



HOME CARE ASSISTANCE

YOUR CARE, YOUR WAY.



✓ AFFORDABLE

✓ EASY TO SUBSCRIBE

✓ NO MEDICAL EXAMINATION REQUIRED

✓ IMMEDIATE APPROVAL

My Dignity covers the cost of essentials services, when you are losing your autonomy and allows you to stay in the comfort of your home.

Don't be the person who hasn't thought about planning for future care for yourself or your loved ones.

- **Meals**
- **Respite Services**
- **Personal Support Worker or private nurse**
- **Informal Caregiver Support**
- **Orthopaedic and medical equipment**
- **Monitoring system and so much more**

HEALTH CARE IN THE COMFORT
OF YOUR HOME



ODYSSEY
INVESTMENT - INSURANCE

DID YOU KNOW THAT 70% OF INDIVIDUALS 65 AND OVER WILL REQUIRE SOME FORM OF FUTURE EXTENDED CARE?

The options to plan for your future care are limited:

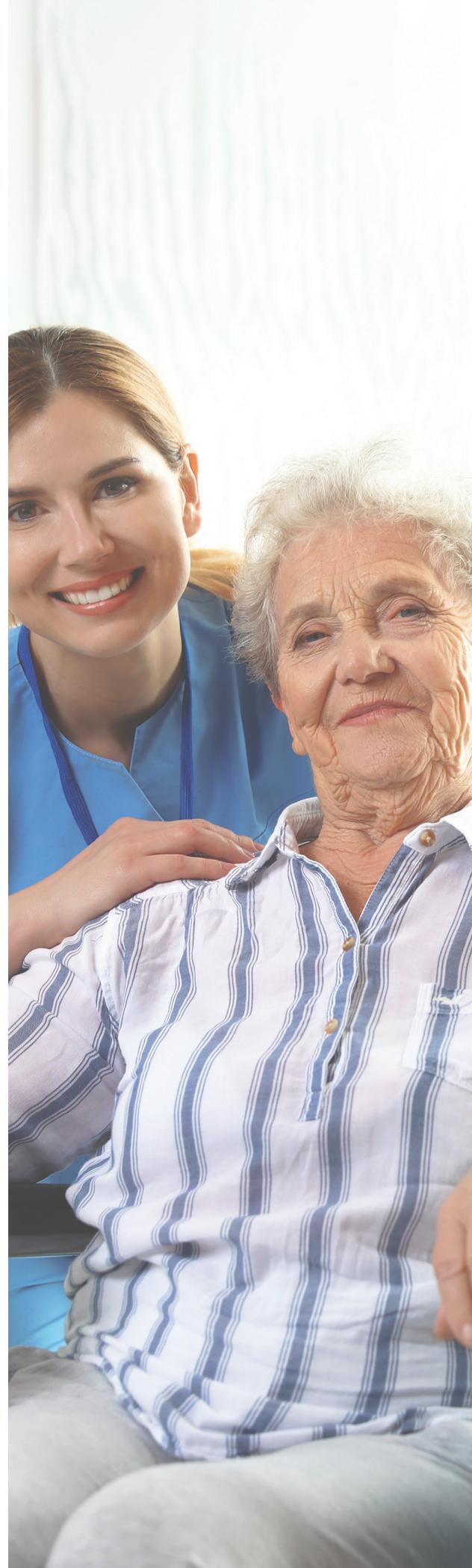
- ✓ Rely on the *government*?
- ✓ Rely on our *family* and friends?
- ✓ Pretend it *won't happen* and hope for the best, or...
- ✓ Plan with insurance?

Many Canadians believe that government help and planning with insurance are the two most viable options.

Did you know that:

- ✓ Provincial and Federal governments have not created specific funding or programs to cover long-term care costs.
- ✓ The burden of home care in 75% of cases falls on family.

Eligibility: between 18 and 80 years of age inclusively



BENEFITS SCHEDULE

PROTECTION	PLAN 1 COINSURANCE	PLAN 1 ANNUAL MAXIMUM*	PLAN 2 COINSURANCE	PLAN 2 ANNUAL MAXIMUM*
PART I				
PAYABLE WHEN THE INSURED PERSON IS FUNCTIONALLY DEPENDENT				
Specialists				
Audiologist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Dietitian	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Naturopath or osteopath	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Occupational therapist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Physiotherapist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Podiatrist or chiropodist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Respiratory therapist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Speech therapist	90%	\$1,250 per calendar year	100%	\$1,500 per calendar year
Other expenses				
Monitoring system	100%	\$1,000 per calendar year	100%	\$1,000 per calendar year
Moving allowance	100%	\$1,000 lifetime maximum	100%	\$1,000 lifetime maximum
Home conversion	100%	\$10,000 lifetime maximum	100%	\$15,000 lifetime maximum
Meals	100%	\$500 per month	100%	\$700 per month
Purchase or rental of equipment	100%	Unlimited	100%	Unlimited
Respite	100%	\$3,000 per calendar year	100%	\$3,000 per calendar year
Transportation expenses	100%	\$750 per year	100%	\$750 per year
Informal caregiver support	100%	\$1,250 per year	100%	\$1,500 per year
Private nurse or personal support worker	100%	\$75 per day, maximum of 200 days per calendar year	100%	\$75 per day, maximum of 200 days per calendar year
Other expenses				
Orthopaedic shoes	90%	Unlimited	100%	Unlimited
External breast prostheses following a mastectomy	90%	\$300 per 24 months	100%	\$300 per 24 months
Supplies for colostomy, an ileostomy, or a urostomy.	90%	Unlimited	100%	Unlimited
Tens	90%	\$500 per 36 months	100%	\$500 per 36 months
Purchase of reagent strips, syringes, and needles. Accessories for diabetics, dextrometer or a glucometer.	90%	Unlimited	100%	Unlimited
Hearing aids	90%	\$500 per 36 months	100%	\$500 per 36 months
Wigs (required for pathological conditions or following chemotherapy treatments)	90%	\$300 lifetime maximum	100%	\$300 lifetime maximum

*Unless otherwise specified

BENEFITS SCHEDULE (CONTINUED)

PROTECTION	PLAN 1 COINSURANCE	PLAN 1 ANNUAL MAXIMUM*	PLAN 2 COINSURANCE	PLAN 2 ANNUAL MAXIMUM*
Other expenses (continued)				
Stockings for varicose veins and phlebitis	90%	2 pairs per calendar year	100%	2 pairs per calendar year
Maxi-mist machine, including the masks, or a CPAP machine	90%	\$500 lifetime maximum	100%	\$500 lifetime maximum
Rental, purchase or repair of non-motorized wheelchair, hospital bed (excluding mattress), ventilator and crutches	90%	\$5,000 lifetime maximum	100%	\$7,500 lifetime maximum
Medical supplies	90%	\$1,500 per year	100%	\$1,500 per year
Incontinence supplies-bowel and /or bladder	90%	\$1,500 per year	100%	\$1,500 per year

PART II

PAYABLE IN CASE OF ACCIDENT OR SICKNESS

Hospitalization and ambulance				
Hospitalization	100%	Semi private room, \$150 per day, 180 days lifetime maximum. If no semi-private room available, \$50 per day of hospitalization, from the second day of hospitalization	100%	Semi private room, \$200 per day, 180 days lifetime maximum. If no semi-private room available, \$50 per day of hospitalization, from the second day of hospitalization
Convalescent hospital	100%	Semi private room, \$50 per day, Maximum of 120 days	100%	Semi private room, \$60 per day, Maximum of 120 days
Ambulance	100%	Unlimited	100%	Unlimited
Air ambulance	100%	\$5,000	100%	\$5,000
Diagnostic laboratory and x-ray procedures	100%	Unlimited	100%	Unlimited
MRI	100%	\$750 per calendar year	100%	\$750 per calendar year
Dental care as the result of an accident	100%	\$5,000	100%	\$5,000
Best Doctors	Included		Included	
LIFETIME MAXIMUM FOR PART I AND II	\$50,000		\$100,000	

*Unless otherwise specified



ADMISSIBILITY

- You must be between the ages of 18 and 80 inclusively.



STARTING DATE

- When the application is accepted by the insurer.



RATES

- Premiums are determined by the primary insured's age.



RENEWAL

- The contract is renewed each year, on the anniversary date.
- The Insurer cannot terminate a contract before the insured reaches the maximum age written in the contract for each benefit and as long as the owner pays the premium.



CONTRACT MODIFICATION

- At every renewal, the insurer sets the premium for the next 12 months. Any rate changes must be sent to the insured at least 30 days before the renewal date.
- The Insurer has the right to change the unit rates at the renewal date as long as the rates for all identical contracts are changed as well.

OUR INSURER PARTNER



The benefit description in this pamphlet does not create nor confer any contractual rights. The wording of your insurance policy issued by the insurer governs this pamphlet's conditions.



PLACEMENTS - ASSURANCES - INVESTMENT - INSURANCE

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