



TRANSAMERICA LIFE INSURANCE COMPANY

# TRANSCARE<sup>®</sup>

*Individual Comprehensive Long Term Care Insurance*

II



*What if...*

*something happened and you were no longer able to do the things that you do every day?*

*an illness caused you to lose mobility or functionality, such as transferring or dressing?*

*a disease, such as Parkinson's or Alzheimer's disease, took away your physical or mental abilities?*

*professional care would cost \$40,000 to \$85,000 a year depending on the amount of care you need?<sup>1</sup>*

Who would care for you? Where would you get the money to pay for care?  
Would your family incur financial hardship if you were not able to provide for them?

**Since life doesn't always go as planned, TransCare® II comprehensive Long Term Care insurance is here to help you prepare for the unexpected.**



<sup>1</sup>American Association for Long-Term Care Insurance, 2012-2013 AALTCI Sourcebook.

## **How TransCare II Can Help**

TransCare II comprehensive Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care. It can also help preserve your freedom of choice.

An illness or condition that requires long term care services can be costly. TransCare II comprehensive Long Term Care insurance, can give you the added benefit of knowing that you've taken steps to help protect your finances.

## **Long Term Care Insurance Now Instead of Later**

You never know when you'll have a long term care need, so having the security of a TransCare II comprehensive Long Term Care insurance policy may help. In addition, you may be able to save more by purchasing your policy at a younger age.

The main determining factors in setting your initial Long Term Care insurance premium are your health and your age. And generally, the younger you are, the more affordable the premium. You may also qualify for good health discounts at a younger age, which saves you even more money throughout the life of policy.

## **Why Buy a TransCare II Comprehensive Long Term Care Insurance Policy?**

Simply put, long term care services are expensive. The 2011 national average cost of a private room in a long term care care facility is \$85,045 a year. But other forms of long term care can be equally costly. The national average cost of a nursing facility or residential care facility is \$40,200 a year and costs for home care can cut into any budget with a national average of \$21 per hour for a home health aide. <sup>2</sup>

These costs are only expected to continue to increase. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? You could use TransCare II comprehensive Long Term Care insurance to help pay for these services.

## **How TransCare II Works**

TransCare II comprehensive Long Term Care insurance will pay the out-of-pocket charges you incur, up to the Maximum Daily Benefit amount for Long Term Care Facility care, Home and Community-Based Care or Hospice Services. The policy provides benefits for a wide variety of long term care services. And because it emphasizes care at home, TransCare II may also help you stay at home for as long as possible.

<sup>2</sup>American Association for Long-Term Care Insurance, 2012-2013 AALTCI Sourcebook.





## Qualifying for Benefits

To qualify for benefits under the TransCare II policy, its riders and endorsements, we must receive a Plan of Care that specifies what qualified long term care services are needed for you as a chronically ill individual. This means that a licensed health care practitioner has certified within the last 12 months that:

You require substantial assistance due to your inability to perform at least two Activities of Daily Living (ADLs)\* for a period expected to last at least 90 days due to a loss of functional capacity.

**OR**

You require substantial supervision to protect you from threats of health and safety due to severe cognitive impairment.

This policy provides coverage for mental and nervous conditions, including Alzheimer's disease and Parkinson's disease and senile dementia as long as you are certified by a licensed health care practitioner as being a chronically ill individual. Benefits are subject to the elimination period, provisions, exclusions and limitations of the policy. Your policy will describe your coverage in detail and will be the sole basis for making any benefits determination.

\*Activities of Daily Living (ADLs) include: Bathing, Continence, Dressing, Eating, Toileting and Transferring, as defined in the Policy.

## Build Your TransCare II Policy

*Selecting the benefits that best meet your personal situation is critical to achieving your insurance goals. Make a selection for each of the criteria in this section and begin forming your policy. The available benefits to custom-build a TransCare II policy that best meets your needs are included throughout this brochure.*



## **Maximum Daily Benefit**

This is the amount that we will reimburse for each day of qualified care you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your care costs less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your care costs more than the Maximum Daily Benefit, you will need to self-fund that amount when it occurs.

You can select your Maximum Daily Benefit from a range of \$50 to \$500 per day. TransCare II will pay the out-of-pocket charges you incur for qualified care, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving long term care services in a long term care facility, your home, or an adult day care center.

Please remember, inflation has caused long term care costs to increase over the years. If you do not plan to include inflation protection in your policy, you may want to consider a higher initial Maximum Daily Benefit.

## **Pool of Money**

Your Policy Maximum Amount is the total amount available to cover the cost of your long term care services. It is also known as your Pool of Money. You may choose a Policy Maximum Amount of between \$18,250 and \$876,000.

This Pool of Money can be used to cover your out-of-pocket expenses for covered services, subject to your chosen Maximum Daily Benefit. When you access benefits and use less than the Maximum Daily Benefit each day covered services are required, the remaining unused portion will remain in the Pool of Money.

Our Pool of Money approach can be an advantage to you because if you use less than the Maximum Daily Benefit when less services are needed, your benefits may last longer than you anticipated. You will have benefits available as long as you have funds in your Pool of Money.

## **Elimination Period**

TransCare II has an Elimination Period, which is similar to a deductible; however, it is calculated in time instead of money. An Elimination Period is the number of days that you are responsible for paying the cost of covered long term care services before your policy begins to pay benefits.

TransCare II offers the following Elimination Period options from which to choose:

- 0-day Elimination Period (eligible for benefits from day one)
- 30-day Elimination Period
- 60-day Elimination Period
- 90-day Elimination Period
- 180 day Elimination Period

Your Elimination Period is also cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.

# Benefits included in Your Policy (Standard Benefits)

*The following benefits are included in your TransCare II comprehensive Long Term Care insurance plan.*

## **Cash Benefit**

Take freedom of choice one step further with the Cash Benefit. Once you qualify for benefits, you can choose to receive your benefit payments in an amount equal to one-third the Long Term Care Facility Maximum Daily Benefit times 30 each month. The Cash Benefit is paid directly to you in lieu of all other benefits, except for the Optional Care Coordination Benefit.

And because the Cash Benefit does not have an Elimination Period, you will be eligible for this benefit from the first day of Benefit Eligibility. You can use this money in any way you see fit, such as paying for care by a family member. You do not have to submit receipts or prove care was received.

This benefit is not subject to nor does it satisfy the Elimination Period that may apply to other benefits. We must receive an updated Plan of Care at least once every 90 days.

## **Optional Care Coordination Benefit**

Care Coordination is a standard benefit with your TransCare II policy; however, it is your option to use the service.

Although you do not have to use a Care Coordinator to receive benefits from the policy (except for the Remain at Home Benefit), the Care Coordinator can work with you to help:

- Develop your Plan of Care;
- Coordinate services under the Plan of Care;
- Reassess the Plan of Care as needed; and
- Provide a referral list of care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a licensed health care practitioner chosen from our list of independent Care Coordinators;
- Is normally familiar with your community and the variety of resources and services available to you locally; and
- Focuses on helping you identify the care you need.

The Optional Care Coordination Benefit can also help with services to assist you in remaining at home, including:

- Home and Community-based services;
- Durable medical equipment;
- Emergency medical call system; and
- Caregiver training.

The Optional Care Coordination Benefit is not subject to nor will it satisfy the Elimination Period. You will have access to a Care Coordinator from the first day of Benefit Eligibility.



## Home and Community-Based Care Benefit

The Home and Community-Based Care Benefit may allow you to stay at home for as long as possible and helps with hospice services if needed. And because this type of care is generally less expensive than facility care, it may extend the life of your policy. As an additional convenience, this benefit includes a 0-day Elimination Period.

We will pay benefits for out-of-pocket charges you incur for covered services, up to your Maximum Daily Benefit, for each day you receive home and community-based care. Home and community-based care must be provided under a Plan of Care through a home care agency in your home. Adult day care must be provided by and at an adult day care center under a Plan of Care and received at least four hours a day.

If you have no reasonable prospect of cure and have a life expectancy of six months or less, we will pay the out-of-pocket expenses you incur up to the Maximum Daily Benefit for each day of care by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Services. Benefits for Hospice Services are not subject to nor will they be applied toward satisfaction of the Elimination Period.

## Remain at Home Benefit

Your home may present challenges when you need long term care services. The Remain At Home Benefit can pay for the assistance you need to stay in your home. While you are living in your home, this benefit can be used to pay for the following qualified long term care services:

- **Home Modification** – modifications to your home including: ramps, grab bars or similar accessibility modifications.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal caregiver to receive caregiver training.
- **Therapeutic Device or Technology** – rental or purchase of therapeutic devices including: crutches, wheelchairs, hospital-style beds or infusion pumps.
- **Medical Alert System** – includes the rental or purchase of systems to monitor your health.

Services must be consistent with your care needs, provided under a Plan of Care and approved by your Care Coordinator. The Maximum Benefit for these services is 60 times your Maximum Daily Benefit. The Remain At Home Benefit is not subject to, nor will it satisfy the Elimination Period, and may be used even if you are receiving the Home Care and Adult Day Care Benefit. You will be eligible for benefits from the first day you receive covered services.

## **Long Term Care Facility Benefit**

After satisfying the Elimination Period, TransCare II will pay for your out-of-pocket expenses, up to your Maximum Daily Benefit, for room, board and qualified long term care services for each day you are an overnight bed patient in a Long Term Care Facility (not to exceed the cost of a one-bedroom unit).

## **Respite Care Benefit**

Care is often provided by friends or family members who volunteer time to help you. However, sometimes a volunteer caregiver needs a vacation or time away from the stress of caregiving. The Respite Care Benefit can help. It pays out-of-pocket expenses, up to your Maximum Daily Benefit, for temporary confinements in a Long Term Care Facility, or care received in your home, up to 30 days per calendar year. The Respite Care Benefit is not subject to nor will it satisfy the Elimination Period.

## **Long Term Care Facility Bed Reservation Benefit**

Sometimes it's necessary to temporarily leave your long term care facility. You may need overnight tests in a hospital setting, or maybe you're well enough to travel. However, when you leave, you need to continue to pay for your bed or it can be given to someone else. With the Long Term Care Facility Bed Reservation Benefit, after satisfying the Elimination period, we will pay for the out-of-pocket expenses, up to your Maximum Daily Benefit, for the room to be reserved while you are absent for any reason. This benefit is provided up to 60 days in any one calendar year.

### **Return of Premium to age 67<sup>3</sup>**

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.

### **Rate Guarantee**

The TransCare II policy includes a 5-year Rate Guarantee. See “A Word About Premium Rates” for information about our right to increase premiums.

<sup>3</sup>Some financial institutions may not sell the Return of Premium to Age 67 Benefit. Consult your agent/producer for details.

## **Waiver of Premium Benefits**

Because you may not be able to work or your finances may be unavailable during a long term care need, TransCare II has built-in Waiver of Premium Benefits. With the Waiver of Premium Benefits, you'll no longer have to pay your premiums while you are receiving certain benefits under the Policy.

### **Waiver of Premium Benefit – Long Term Care Facility**

You'll no longer have to pay your premiums while you're receiving the Long Term Care Facility Benefit, Accident Benefit (if included in your Policy), or hospice care.

To qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added at the time of the Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived.

### **Waiver of Premium Rider – Home and Community-Based Care Benefit**

You'll no longer have to pay your premium payments when you are receiving covered home and community-based care under the Accident Benefit Endorsement. You must satisfy the Elimination Period prior to receiving Waiver of Premium. We will stop waiving premium when you no longer qualify for this benefit. This benefit does not apply to the Cash Benefit.

### **Waiver of Premium Rider – Cash Benefit**

You'll no longer have to pay your premium payments when you are receiving the Cash Benefit. After you qualify for the Cash Benefit, we will automatically change your Premium Paying Mode to monthly and not require the payment of the monthly premium. Thus, you'll not only be eligible for benefits on Day One, but also have premiums waived. We'll stop waiving the premium when you no longer qualify for this benefit or you exhaust your Policy Maximum Amount. If you no longer qualify for this benefit, monthly premiums must then be paid as they come due. This Rider does not apply to any benefits other than the Cash Benefit.

## Optional Benefits – *You Can Truly Customize Your Policy*

*The following benefits may be purchased for an additional premium and are available in addition to all other benefits included in your TransCare II comprehensive Long Term Care insurance policy.*



### **Shared Care Benefit Rider<sup>4</sup> | Additional premium required.**

You never know what life may bring. That's why we designed TransCare II with a Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits, thereby extending their long term care insurance protection. This valuable benefit helps increase flexibility in an uncertain future.

With the Shared Care Benefit Rider, if you and your spouse/partner purchase identical policies with a Policy Maximum Amount of \$275,000, should one of you exhaust your Policy Maximum Amount, that person can then access the other's policy benefits with the spouse/partner's written permission.

What if both Policy Maximums are exhausted? If one member of the couple exhausts both policy maximums, the remaining spouse/partner can purchase an additional two years of coverage with no additional underwriting required.<sup>5</sup>

What happens if a member of the couple dies? Should one spouse/partner die, any remaining Policy Maximum Amount on his or her policy will be transferred to the surviving spouse/partner. No further premium on the rider will be required.

The Shared Care Benefit Rider helps you and your spouse/partner be better prepared for a changing future.<sup>4</sup> You may be more confident knowing that you have customized your coverage to provide even greater protection for you and your hard earned assets.

*Under this policy, the term "spouse/partner" and "couple" may include married persons, domestic partners and/or civil union partners. Consult your insurance agent/producer for details about requirements in your state.*

### **Return of Premium Upon Death Rider | Additional premium required.**

With the Return of Premium Upon Death Rider, when you die, the beneficiary named on your application or your estate (if no beneficiary is named) will receive a lump sum totaling your premiums paid less claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. Not available with the Shared Care Benefit Rider.

### **Monthly Benefit Rider | Additional premium required.**

Because the charges for long term care services may vary from day to day, this option makes your Long Term Care Facility and Home and Community-Based Care benefits available on a calendar month basis (the number of days in a calendar month) rather than on a daily basis. This benefit reimburses your out-of-pocket expenses on a monthly basis for covered services. This means that the Maximum Daily Benefit no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs based on the long term care expenses you incur. You may also use this benefit for long term care facility bed reservation or respite care.

### **Nonforfeiture Benefit – Shortened Benefit Period Rider | Additional premium required.**

The Nonforfeiture Benefit – Shortened Benefit Period Rider allows for your coverage to continue on a limited basis if it would have otherwise lapsed due to non-payment of premiums. Your policy must have been in effect for at least five years before this rider will pay benefits. This may allow you to still be eligible to receive benefits when you need them. See your Outline of Coverage for details.

<sup>4</sup>Available only to couples who are both issued and maintain identical policies. Not available in conjunction with Return of Premium Upon Death Rider.

<sup>5</sup>An additional coverage request must be made in writing. Premium for additional coverage will be based on attained age. It will not be available on or after your 91st birthday, if you are currently eligible for benefits or if you are the one who exhausted the Policy Maximum Amount of your Policy. The additional purchased coverage cannot be shared with your spouse/partner.

## Benefit Increase Options (BIOs)

Inflation can cause the costs of long term care services to increase almost every year. This results in a decline in the purchasing power of your money. Your TransCare II policy allows you to help meet future costs by including available Benefit Increase Options.

You can choose from the following:

- The **Simple Benefit Increase Option Rider** 3% or 5% increases your benefit amounts each year by 3% or 5% of the original benefit amount. Your benefits will increase by the same amount each year. *Additional premium required.*
- The **Compound Benefit Increase Option Rider** 3% or 5% increases your benefit amounts each year by 3% or 5% of the current dollar amount. *Additional premium required.*
- The **Step-Rated Compound Benefit Increase Option Rider** 3% or 5% allows you the protection of a Benefit Increase Option at a lower initial rate. Premiums increase each year as your benefits increase by 3% or 5% of the current dollar amount. You can elect to stop these increases on any anniversary date of your Policy. *Additional premium required.*
- The **Tailored Benefit Increase Option Rider** automatically steps down the inflation protection amount at different stages of your life. You will receive an initial 5% Compound Benefit Increase Option prior to age 61. Then a 3% Compound Benefit Increase Option between ages 61 and 75. There will be no more benefit increases after your 76th birthday. Ask your insurance agent/producer for details. *Additional premium required.*
- With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option, without evidence of insurability, at a future date as long as you have not had a claim or are not currently eligible to claim. This offer will be extended to you within 90 days prior to the first, the third and the fifth anniversary date of the Policy.

A Benefit Increase Option will continue to increase to your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be based on your Policy Maximum Amount less any claims paid since your last Policy anniversary.

*The Deferred Benefit Increase Option will automatically be included if no Benefit Increase Option Rider is selected. Limitations and Exclusions apply. See your Outline of Coverage for details.*

### **Joint Waiver of Premium Rider** | *Additional premium required.*

When one member of a couple needs care, financial resources may be strained. The Joint Waiver of Premium ensures that when one member of the couple becomes eligible for the Waiver of Premium Benefit, both members have their premiums waived. This may allow the healthy member to devote more to the one in need of care. We will stop waving premium when your spouse/partner no longer qualifies for the Waiver of Premium Benefit. Couples will need to have identical policies with Joint Waiver of Premium Riders attached. Please see your Outline of Coverage for details.

## **Full Restoration of Benefits Rider** | *Additional premium required.*

The Full Restoration of Benefit Rider will help if you have a long term care need from which you recover. If you were receiving benefits and then recuperate and are no longer receiving qualified long term care services nor are benefit eligible for a period of 180 consecutive days, all benefits that were paid will be restored to the remaining Policy Maximum Amount. Benefits will be restored only one time during the life of the policy but will not apply if you have exhausted your Policy Maximum Amount. This allows you to restore your policy to its original amounts and have those amounts available in the future. Limitations and Exclusions apply. See your Outline of Coverage for details.

## **Discounts**

**We have made buying TransCare II comprehensive Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive when you are issued coverage will remain on your policy, despite changes in your health.**

### **Couples Discount<sup>6</sup>**

Couples may be eligible for a discount of up to 30%, as compared to standard individual rates. This discount is available to couples who apply for identical benefits.

### **Discount for Spouse/Partner Individuals Applying Alone**

Individuals who are part of a couple, but applying for a TransCare II policy alone or applying for different coverage amounts, may be eligible for a discount of up to 15%, as compared to standard individual rates.

### **Preferred Health Discount**

Individuals who have taken care of their health may be rewarded with a discount of up to 10% off standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

*Under this Policy, the term “spouse/partner” and “couple” may include married persons, domestic partners and/or civil union partners. Consult your insurance agent/producer for details about requirements in your state.*

## **Payment Choices**

With TransCare II, you can choose how you will pay your policy premiums. You can select from the following:

- Annually (once a year)
- Semi-Annually (two times per year)
- Quarterly (four times per year)
- Monthly (twelve times per year)

Premiums will vary based upon your premium payment choice. The more often you pay, the higher your total premium amount may be per year. All premium selections are subject to underwriting approval. The schedule of your policy will reflect your actual premium.

<sup>6</sup>Must apply in good faith for identical benefits. Changes in benefit levels due to underwriting may result in the discount being reduced to 10% for one or both members of the couple.

### General exclusions and limitations

The Policy and any rider(s) or endorsement(s) attached to it will not pay benefits when You are eligible for confinement, care or services:

1. for treatment of alcoholism or drug addiction, unless as a result of medication prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance;
5. received outside the fifty (50) United States and the District of Columbia, or Canada; or
6. performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit.

### Nonduplication of coverage

If You receive care or services that are paid or provided by any of the coverages listed below, We will reduce Your benefits so that the total benefits You receive under this Policy and the coverages listed below do not exceed the actual charges for the care and services:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medi-Cal or Medicaid);
4. for services or items available or paid under another long term care insurance or health insurance policy or plan, subscriber contract, or HMO plan; or
5. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.



**Limitations**

We will not pay for: Physician's charges; hospital or laboratory charges; prescription or non-prescription medications; medical supplies; durable medical equipment (except as provided under the Remain At Home Benefit); payments in-kind; transportation; and personal expenses, such as items and services furnished at your request for comfort, convenience, beautification or entertainment.

**Substandard rated policies**

The following are not available for a substandard rated policy: Waiver of Premium Rider – Cash Benefit, Waiver of Premium Rider – Home and Community-Based Care, Elimination Period Credit Rider, Joint Waiver of Premium Rider, Return of Premium Upon Death Rider, and Return of Premium Upon Death Before Age 67 Endorsement.

**Policy termination**

Your policy will not be cancelled or otherwise end because of your age or changes in your health. However, your policy and all its benefits will end on the earliest of the following: the date the policy lapses; the date of your death; the date the Policy Maximum Amount has been exhausted; or our receipt of Your written request to cancel this policy. The refund of premium will be sent directly to the person who paid it.

**30-day right to examine your policy**

You have 30 days from the day you receive your policy to examine it and return it to us or your insurance producer/agent. If you are not satisfied with your policy for any reason, you may return it to us within 30 days of delivery to you for a full return of premium.

**Grace period**

You have a grace period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your policy will remain in effect during this grace period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

**A word about premium rates**

Although the policy allows the company to adjust premiums as needed, with prior approval of the Department of Insurance in the state of issue, we cannot increase your premiums during the 5-year rate guarantee period. When a rate guarantee period ends, your premium will be adjusted by any premium increases that may have occurred during the rate guarantee period. We cannot single you out for a premium rate increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your policy as long as you pay your premium on a timely basis.

**Disclaimers**

TransCare II is an individual comprehensive Long Term Care insurance Policy underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

This brochure provides only a brief summary of the coverage provided under Policy TLC 2-P CA 0216. See the Outline of Coverage for additional details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefits determination. Insurance terms used in this brochure are defined in the policy. See policy for defined terms.

The policy is intended to be a Tax Qualified Policy designed to meet federal standards.

Transamerica Life Insurance Company and its agents and representatives do not give tax or legal advice. This material and the concepts presented here are for information purposes only and should not be construed as tax or legal advice. Any tax and/or legal advice you may require or rely on regarding this material should be based on your particular circumstances and should be obtained from an independent professional advisor.

Premiums may differ from the amount on your application. This may occur as the result of any applicable discounts. You may choose to pay your premium annually, semi-annually, quarterly, or monthly. Please note that the more often you pay, the higher your total premium cost will be per year. Please see your insurance producer/agent for additional details. All coverage and premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.

**Public Funding**

In the event that a non-Medi-Cal federal or state long term care program is created through public funding that substantially duplicates benefits covered by this Policy, You will be entitled to select either a reduction in future premiums or an increase in future benefits. The amount of the premium reduction or increase in future benefits will be mutually agreed upon by the California Department of Insurance and Us.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

TRANSAMERICA LIFE INSURANCE COMPANY  
AND  
TRANSCARE® II

*Here for the Long Term*

*For more information, call your licensed insurance agent/producer  
or contact  
Transamerica Life Insurance Company and we will have a licensed  
insurance agent/producer contact you.*

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

*Individual Comprehensive Long Term Care Insurance*

II

CA Agent License Number

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