonable and customary charges.

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 Care benefits, "year" refers to benefit year.  
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