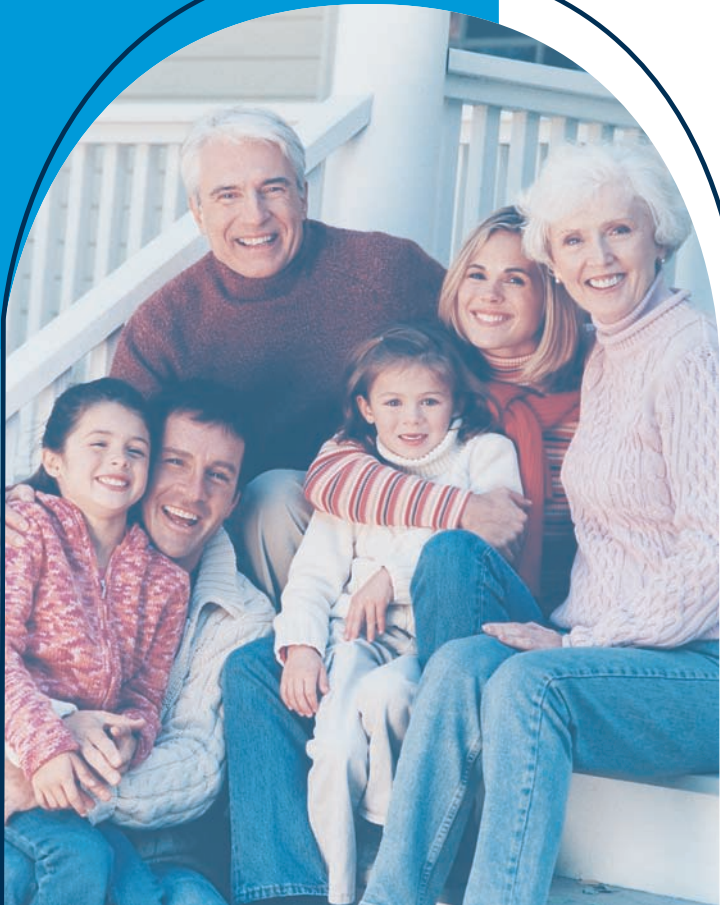


Tangible[®]

Peace of mind... today and tomorrow



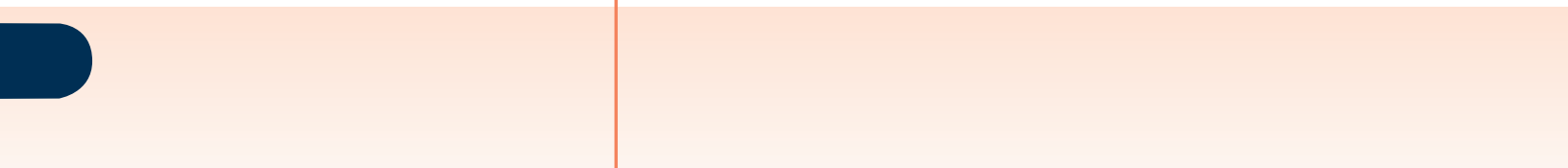
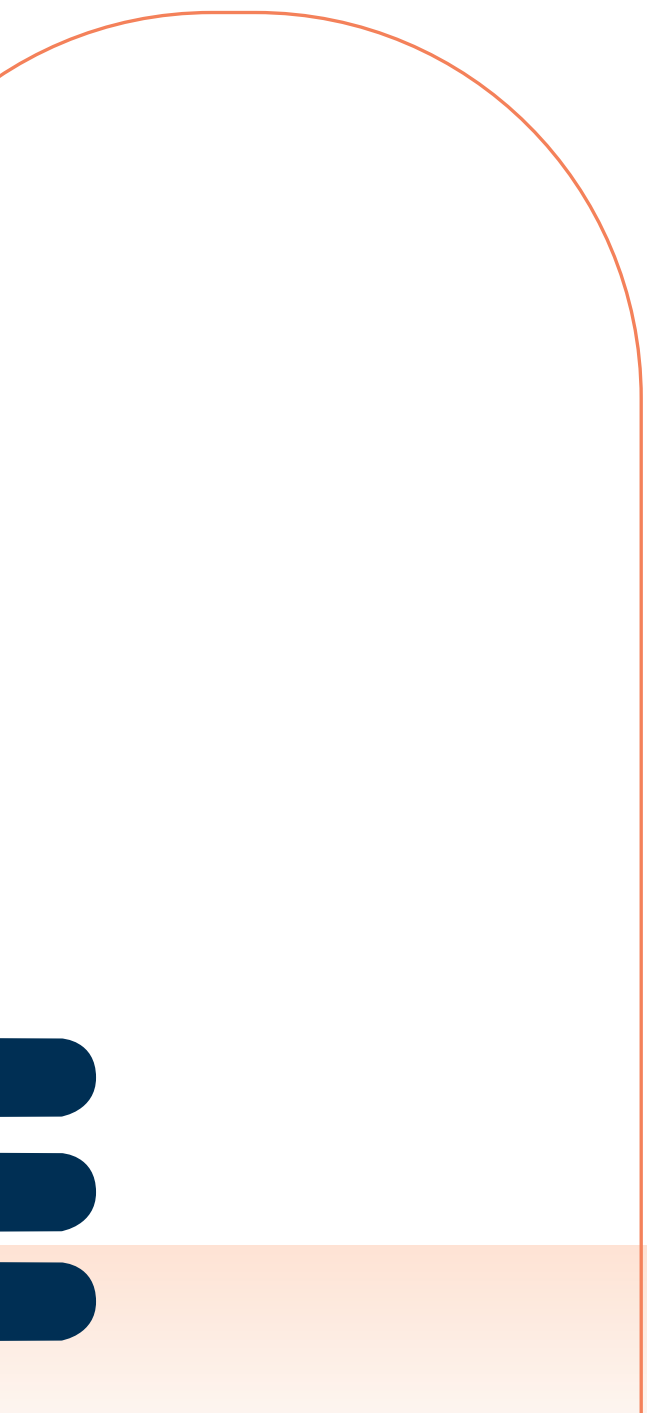
Loss of Independence

can cause major disturbances in the lives of those affected and that of their informal caregivers

Tangible offers three solutions:

- *Facility care benefit*
- *Home care benefit*
- *Hospitalization and Loss of autonomy benefit*

For you or your loved ones ...



Tangible[®]

Loss of autonomy is devastating to the individual and their caregivers because we often don't know the extent of the loss or its duration. This is why long-term care coverage is so important.

Three types of coverage are offered:

1 Facility care

Blue Cross will pay a monthly benefit for facility care should you become physically dependent.

To receive this benefit, you must be physically dependent and receiving continuous medical care, from a physician, suitable for your physical dependence.

2 Home care

Blue Cross will pay a monthly benefit for home care should you become physically dependent.

3 Hospitalization and Loss of autonomy

The HOSPITALIZATION AND LOSS OF AUTONOMY benefit covers medical and hospital expenses incurred in your province of residence



IMPORTANT DEFINITIONS

| | |
|----------------------------|---|
| Activities of daily living | <ul style="list-style-type: none"> ■ Bathing ■ Dressing ■ Toileting ■ Contenance ■ Transferring ■ Feeding |
| Organic cause | Caused by structural change to tissue or an organ of the body. |
| Cognitive impairment | <p>A mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which is measurable and results from demonstrable organic cause as diagnosed by a specialist. The degree of cognitive impairment must be sufficiently severe as to require continuous daily supervision.</p> <p>Determination of a cognitive impairment will be made on the basis of clinical data and valid standardized measures of such impairments.</p> <p>A mental or nervous disorder without a demonstrable organic cause is not covered.</p> |
| Facility (Establishment) | <p>A long-term care centre offering residential, assistance, support, supervisory and psychosocial services for persons suffering a loss of functional or psychological autonomy, notably elderly persons who cannot remain in their existing living environment.</p> <p>The facility must be your principal residence while you are physically dependent.</p> |
| Physical dependence | Inability to perform unassisted two or more of the activities of daily living or cognitive impairment. |
| Facility care | Health and personal care services received in a facility. |
| Home care | Health and personal care services received outside a facility. |

SUMMARY

| | Facility care | Home care | Hospitalization and Loss of autonomy |
|---|--|--------------------|---|
| Coverage | Payment of a monthly indemnity You must be physically dependent: <ul style="list-style-type: none"> ■ Unable to perform unassisted two or more of the activities of daily living, or ■ Cognitively impaired | | Reimbursement of hospital and medical expenses (See Benefit summary on pages 5 and 6) |
| Assistance | Coverage included | | |
| Eligibility | 16 to 80 years of age inclusive Must have applied and been approved for the FACILITY CARE benefit | | 55 to 80 years of age inclusive |
| Amount insured | \$500 to \$10 000 (in increments of \$100) | | Maximum overall lifetime amounts: <ul style="list-style-type: none"> ■ \$10 000 ■ \$25 000 ■ \$50 000 ■ \$100 000 |
| Waiting period | 0 or 90 days | 30, 90 or 180 days | N/A |
| Indemnity period | 2 years, 5 years or lifetime | | N/A |
| Premium waiver | No premiums are payable if you are physically dependent and for as long as your physical dependence lasts. | | |
| Indexation of monthly indemnity | If the monthly indemnity is paid for more than 12 months, then maximum indexation is 3% per year. | | N/A |
| Cost-of-living increase (optional clause) | After the first 12 months following the effective date of this benefit, the monthly indemnity shall be increased on January 1 of each year by the percentage selected (3% or 5%), subject to a maximum overall indemnity of \$10 000. | | N/A |
| Exclusions | Consult your insurance contract | | |
| End of coverage | Lifetime benefit | | |
| Duration of premium payment | Whole life option The premium is payable until your 100th birthday. 20-65 option The premium is payable until your 65th birthday, subject to a minimum of 20 years of insurance. | | Whole life option The premium is payable until your 100th birthday. |
| Premium determination | Level premium The initial premium is guaranteed for the first five years of insurance. Thereafter, the premium is once again guaranteed from your 75th birthday, provided the benefit has been in effect for at least 20 years. If you are paid-up under the 20/65 option of the Duration of premium payment clause, then the premium is guaranteed and Blue Cross may not modify it under any circumstances. | | |
| Couple discount | 10% | | |
| Premium refund upon death for FACILITY CARE and HOME CARE benefits | | | |
| Eligibility | <ul style="list-style-type: none"> ■ 16 to 80 years of age inclusive ■ Must have applied and been approved for the FACILITY CARE or HOME CARE benefit. | | |
| Premium waiver | No premiums are payable if you are physically dependent and for as long as your physical dependence lasts. | | |
| Exclusions | Consult your insurance contract | | |
| End of coverage | Lifetime benefit | | |
| Duration of premium payment | The duration must be the same as that of the FACILITY CARE or HOME CARE benefit. | | |
| Premium determination | Level premium The initial premium is guaranteed for the first five years of insurance. Thereafter, the premium is once again guaranteed from your 75th birthday, provided the benefit has been in effect for at least 20 years. If you are paid-up under the 20/65 option of the Duration of premium payment clause, then the premium is guaranteed and Blue Cross may not modify it under any circumstances. | | |
| Couple discount | 10% | | |

HOSPITALIZATION AND LOSS OF AUTONOMY

Section 1 Eligible expenses incurred due to **illness** or **injury**

Lifetime overall maximum benefit options

| | \$10 000 | \$25 000 | \$50 000 | \$100 000 |
|-------------------------------|---|---------------|---------------|---------------|
| | Maximum reimbursement | | | |
| 1. Hospitalization | \$50 per day | \$100 per day | \$150 per day | \$200 per day |
| | Lifetime maximum: 180 days | | | |
| 2. Laboratory tests | 80% | 80% | 90% | 90% |
| | Unlimited reimbursement | | | |
| 3. CT scans | 80% | 80% | 90% | 90% |
| | \$250 per calendar year | | | |
| 4. Magnetic resonance imaging | 80% | 80% | 90% | 90% |
| | \$675 per calendar year | | | |
| 5. Ultrasound | 80% | 80% | 90% | 90% |
| | \$100 per calendar year | | | |
| 6. Polysomnography | 80% | 80% | 90% | 90% |
| | \$100 per period of 24 consecutive months | | | |



HOSPITALIZATION AND LOSS OF AUTONOMY (CONTINUED)

Section 2

Eligible expenses incurred while you are **physically dependent**

Lifetime overall maximum benefit options

| | \$10 000 | \$25 000 | \$50 000 | \$100 000 |
|--|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Maximum reimbursement | | | | |
| 1. Audiologist 3. Physiotherapist 5. Dietician | \$500 | \$750 | \$1 250 | \$2 000 |
| 2. Occupational therapist 4. Respiratory therapist | Per calendar year for each specialist | | | |
| 6. Registered nurse or certified nursing assistant | \$70 per day | | | |
| | 100 days per calendar year | 150 days per calendar year | 200 days per calendar year | 250 days per calendar year |
| 7. Psychosocial services for informal caregiver | \$500 per calendar year | \$750 per calendar year | \$1 250 per calendar year | \$2 000 per calendar year |
| 8. Respite services | \$600 per calendar year | \$1 200 per calendar year | \$2 600 per calendar year | \$5 200 per calendar year |
| 9. Wheelchair | 80% \$750 lifetime | 80% \$1 250 lifetime | 90% \$1 500 lifetime | 90% \$2 000 lifetime |
| Hospital-type bed | 80% \$1 500 lifetime | 80% \$2 000 lifetime | 90% \$3 000 lifetime | 90% \$5 000 lifetime |
| 10. Purchase or rental of equipment (Crutches, walkers, canes, casts, trusses, spinal braces, orthopedic corsets, oxygen and charges for temporary lease of a respirator) | Unlimited reimbursement | | | |
| 11. Support hose | 80% | 80% | 90% | 90% |
| | \$100 per calendar year | | | |
| 12. Orthopedic shoes | 80% | 80% | 90% | 90% |
| | Unlimited reimbursement | | | |
| 13. Ostomy supplies | 80% | 80% | 90% | 90% |
| | Unlimited reimbursement | | | |
| 14. Accessories for diabetics | 80% | 80% | 90% | 90% |
| | Unlimited reimbursement | | | |
| 15. Medical supplies | 80% | 80% | 90% | 90% |
| | \$1 000 per calendar year | \$1 250 per calendar year | \$1 500 per calendar year | \$2 000 per calendar year |
| 16. Transportation expenses | \$500 per calendar year | | | |
| 17. Ambulance | Unlimited reimbursement | | | |
| 18. Health monitoring system | \$300 per calendar year | \$500 per calendar year | \$600 per calendar year | \$750 per calendar year |
| 19. Moving allowance | \$1 000 lifetime | | | |
| 20. Home conversion expenses | \$5 000 lifetime | \$7 500 lifetime | \$10 000 lifetime | \$15 000 lifetime |
| 21. Meals | \$150 per month | \$250 per month | \$400 per month | \$600 per month |

PREMIUM REFUND UPON DEATH

(FACILITY CARE AND HOME CARE)

With this coverage, a percentage of the premiums you have paid under this benefit and under the FACILITY CARE or HOME CARE benefit will be refunded to your beneficiary in the event of death, provided no claims have been made under these benefits.

The applicable percentage is shown below. It is based on the number of years during which the amount insured under the FACILITY CARE or HOME CARE benefit was in effect.

| Number of years in effect | Percentage of premiums refunded |
|---------------------------|---------------------------------|
| Less than 6 years | 0% |
| 6 years | 30% |
| 7 years | 40% |
| 8 years | 50% |
| 9 years | 60% |
| 10 years | 70% |
| 11 years and over | 80% |



This brochure summarizes benefits under the Tangible contract. It is not an insurance contract. The terms and conditions of your insurance are described in the contract issued by Blue Cross. The contract includes certain exclusions, limitations and reductions. You have a 10-day "free look" period to review your insurance contract. We suggest that you read it carefully.