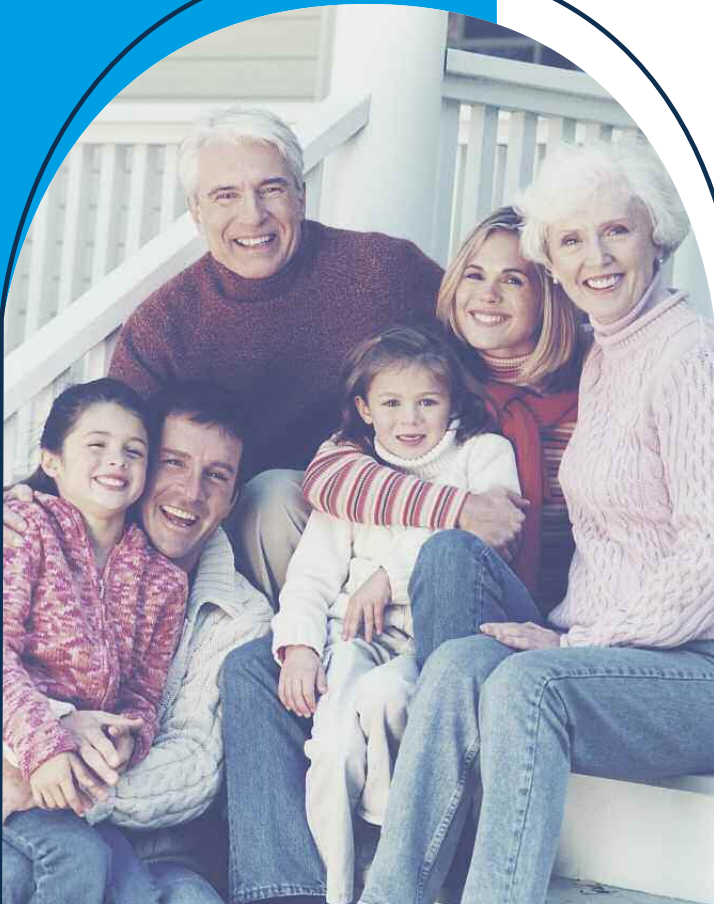


Tangible[®]

Peace of mind... today and tomorrow



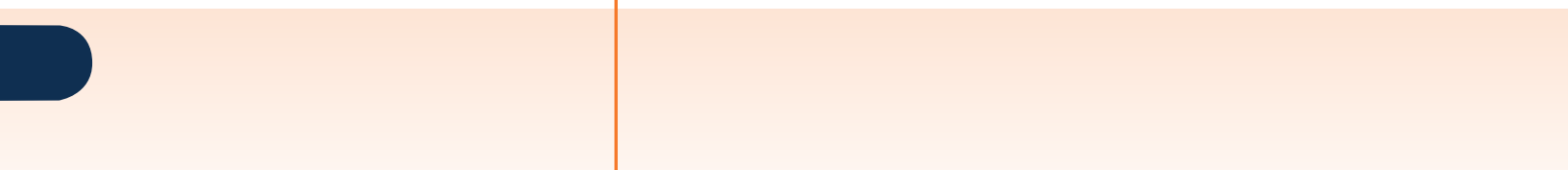
Loss of Independence

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.		N/A
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: The premium is payable until your 100th birthday.		
Premium determination	Level premium The initial premium is guaranteed for the first five years of insurance.		
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	Whole life: The premium is payable until your 100th birthday.
Premium determination	Level premium The initial premium is guaranteed for the first five years of insurance.
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
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

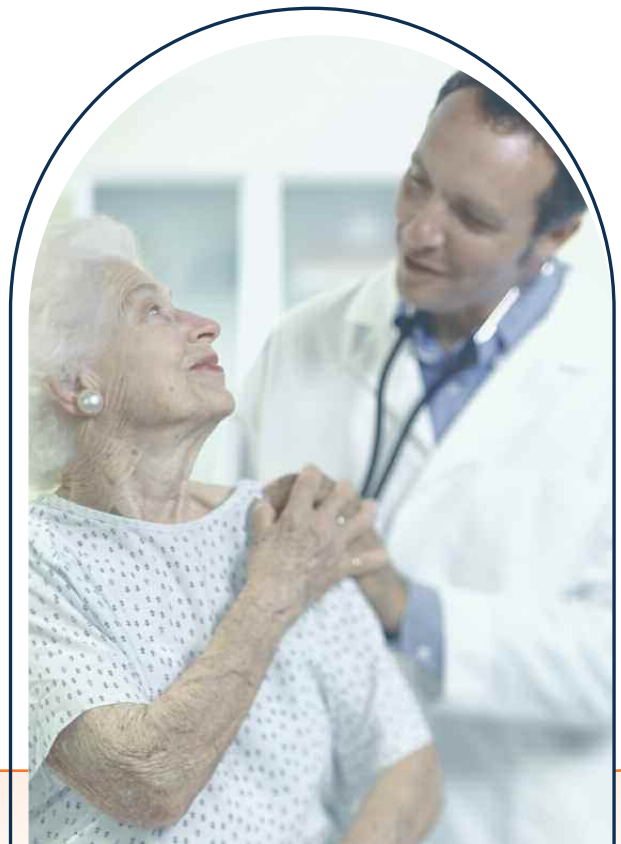
PREMIUM REFUND UPON DEATH

(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. Benefits mentioned in this brochure are insured by Canassurance Insurance Company, carrying on business as Blue Cross.