Home Care Assistance Plan (Your Care, Your Way)

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<b>Lifetime Benefit Amounts</b>	\$50,000	\$100,000	
*Monthly Premium for	\$	\$	
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Benefits available when one is physically or cognitively dependent as verified by your doctor			
Personal Support Worker (PSW) or certified nursing assistant including a Registered Nurse  Respite Services-for informal caregiver	\$75 per day 200 days per year (\$15,000 per year) \$3,000 per year	\$75 per day 200 days per year (\$15,000 per year)  \$3,000 per year	
reprieve  Home Conversion Expenses (chair lifts, ramps, bathroom modifications, etc)	\$10,000 lifetime maximum	\$15,000 lifetime maximum	
Prepared Meals from outside the home	\$500 per month total \$6,000 per year	\$700 per month total \$8,400 per year	
Psychological services for informal caregiver	\$1,250 per year	\$1,500 per year	
Enhanced Specialists Coverage Occupational therapist, Respiratory therapist, Dietician, Physiotherapist, Audiologist Podiatrist, Naturopath, Speech Therapist	90% up to \$1,250 per year for each specialist	\$1,500 per year for each specialist	
<b>Incontinence supplies-</b> bowel and/or bladder	90% up to \$1,500 per year	\$1,500 per year	
Moving allowance to a Facility	\$1,000 lifetime	<b>\$1,000 lifetime</b>	
Transportation expenses	\$750 per year	\$750 per year	
<b>Monitoring system</b>	\$1,000 per year	\$1,000 per year	
In addition to the key benefits above, the following additional services are also covered (Different limits apply to each benefit below)			
Medical Supplies, Purchase or Rental of Equipment, Accessories for Diabetics, Support Hose Orthopedic Shoes	Included	Included	
Tens, Hearing Aids, Wigs, Maxi-mist machine, including the masks, or a CPAP machine, External Breast Prostheses following a mastectomy	Included	Included	

<sup>\*</sup> Couples who apply and are approved together will receive an approximate 10% discount

<sup>\*</sup> No waiting period for benefits to be payable



Level 2 HEALTH PLAN: One can access the benefits below immediately. No qualification to be physically or cognitively dependent required.

Level 2 benefits included in Lifetime Amount	\$50,000 Plan	\$100,000 Plan
Hospitalization	\$150 per day for room upgrade Lifetime maximum: 180 days	\$200 per day for room upgrade Lifetime maximum: 180 days
Convalescent Hospital	\$50 per day for room upgrade Lifetime maximum: 120 days	\$60 per day for room upgrade Lifetime maximum: 120 days
Ambulance	Included	Included
Air Ambulance	\$5,000 per year	\$5,000 per year
Diagnostic Laboratory Tests	Included	Included
Magnetic Resonance Imaging (MRI)	\$750 per year	\$750 per year
Accidental Dental	\$5,000 per accident	\$5,000 per accident
<b>Medical Second Opinion</b>	Included	Included