

# Types of care covered

We offer comprehensive policies, for an additional premium, which include home and community care services in addition to facility services. We also offer policies for facility services only.

Benefits are available for the following types of care:

Care	Coverage
<b>Facility Care</b>	For stays in a qualified nursing facility or assisted living facility, your policy will pay 100% of actual expenses incurred up to the daily benefit selected.
Bed reservation	The policy will pay 100% of the actual expenses you incur, up to the daily benefit, to maintain your reserved bed in a nursing facility or assisted living facility in the event that you are temporarily absent from the facility. This benefit is payable up to 30 days in a calendar year.
Waiver of premium	This provision allows you to stop paying premiums during the time you are receiving facility care benefits. The waiver of premium begins after you have been in a nursing or assisted living facility for 90 days. At this time, the premiums you paid since you began your stay in the facility are refunded to you. If you leave the nursing or assisted living facility, you begin to pay your regularly scheduled premiums again.
<b>Home and Community Care</b>	Adding home and community coverage creates a policy that covers both facility care and home and community care services. This policy will pay 100% of actual expenses incurred, up to the daily benefit selected, for the following: <ul style="list-style-type: none"><li>• home health care, including homemaker services, provided through a home health care agency (licensed nurse, therapist or home health aide) or by an independent home health caregiver</li><li>• adult day care</li><li>• hospice care</li><li>• caregiver training (the lifetime maximum for this benefit is five times the daily benefit selected)</li><li>• A \$50 per month benefit for an emergency response system when you are receiving benefits for home and community care services</li></ul>
Alternative plan of care: Home modification, equipment and special care services	If you are chronically ill and otherwise eligible for benefits, we will consider paying benefits for an alternative plan of care agreed to by you, your licensed health care practitioner and us. Benefits may include temporary home modification (such as rails or ramps), equipment purchases or rentals, or care services not normally covered under home and community care services. This benefit has a lifetime maximum of 50 times the daily benefit selected.

<p>Respite care</p>	<p>With the home and community care added to the policy, the policy will pay to relieve the primary caregiver in your home, so that he or she can enjoy some time off. The benefit payable is the actual expense you incur up to the daily benefit selected for respite care that may be delivered through home and community care services, a nursing facility or an assisted living facility. The maximum benefit for respite care is 30 days per calendar year.</p>
<p><b>Optional personal care advisor</b></p>	<p>We make it easier for you to take full advantage of your benefits. A personal care advisor is available through a toll-free number to help you determine eligibility for benefits, appropriate levels of care and available care and service programs and facilities in your area. No benefits are subtracted from the maximum benefit amount for this service and you are not required to use this service in order to file a claim.</p>
<p><b>Optional care coordination</b></p>	<p>If you need additional assistance after contacting the personal care advisor, our care coordinator, who is a registered nurse, can help. The coordinator can help develop your plan of care, arrange and monitor care and help with claims documentation. No benefits are subtracted from the maximum benefit amount for this service and you are not required to use this service in order to file a claim.</p>
<p><b>Coverage outside the U.S.</b></p>	<p>If you are eligible for benefits, we provide up to 30 days of coverage per year for care covered under the policy that takes place outside the United States, its territories or Canada.</p>
<p><b>Eligibility</b></p>	<p>To be eligible for Care ProVider long term care insurance benefits, you must qualify as a chronically ill individual. This means that within the previous 12 months, a licensed health care practitioner has certified that a plan of care is needed for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• You are not able to perform two or more activities of daily living without substantial assistance (these activities include bathing, maintaining continence, using the toilet, dressing, eating, and moving into or out of a bed, chair or wheelchair) and it is expected that these incapacities will last at least 90 days;</li> <li>• You have suffered severe cognitive impairment (such as Alzheimer’s disease or similar forms of irreversible dementia) and need substantial supervision to help assure your health and safety and that of others.</li> </ul>
<p><b>Pre-existing conditions</b></p>	<p>Many times, an individual applying for a policy may have a pre-existing health condition. Some insurers will not cover you for long term care needs brought about by a condition you told us about when you apply. When you are issued a Care ProVider Long Term Care Insurance policy, it will cover the pre-existing conditions you detailed in your health history while applying. This means that you do not have to worry that an existing condition will not be covered when you need services.</p>

*An alternative plan of care may make it feasible to stay at home longer.*

