

Home Care Assistance Plan



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Lifetime Benefit Amounts	\$50,000	\$75,000	\$100,000	\$125,000			
Premium for							
Premium for							
Benefits available when one is physically or cognitively dependent as verified by your doctor							
Personal Support Worker (PSW) or	\$75 per day		\$75 per day				
certified nursing assistant including a	200 days per year		200 days per year				
Registered Nurse	(\$15,000 per year)		(\$15,000 per year)				
Respite Services -for informal caregiver reprieve	\$3,000 per year		\$3,000 per year				
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		\$700 per month				
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Psychological services for informal	total \$6,000 per year		total \$8,400 per year				
caregiver	\$1,250 per year		\$1,500 per year				
Enhanced Specialists Coverage							
Occupational therapist,							
Respiratory therapist,							
Dietician,			t				
Physiotherapist,	90% up to \$1,250 per year for each specialist		\$1,500 per year for each specialist				
Audiologist							
Podiatrist,							
Naturopath,							
Speech Therapist							
Incontinence supplies-bowel and/or	90% up to		\$1,500 per year				
bladder	\$1,500 per year						
Moving allowance to a Facility	\$1,000 lifetime		\$1,000 lifetime				
Transportation expenses	\$750 per year		\$750 per year				
Monitoring system	\$1,000 per year		\$1,000 per year				
In addition to the key benefits above, t (Different limits apply to each benefit below)	he following a	dditional serv	ices are also co	overed			
Medical Supplies,							
Purchase or Rental of Equipment,							
Accessories for Diabetics,	Included		Included				
Support Hose							
Orthopedic Shoes							
Tens,							
Hearing Aids, Wige							
Wigs, Maxi-mist machine, including the masks, or a	Ind	uded	Ind	uded			
CPAP machine,	Incl	uutu	Incl	uucu			
External Breast Prostheses following a							
mastectomy							
* Couples who apply and are approved together y							

* Couples who apply and are approved together will receive an approximate 10% discount

* No waiting period for benefits to be payable

My DIGNITY Home Care Assistance Plan



MINI HEALTH PLAN: One can access the benefits below immediately. No qualification to be physically or cognitively dependent required. Health benefits claimed reduces the lifetime amount in the \$50K and \$100K plans.

Benefits included in Lifetime Amount	\$50,000 Plan	\$75,000 Plan	\$100,000 Plan	\$125,000 Plan
Hospitalization	\$150 per day for room upgrade Lifetime maximum: 180 days	Not Included	\$200 per day for room upgrade Lifetime maximum: 180 days	Not Included
Convalescent Hospital	\$50 per day for room upgrade Lifetime maximum: 120 days	Not Included	\$60 per day for room upgrade Lifetime maximum: 120 days	Not Included
Ambulance	Included	Not Included	Included	Not Included
Air Ambulance	\$5,000 per year	Not Included	\$5,000 per year	Not Included
Diagnostic Laboratory Tests	Included	Not Included	Included	Not Included
Magnetic Resonance Imaging (MRI)	\$750 per year	Not Included	\$750 per year	Not Included
Accidental Dental	\$5,000 per accident	Not Included	\$5,000 per accident	Not Included
Medical Second Opinion	Included	Not Included	Included	Not Included