



Humania Home Care Assistance Plans

Lifetime Benefit Amounts	\$50,000	\$75,000	\$100,000	\$125,000	\$200,000
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	\$100 per day 200 days per year (\$20,000 per year)	\$120 per day 200 days per year (\$24,000 per year)	\$160 per day 250 days per year (\$40,000 per year)		
Respite Services-for informal caregiver reprieve	\$3,000 per calendar year	\$3,000 per calendar year	\$6,000 per calendar year		
Home Conversion Expenses (chair lifts, ramps, bathroom modifications, etc..)	\$10,000 lifetime maximum	\$15,000 lifetime maximum	\$20,000 lifetime maximum		
Prepared Meals from outside the home	\$500 per month total \$6,000 per year	\$700 per month total \$8,400 per year	\$1,000 per month total \$12,000 per year		
Psychological services for informal caregiver	\$1,250 per year	\$1,500 per year	\$2,000 per year		
Enhanced Specialists Coverage Occupational therapist, Respiratory therapist, Dietician, Physiotherapist, Audiologist, Podiatrist or Chiropodist, Naturopath or Osteopath, Psychologist, Speech Therapist	90% up to \$1,250 per calendar year for each specialist	\$1,500 per calendar year for each specialist	\$1,750 per calendar year for each specialist		
Incontinence supplies-bowel and/or bladder	90% up to \$1,250 per year	\$1,500 per year	\$2,000 per year		
Moving allowance to a Facility	\$1,000 lifetime	\$1,000 lifetime	\$1,500 lifetime		
Transportation expenses	\$750 per year	\$1,000 per year	\$1,500 per year		
Monitoring system	\$1,000 per calendar year	\$1,250 per calendar year	\$2,000 per calendar 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	Included		
Tens, Hearing Aids, Wigs, Maxi-mist machine, including the masks, or a CPAP machine, External Breast Protheses following a mastectomy	Included	Included	Included		

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

* 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	\$75,000	\$100,000	\$125,000	\$200,000
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	Not Included
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 Lifetime		\$5,000 Lifetime		
Diagnostic Laboratory Tests	Included		Included		
Magnetic Resonance Imaging (MRI)	\$750 per calendar year		\$750 per calendar year		
Accidental Dental	\$5,000 per accident		\$5,000 per accident		
Medical Second Opinion	Included		Included		