



## Home Care Assistance Plan

Lifetime Plan Amounts	\$50,000*	\$75,000	\$100,000*	\$125,000
<b>Benefits available when one is physically or cognitively dependent as verified by your doctor</b>				
Registered nurse (or certified nursing assistant including personal support worker)	\$75 per day 200 days per calendar year	\$75 per day 200 days per calendar year	\$75 per day 200 days per calendar year	\$75 per day 200 days per calendar year
Home conversion expenses	\$10,000 lifetime maximum	\$10,000 lifetime maximum	\$15,000 lifetime maximum	\$15,000 lifetime maximum
Moving allowance	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum
Meals	\$500 per month	\$500 per month	\$700 per month	\$700 per month
Transportation expenses	\$750 per year	\$750 per year	\$750 per year	\$750 per year
Health monitoring system	\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
Respite services	\$3,000 per calendar year	\$3,000 per calendar year	\$3,000 per calendar year	\$3,000 per calendar year
Psychological services for informal caregiver	\$1,250 per year	\$1,250 per year	\$1,500 per year	\$1,500 per year
Medical supplies	90% - \$1,500 per year	90% - \$1,500 per year	\$1,500 per year	\$1,500 per year
Purchase or rental of equipment (Crutches, walkers, canes, casts, trusses, spinal braces, orthopedic corsets, oxygen and charges for temporary lease of a respirator)	Unlimited	Unlimited	Unlimited	Unlimited
Supplies for colostomy, an ileostomy, or a urostomy	90% - Unlimited	90% - Unlimited	Unlimited	Unlimited
Accessories for diabetics	90% - Unlimited	90% - Unlimited	Unlimited	Unlimited
Orthopedic shoes	90% - Unlimited	90% - Unlimited	Unlimited	Unlimited
Rental, purchase or repair of non-motorized wheelchair, hospital bed (excluding mattress), ventilator	90% - \$5,000 lifetime maximum	90% - \$5,000 lifetime maximum	\$7,500 lifetime maximum	\$7,500 lifetime maximum
Audiologist Occupational therapist Physiotherapist Respiratory therapist Dietician Naturopath Podiatrist Speech therapist	90% - \$1,250 Per calendar year for each specialist	90% - \$1,250 Per calendar year for each specialist	\$1,500 Per calendar year for each specialist	\$1,500 Per calendar year for each specialist
Stockings for varicose veins and phlebitis	90% - 2 pairs per calendar year	90% - 2 pairs per calendar year	2 pairs per calendar year	2 pairs per calendar year
External breast prostheses following a mastectomy	90% - \$300 per 24 months	90% - \$300 per 24 months	\$300 per 24 months	\$300 per 24 months
Tens	90% - \$500 per 36 months	90% - \$500 per 36 months	\$500 per 36 months	\$500 per 36 months
Hearing Aids	90% - \$500 per 36 months	90% - \$500 per 36 months	\$500 per 36 months	\$500 per 36 months
Wigs (required for pathological conditions or following chemotherapy treatments)	90% - \$300 lifetime maximum	90% - \$300 lifetime maximum	\$300 lifetime maximum	\$300 lifetime maximum
-mist machine, including the masks, or a CPAP machine	90% - \$500 lifetime maximum	90% - \$500 lifetime maximum	\$500 lifetime maximum	\$500 lifetime maximum
Incontinence supplies-bowel and/or bladder	90% - \$1,500 per year	90% - \$1,500 per year	\$1,500 per year	\$1,500 per year

\***\$50,000 & \$100,000 Plans include Mini Health Plan (see next page)**



## Mini Health Plan

**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	\$75,000	\$100,000	\$125,000
Hospitalization	Semi private room, \$150 per day Lifetime maximum: 180 days If no semi-private room available \$50 per day of hospitalization, from the second day of hospitalization	Not Included	Semi private room, \$200 per day Lifetime maximum: 180 days If no semi-private room available \$50 per day of hospitalization, from the second day of hospitalization	Not Included
Convalescent Hospital	Semi private room, \$50 per day Lifetime maximum	Not Included	Semi private room, \$60 per day Lifetime maximum	Not Included
Ambulance	120 days  Unlimited	Not Included	120 days  Unlimited	Not Included
Air Ambulance	\$5,000 per year	Not Included	\$5,000 per year	Not Included
Diagnostic Laboratory Tests	Unlimited	Not Included	Unlimited	Not Included
Magnetic Resonance Imaging	\$750 per calendar year	Not Included	\$750 per calendar year	Not Included
Dental Care as the result of an accident	\$5,000 per accident	Not Included	\$5,000 per accident	Not Included
Second Medical Opinion	Included	Not Included	Included	Not Included