

## Long Term Care Comparison

	Desjardins	Manulife Financial	RBC	Sun Life Financial
<b>Type of Plan</b>	Monthly Income Plan	Monthly Income Plan	Daily Benefit <b>Indemnity</b> (Facility Care) <b>Reimbursement</b> (Home Care Rider)	<b>Income-Style Benefit:</b> The predetermined income benefit is paid regardless of services received. <b>Comprehensive Benefit:</b> The benefit is paid regardless of place of residence. <b>Facility Care Benefit:</b> The benefit is paid if care is being received in a long-term care facility. (Can choose <i>either</i> Comprehensive or Facility Care, or <i>both</i> Comprehensive & Facility Care).
<b>Rate Scale</b>	Male and Female	Male and Female	Unisex	Male and Female
<b>How Does it Work?</b>	A monthly benefit is paid if the insured satisfied the definition of loss of independence.	A monthly benefit is paid if the insured satisfies the definition of loss of independence.  Twice the benefit if insured is in facility care.	If the insured satisfies the definition of loss of independent existence and receives care in a Long-Term Care Facility, the daily benefit amount for Facility Care is provided.  If the insured satisfies the definition of loss of independent existence and has selected the Home Care option, a refund of expenses is given (receipts for the care received must be submitted).	<b>The insured must:</b> <ul style="list-style-type: none"> <li>• need substantial physical assistance from another person to safely &amp; completely perform 2 plus ADLs,</li> <li>• needs stand-by assistance from another person to safely and completely perform 2 plus ADLs, or</li> <li>• have deteriorated mental ability requiring substantial supervision.</li> </ul> <b>Facility Care:</b> insured must be receiving Facility Care. <b>Comprehensive:</b> no additional requirement.
<b>Definition of Loss of Independence</b>	Inability to perform 2 of the 6 activities of daily living unassisted or the inability to take care of oneself without the supervision of another person to ensure their own safety or the others.	When the insured needs substantial human assistance to perform at least 2 of the 6 activities of daily living or due to cognitive impairment.	Inability to execute 2 of the 6 activities of daily living or Cognitive Impairment: problems with attention, affect, memory, or other loss of intellectual capacity requiring supervision. Certification from a physician must confirm the necessity of care.	When the insured needs substantial human assistance to perform at least 2 of the 6 activities of daily living <u>or</u> continual supervision to protect themselves from threats to health and safety due to deteriorating mental capacity.
<b>Facility Care</b>	Freedom to use the <i>monthly</i> benefit payment the way the client sees fit. Benefit eligibility is not dependent on admission into any care facility. Furthermore, no medical care receipts are necessary to collect the designated benefit payments.	Double the home care benefit if the insured is residing in a long term care facility.	Yes, if institution is licensed or certified in the province in which it operates.	<b>An institution that:</b> <ul style="list-style-type: none"> <li>• is operating according to the laws and standards for the facility in the province, territory or jurisdiction where it is located,</li> <li>• administers a program of treatment and observation (the facility's plan of care for the insured person) that follows existing standards of medical practice for the condition causing the insured person's confinement,</li> <li>• has services performed by or under the continual supervision of a physician or registered nurse in the facility 24 hours a day,</li> </ul>
<b>Home Care</b>	Same as Facility Care	Freedom to use the monthly benefit payment the way the client sees it.	Program of medically necessary care services, recommended for the insured by a licensed physician. Receipts for the care received must be submitted. Equipment and drugs are not covered.	N/A  ( <b>Comprehensive:</b> Benefit is paid regardless of place of residence. It is not limited to "Home" care.)
<b>Geographical Limitations</b>	Canada, USA	Canada, USA	<b>Facility Care Benefit:</b> No limitation, but the complete medical records must be available to the company and the insured must undergo an independent examination by a physician appointed by the company. <b>Home Care Benefit:</b> Canada	Canada, USA
<b>Waiving of Premiums</b>	Waiver of premium while on claim	Waiver of premium while on claim	Waiver of premium while on claim	Waiver of premium while on claim  <b>Spousal Waiver of Premium:</b> If both spouses' policies have been in effect for 10 years without claim, premiums are waived if: <ul style="list-style-type: none"> <li>• benefits are being paid on the spouse's policy,</li> <li>• the spouse dies (whether or not on claim), or</li> <li>• we've paid comprehensive or facility care benefits in full for the spouse's policy.</li> </ul>
<b>Commissions</b>	<b>1st year:</b> 40% <b>Following years:</b> 5%	<b>First Year:</b> 50% <b>Years 2+:</b> 2%	<b>1st year:</b> 30% <b>From 2nd to 5th year:</b> 10% <b>Following year:</b> 5%	<b>1st year:</b> 50% <b>Following years:</b> 2%
<b>Issue Ages</b>	18 to 80 (age nearest birthday)	18 to 80 (age at the nearest birthday)	<b>Facility Care:</b> 30 to 80 (age nearest birthday) <b>Home Care:</b> 30 to 75 (age nearest birthday)	21 to 80 (age last birthday)

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<b>Sum Insurds</b>	<p><b>Min:</b> \$1,000/month <b>Max:</b> \$8,500/month</p> <p>Increments of \$100</p>	<p><b>Single life coverage:</b> \$25,000 to \$1 million with 0.5%, 1% or 2% <b>Shared coverage:</b> \$50,000 to \$2 million with 0.25%, 0.5% or 1%</p> <p>Maximum of \$5,000/month for Home Care (\$10,000/month for Facility Care)</p>	<p><b>Min:</b> \$10/day <b>Max:</b> \$300/day</p> <p>Increments of \$10</p> <p>The Daily Benefit amount for Home Care cannot exceed the daily benefit amount for Facility Care.</p>	<p><b>Min:</b> \$150/week <b>Max:</b> \$2,000/week</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• If both benefit types are selected, the comprehensive weekly benefit must be at least half of facility care benefit.</li> <li>• Maximum applies to total benefits paid on a weekly basis.</li> </ul>
<b>Premium Payment Period</b>	<ul style="list-style-type: none"> <li>• Payable for life</li> <li>• Payable for 20 years</li> </ul>	<ul style="list-style-type: none"> <li>• Pay to age 100</li> <li>• 15 years</li> <li>• Pay to age 65</li> </ul>	<p>Pay for 20 years up to the insured 65th birthday, whichever is greater.</p>	<p><b>Lifetime, 2 options; pay for:</b></p> <ul style="list-style-type: none"> <li>• the longer of 20 years, or</li> <li>• to age 55</li> </ul>
<b>Guaranteed Premiums</b>	<p>Guaranteed for the first 5 years</p>	<p>Guaranteed not to change for first 5 yrs. If you have chosen the Pay to age 100 premium payment option, no change on the premium will be done after the later of:</p> <ul style="list-style-type: none"> <li>• coverage anniversary nearest 75th birthday,</li> </ul>	<p>Guaranteed for the first 5 years.</p> <p>The maximum increase over the life time of the policy is limited to 50%.</p>	<p>Guaranteed for the first 5 years after the initial guaranteed period if a modification is made, the new rates will be guaranteed for another 5 years period.</p>
<b>Benefit Period</b>	<p><b>Options if premium payable for life:</b></p> <ul style="list-style-type: none"> <li>• 2 years</li> <li>• 5 years</li> <li>• Lifetime</li> </ul> <p>If premium payable for 20 years, only a Lifetime benefit is available.</p>	<p>Coverage continues until the Benefit Balance is reduced to zero, the death of the insured person or the policy lapses or is cancelled.</p>	<p><b>Facility Care (4 options):</b></p> <ul style="list-style-type: none"> <li>• 1 year, 2 years, 5 years, and Lifetime.</li> </ul> <p><b>Home Care (4 options):</b></p> <ul style="list-style-type: none"> <li>• 365 days, 730 days, 1825 days, and Lifetime.</li> </ul> <p>The Home Care benefit period cannot exceed the Facility Care Benefit period.</p>	<p><b>4 options:</b></p> <ul style="list-style-type: none"> <li>• 100 weeks (1.9 years), 150 weeks (2.8 years), 250 weeks (4.8 years), and Unlimited</li> </ul> <p><b>Note:</b></p> <p>If both comprehensive and facility benefits are selected, the benefit duration can differ for each benefit type.</p>
<b>Waiting Period</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• 30 days</li> <li>• 90 days</li> <li>• 180 days</li> </ul> <p>The insurer considers two successive Benefit periods to be a single Benefit period if they are separated by 180 days or less and the insurer deems they are result of the same cause.</p>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• 90 days</li> <li>• 180 days</li> </ul>	<p><b>Facility Care:</b></p> <ul style="list-style-type: none"> <li>• None</li> <li>• 90 days</li> </ul> <p><b>Home Care:</b></p> <ul style="list-style-type: none"> <li>• 60 days</li> <li>• 90 days</li> </ul> <p>Recurrent periods of facility care are still considered as one period of facility care if they are separated by less than 180 days and if they are considered by us to be of related causes.</p>	<p><b>2 Comprehensive options:</b></p> <ul style="list-style-type: none"> <li>• 30 day</li> <li>• 90 day</li> </ul> <p><b>3 Facility Care options:</b></p> <ul style="list-style-type: none"> <li>• 0 (only available when comprehensive is also selected)</li> <li>• 30 day</li> <li>• 90 day</li> </ul> <p><b>Note:</b> If a new claim is submitted within 180 days of a previous claim, the waiting period does not start over – regardless of whether the claim was related or not.</p>
<b>Paid-Up Insurance or Non Forfeiture Option</b>	<p><b>Non-forfeiture Option</b></p> <p>Paid-up insurance for a reduced benefit period if the policy is in-force for 10 years or more. Terminates once the total amount paid reaches the total premium collected for the long term care benefit.</p>	<p>If premiums are no longer required (for limited pay policies – 15 pay and pay to 65) the policy continues until the expiry date (or until the Benefit Balance is zero).</p> <p>None for life – pay policies.</p>	<p><b>Reduced Paid Benefit - Facility Care Only:</b></p> <ul style="list-style-type: none"> <li>• With no elimination period (age 46 to 80) <ul style="list-style-type: none"> <li>- 33% of the daily indemnity after 10 yrs</li> </ul> </li> <li>• With 90 day elimination period (age 46 to 80) <ul style="list-style-type: none"> <li>- 0% of daily indemnity after 10 yrs</li> <li>- 50% after 15 yrs</li> </ul> </li> <li>• The Home care option terminates at the end of premium payment.</li> </ul>	<p><b>Extended Term Insurance (ETI) Provision</b></p> <p>If premiums are 31 days overdue (and not enough money in WPF) the policy may continue in effect for a limited time period, subject to certain restrictions. Availability &amp; length of ETI varies based on:</p> <ul style="list-style-type: none"> <li>• The base benefit type, issue age, sex, premium payment period and the # of years the policy has been in force.</li> </ul> <p>While the policy cont. under ETI, we will not:</p> <ul style="list-style-type: none"> <li>• Pay ROPD benefit or make any further IP incs.</li> </ul> <p>Weekly and Lifetime benefits do not change while the ETI is in effect.</p>
<b>Return of Premium Upon Death</b>	<p><b>Optional:</b></p> <p>100% of premiums paid less any benefit paid.</p>	<p><b>The least of the following amount:</b></p> <ul style="list-style-type: none"> <li>• Eligible premium plus contract fees times a % of reimbursement (50% at the 10th anniversary, 100% at year 20) minus benefit paid.</li> <li>• The balance of benefit.</li> </ul>	<p><b>Optional:</b></p> <p>Only payable if the policy is in-force for more than 5 years and if no facility care benefits have been paid under the policy.</p>	<p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• For issue ages 21-80</li> <li>• Returns portion of premiums paid, less any benefits paid</li> <li>• Excludes premiums paid for inflation protection benefit</li> <li>• The ROPD amount is based on the number of years the policy has been in force: <ul style="list-style-type: none"> <li>- 5% after 1 yr, grading up 5% per yr to 100% after 20 yrs</li> </ul> </li> </ul>
<b>Spousal Reduction</b>	<p>10%</p>	<p>Shared Coverage Option</p>	<p>10%</p>	<p>No</p>