



## Home Care Assistance Plan (Your Care, Your Way)

Lifetime Benefit Amounts	\$125,000 UV	\$125,000 Humania	\$250,000 Total
<b>Benefits available when one is physically or cognitively dependent as verified by your doctor</b>			
<b>Personal Support Worker (PSW) or certified nursing assistant including a Registered Nurse</b>	\$75 per day 200 days per year (\$15,000 per year)	\$120 per day 200 days per year (\$24,000 per year)	\$195 per day 200 days per year (\$39,000 per year)
<b>Respite Services</b> -for informal caregiver reprieve	\$3,000 per calendar year	\$3,000 per calendar year	\$6,000 per calendar year
<b>Home Conversion Expenses</b> (chair lifts, ramps, bathroom modifications, etc..)	\$15,000 lifetime maximum	\$15,000 lifetime maximum	\$30,000 lifetime maximum
<b>Prepared Meals</b> from outside the home	\$700 per month total \$8,400 per year	\$700 per month total \$8,400 per year	\$1,400 per month total \$16,800 per year
<b>Psychological services</b> for informal caregiver	\$1,500 per year	\$1,500 per year	\$3,000 per year
<b>Enhanced Specialists Coverage</b> Occupational therapist, Respiratory therapist, Dietician, Physiotherapist, Audiologist, Podiatrist or Chiropracist, Naturopath or Osteopath, Psychologist, Speech Therapist	\$1,500 per calendar year for each specialist	\$1,500 per calendar year for each specialist	\$3,000 per calendar year for each specialist
<b>Incontinence supplies</b> -bowel and/or bladder	\$1,500 per year	\$1,500 per year	\$3,000 per year
<b>Moving allowance</b> to a Facility	\$1,000 lifetime	\$1,000 lifetime	\$2,000 lifetime
<b>Transportation expenses</b>	\$750 per year	\$1,000 per year	\$1,750 per year
<b>Monitoring system</b>	\$1,000 per calendar year	\$1,250 per calendar year	\$2,250 per calendar year
<b>In addition to the key benefits above, the following additional services are also covered (Different limits apply to each benefit below)</b>			
<b>Medical Supplies, Purchase or Rental of Equipment, Accessories for Diabetics, Support Hose Orthopedic Shoes</b>	Included	Included	Included
<b>Tens, Hearing Aids, Wigs, Maxi-mist machine, including the masks, or a CPAP machine, External Breast Prostheses following a mastectomy</b>	Included	Included	Included

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

\* No waiting period for benefits to be payable