

CAREGIVER RESPITE BENEFIT

We will pay *You* a Caregiver Respite Benefit for each day of a *Respite Interval*, subject to the conditions below:

1. *You* must be receiving a Catastrophic Disability Benefit;
2. The benefit is payable if *Informal Home Care* has been provided for at least 6 continuous months for *You* beginning with *Your Date of Disability*;
3. The benefit is payable for *Companion Care* received by *You* in *Your* home or a private residence during a *Respite Interval*;
4. The benefit is equal to the daily *Companion Care* cost incurred, not to exceed \$100 per day; and
5. The benefit is payable to *You* following submission of proof of *Your* incurred costs for *Companion Care* during the *Respite Interval*.

Companion Care means medically necessary custodial care furnished during a *Respite Interval* for a minimum of 8 hours per day by a Home Health Care Provider accredited by either the Joint Commission on Accreditation of Health Care Organizations or Community Health Accreditation Program.

Informal Caregiver means the person who has primary responsibility of providing *Informal Home Care* for *You*. A person who is paid for caring for *You* cannot be an *Informal Caregiver*.

Informal Home Care means medically necessary custodial care provided at *Your* home or a private residence by an *Informal Caregiver*. Such care is provided in lieu of confinement in a nursing home, or care received at *Your* home from a paid provider.

Respite Interval means a period of one or more consecutive days during which the *Informal Caregiver* is temporarily relieved of the *Informal Home Care* duties. Two *Respite Intervals* are permitted per calendar year, subject to a cumulative total of 14 days per calendar year. Unused days expire on December 31 and cannot be carried over into any future calendar year.