

## Long Term Care

Home Care	\$50,000	\$100,000
Monthly Premium for	\$	\$
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<b>Level 1: Reimbursement for Services, Supplies, Equipment for Home Care while you are physically or cognitively dependent.</b>		
Registered nurse (or certified nursing assistant <b>including personal support worker</b> )	\$75 per day 200 days per calendar year	\$75 per day 200 days per calendar year
Home conversion expenses	\$10,000 lifetime maximum	\$15,000 lifetime maximum
Moving allowance	\$1,000 lifetime maximum	\$1,000 lifetime maximum
Meals	\$500 per month	\$700 per month
Transportation expenses	\$750 per calendar year	\$750 per calendar year
Health monitoring system	\$1,000 per calendar year	\$1,000 per calendar year
Respite services	\$3,000 per calendar year	\$3,000 per calendar year
Psychological services for informal caregiver	\$1,250 per calendar year	\$1,500 per calendar year
Medical supplies	90% - \$1,500 per calendar year	\$1,500 per calendar 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
Supplies for colostomy, an ileostomy, or a urostomy	90% - Unlimited	Unlimited
Accessories for diabetics	90% - Unlimited	Unlimited
Orthopedic shoes	90% - Unlimited	Unlimited
Rental, purchase or repair of non-motorized wheelchair, hospital bed (excluding mattress), ventilator	90% - \$5,000 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	\$1,500 Per calendar year for each specialist
Stockings for varicose veins and phlebitis	90% - 2 pairs per calendar year	2 pairs per calendar year
External breast prostheses following a mastectomy	90% - \$300 per 24 months	\$300 per 24 months
Tens	90% - \$500 per 36 months	\$500 per 36 months
Hearing Aids	90% - \$500 per 36 months	\$500 per 36 months
Wigs (required for pathological conditions or following chemotherapy treatments)	90% - \$300 lifetime maximum	\$300 lifetime maximum
Maxi-mist machine, including the masks, or a CPAP machine	90% - \$500 lifetime maximum	\$500 lifetime maximum
Incontinence supplies-bowel and/or bladder	90% - \$1,500 per calendar year	\$1,500 per calendar year

**Level 2: Hospitalization, Ambulance, Medical Test Reimbursement, Dental Care as a result of accident.**

*Eligible expenses incurred due to an illness or injury. One can access the benefits below without having to qualify under the regular Long Term Care requirements. (i.e. physically or cognitively dependent)*

<b>Home Care</b>	<b>\$50,000</b>	<b>\$100,000</b>
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	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
Convalescent Hospital	Semi private room, \$50 per day Lifetime maximum: 120 days	Semi private room, \$60 per day Lifetime maximum: 120 days
Ambulance	Unlimited	Unlimited
Air Ambulance	\$5,000 per calendar year	\$5,000 per calendar year
Diagnostic Laboratory Tests	Unlimited	Unlimited
Magnetic Resonance Imaging	\$750 per calendar year	\$750 per calendar year
Dental Care as the result of an accident	\$5,000 per accident	\$5,000 per accident
<b>Second Medical Opinion / Best Doctors</b>	<b>Included</b>	<b>Included</b>