



Manulife FollowMe™ Health Individual Insurance Plan *Comparison Chart*

| 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 |
| | Combined maximum visits per year | 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 \$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
- **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
*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 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.

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 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)**.

FollowMe™ Health is offered through The Manufacturers Life Insurance Company (Manulife).

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