Even the most carefully laid out financial plan can be negatively impacted by a long term care need. For this reason, Transamerica Life Insurance Company has designed an insurance plan to help protect you from the costs of long term care.

TransCare® Long Term Care insurance provides you the flexibility to design an insurance plan that best fits your financial and personal needs. You can choose from a variety of benefit options to help protect you and your family.

QUALIFYING FOR BENEFITS

To qualify for benefits under TransCare®, we must receive a Plan of Care, unless a benefit specifically states a Plan of Care is not required, from a Licensed Health Care Practitioner (your Doctor, a registered nurse or a licensed social worker) who must certify within the last 12 months that:

You require assistance due to your inability to perform at least two Activities of Daily Living (ADLs) for a period that is expected to last at least 90 days.

OR

You require continual supervision due to severe Cognitive Impairment.

Activities of Daily Living defined in your Policy are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

Policy benefits are subject to the Benefit Eligibility requirements; the Elimination Period, if applicable; the Maximum Daily Benefit and the Maximum Benefit of the Policy. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination.

BENEFIT PAYMENTS

Benefit payments are claims-based. This means benefit payments for covered services cannot be reimbursed until actual, out-of-pocket charges have been incurred by you and claims have been submitted and approved by the company. Claims assignment may be made so benefit payments can be made directly to your doctor, facility or other covered service provider.

AVAILABLE SELECTIONS

MAXIMUM DAILY BENEFIT

You can select your Maximum Daily Benefit from a range of $50 to $400 per day. TransCare® will cover the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving Long Term Care in a Nursing Facility, Residential Care Facility, or are receiving Home Health Care Services, Adult Day Care, Homemaker Services, Personal Care, Hospice Care or Respite Care.
Maximum Benefit

Your Policy Maximum Benefit is the total amount payable while you are insured under the Policy. TransCare® offers the following benefit periods:

- Two year
- Three year
- Four year
- Five year
- Six year
- Unlimited

Your Policy Maximum Benefit amount will equal the Maximum Daily Benefit multiplied by the benefit period you select multiplied by 365 days. For example: $100 (Maximum Daily Benefit) x 2 years (benefit period) x 365 (days) = $73,000.

Elimination Period

Your Nursing Facility and Residential Care Facility Elimination Period is the number of days you are responsible for paying the cost of Long Term Care services before your Policy begins to pay benefits. TransCare® offers five Elimination Period options from which to choose:

- 0-day
- 30-day
- 60-day
- 90-day
- 180-day

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

0-day Elimination Period

TransCare® has a built in 0-day Elimination Period for Home Health Care Services, Adult Day Care, Homemaker Services, Personal Care, Hospice Care, Respite Care, Therapeutic Device, Home Modification, Medical Alert System, Caregiver Training and the Alternative Payment Benefit. This means you are eligible for benefits from the first day you receive covered services. These benefits do not satisfy the Elimination Period that may apply to other benefits. First day coverage is contingent upon your qualifying for benefits and our receipt of the Plan of Care.

Benefit Descriptions

Alternative Payment Benefit

You may choose the Alternative Payment Benefit, which pays a benefit equal to 10 times the Maximum Daily Benefit each month in lieu of all other benefits for care or services provided under the Policy. You may use this money any way you see fit. We must receive an updated Plan of Care at least once every 90 days. This benefit helps take freedom of choice one step further:

- You can receive care by a family member
- You can receive care worldwide

See Benefit Payments on Page 2.

OF CHOICE
STANDARD OF LIVING.
Care Coordination
A value-added concept in Long Term Care service

Not surprisingly, the need for Long Term Care may come at a time of emotional stress for both you and your family. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- How much will the services cost?
- What other alternatives are available?

It’s because of these and many other questions that TransCare® includes a Care Coordination benefit. You may choose your own Care Coordinator, or use the services of a Care Coordinator who is contracted with us. Regardless of your choice, you should contact us when anticipating a claim. Expenses for care coordination services will not be deducted from your Maximum Benefit.

There will be no charge to you for the services of a Care Coordinator contracted by us, for as long as you meet or are expected to meet the Benefit Eligibility provision.

For a Care Coordinator not contracted by us, the Maximum Lifetime Care Coordination will be $5,000. You must meet or be expected to meet the Benefit Eligibility provision.

Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to help:

- Assess your care needs;
- Establish a plan of care;
- Monitor your progress and make changes to the plan of care; 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;
- Considers family and caregiver concerns;
- Is trained in such areas as geriatrics, rehabilitation, social and health assessments;
- Is 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 following benefits are available at no additional premium. The Elimination Period does not apply to these benefits. These additional benefits will reduce your Maximum Benefit amount. See Benefit Payments on Page 2.

Respite Care

This benefit provides for temporary confinements in a Nursing Facility, Residential Care Facility, or care received in your Home, up to 30 days per calendar year, to allow your unpaid informal caregiver a vacation or rest. We will cover the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for the covered services. Respite Care Benefits are not payable when other benefits are payable under the Policy, except for Care Coordination.

See Benefit Payments on Page 2.
Home Health Care, Homemaker Services, Personal Care, and Adult Day Care Benefits

**Home Health Care**
We will cover the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for covered services provided in your Home.

**Homemaker Services**
Coverage is available for services, such as shopping, menu planning and housekeeping. This assumes services are not solely for your pleasure and convenience. Coverage is also available while you are confined in any covered facility (except a Nursing Facility).

**Personal Care Services**
Coverage is available if you need assistance in your home with Instrumental Activities of Daily Living, such as using the telephone, managing medications, moving about outside, preparing meals and laundry. This assumes services are not solely for your pleasure and convenience. Coverage is also available while you are confined in any covered facility (except a Nursing Facility).

**Adult Day Care**
Benefits are provided for care you receive in an Adult Day Care Center provided care is received for at least four hours a day. This includes social or related support services provided by and at an Adult Day Care Center. We will cover the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Adult Day Care.

**Therapeutic Device**
We will cover the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for the rental or purchase of a Therapeutic Device to be used in your Home. Therapeutic devices could include crutches, wheelchairs, hospital-style beds, infusion pumps, or respirators. Company approval of the Therapeutic Device provider is also required.

**Home Modification**
We will cover the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for modifications to your Home. Examples of Home Modification include: ramps, grab bars or similar accessibility modifications. The Care Coordinator must approve the provider, labor, equipment and supplies. Approval from the company is also needed prior to any modification or installation. For this benefit, your “Home” does not include a Residential Care Facility.

**Medical Alert System**
We will cover the actual, out-of-pocket charges you incur, up to a maximum monthly amount equal to 5 times the Maximum Daily Benefit, to monitor, rent or purchase a Medical Alert System (the decision to purchase or rent is ours). The lifetime maximum is 50 times the Maximum Daily Benefit. Approval from the company is needed prior to any modification or installation.

**Caregiver Training Benefit**
We will cover the actual, out-of-pocket charges you incur for you and your informal caregiver to receive Caregiver Training. The lifetime maximum is equal to 10 times the Maximum Daily Benefit. Company approval of the provider is also required.

See Benefit Payments on Page 2.
Residential Care Facility Benefit

After the Elimination Period is satisfied, we will pay cover, out-of-pocket charges you incur up to the Maximum Daily Benefit for room and board, not exceeding the charge for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day you are confined in a Residential Care Facility and could include residential care facilities for the elderly, assisted living facilities, Alzheimer’s facilities, board and care facilities, adult foster homes, and hospice care facilities.

Nursing Facility Benefit

After the Elimination Period is satisfied, we will cover the actual, out-of-pocket charges, as well as the charges for all ancillary supplies and services you incur, up to the Maximum Daily Benefit, for each day you are confined in a Nursing Facility.

Bed Reservation Benefit

While receiving Nursing Facility or Residential Care Facility benefits, TransCare® will cover actual, out-of-pocket charges you incur if you are charged for your room while temporarily absent for any reason (except for discharge). This benefit is provided up to 60 days in any one calendar year or as credit toward your Elimination Period (if not yet satisfied). This benefit reduces your Maximum Benefit amount.

Waiver of Premium

Your premium payments are waived on a monthly basis as long as you are receiving covered Nursing Facility, Residential Care Facility, Home Health Care, Adult Day Care or Alternative Payment benefits.

Hospice Care

If you have no reasonable prospect of cure and have a life expectancy of one year or less, as estimated by your Doctor, we will cover the actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for each day of care given by a Hospice Care Provider. The Elimination Period does not apply for Hospice Care.

Restoration of Nursing Facility Benefits

Following a period in which you were receiving Nursing Facility benefits and then recover, if you are no longer benefit eligible for a period of 180 consecutive days, your Nursing Facility benefits will be restored.

See Benefit Payments on Page 2.

Help Preserve FREEDOM AND YOUR STANDARD of living.
Optional Benefits*

Nonforfeiture Benefit
Shortened Benefit Period Option

After Your coverage has been in effect for at least 5 full years, this Benefit provides for the coverage to continue on a limited basis if it would otherwise have Lapsed for nonpayment of premium (See Outline of Coverage for full details.)

Full Restoration of Benefits

Following a period in which you were receiving benefits and then recover and if you are no longer benefit eligible for a period of 180 consecutive days, benefits that were paid out will be restored to the remaining Maximum Benefit. If you do not choose this benefit, the Restoration of Nursing Facility Benefits will be automatically included at no additional charge to you.

Benefit Increase Options (BIO)

TransCare® offers the following benefit increase options that help to protect you from rising Long Term Care costs. The increase to your benefits will occur regardless of any claims paid.

You can choose from a variety of Benefit Increase Options to help your benefits keep up with rising long term care costs due to inflation. You can choose from the following:

The 3% Compound Benefit Increase Option increases your benefit amounts each year by 3% of the current dollar amount.

The 5% Compound Benefit Increase Option increases your benefit amounts each year by 5% of the current dollar amount.

The 5% Simple Benefit Increase Option increases your benefit amounts each year by 5% of the original benefit amount.

The 5% Step-Rated Compound Benefit Increase Option allows you the protection of a benefit increase option at a lower initial rate. Premiums increase each year as your benefits increase. You can elect to stop these increases on any anniversary date of your policy.

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. See Outline of Coverage for additional details.

The Deferred Benefit Increase Option will automatically be included if no other Benefit Increase Option is selected.

*Premiums will vary with choice of benefits. See Benefit Payments on Page 2.
MONTHLY HOME CARE

Because the charges for Home Health Care, Homemaker Services, Personal Care, and Adult Day Care services may vary from day-to-day, this option makes your Home Health Care, Homemaker Services, Personal Care Services and Adult Day Care benefits available on a monthly basis (30 continuous day total) rather than a daily basis. This means that the Maximum Daily Benefit (MDB) no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs.

Example: Your policy has a $100 MDB. On Monday, you receive services from a home health aide and the total charge is $125. On a daily basis, only $100 would be covered. On a monthly basis, you would have $3,000 available ($100 MDB x 30 days), so all charges for that day would be covered.

You must also receive at least 12 days of covered services within the continuous 30-day period in order to be eligible for benefit payments to be made on a monthly basis. If you received less than 12 days of covered services within the continuous 30-day period, the benefit payments will be made on a daily basis. Please see Benefit Payments on Page 2.

SHARED CARE BENEFIT RIDER

You never know what life may bring your way. Unforeseen circumstances can impact even the best-laid plans. That’s why we designed the TransCare® 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 maximizing their long term care insurance protection. This valuable benefit helps increase your flexibility in an uncertain future.

Example: If you and your spouse/domestic partner purchase identical policies with a Policy Maximum Amount of $250,000, should one of you exhaust your Policy Maximum Amount, that person can then access the other’s Policy benefits with the spouse’s written permission.

If one member of the couple exhausts both Policy maximums, the remaining spouse can purchase an additional two years of coverage with no additional underwriting required.

Should one spouse/domestic partner die, any remaining Policy Maximum Amount on his or her Policy will be transferred to the surviving member. No further premium on the rider will be required.

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

1Available only to couples who are both issued and maintain identical policies. Not available in conjunction with Return of Premium Upon Death Rider or Unlimited Policy Maximum Amount selections.

2Under this Policy, the term “spouse” or “couple” may include legal spouses or domestic partners. Consult your insurance agent/producer for details.
DISCOUNTS

Couples\(^2\) Discount: Couples may be eligible for a discount of up to 30%, as compared to standard individual rates. This discount is available to couples who are both issued and maintain identical policies.

Discount for Married Individuals Applying Alone: Individuals that are part of a couple, but applying for a TransCare\(^\circ\) Policy alone or applying for different coverage amounts, may be eligible for a discount of up to 15%, as compared to standard individual rates.

RATE GUARANTEE

Every policy comes with an automatic 5-year rate guarantee. See “A Word About Premium Rates” below for information about our right to increase premiums.

A WORD ABOUT PREMIUM RATES

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot increase your premiums during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur 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.

\(^3\)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/domestic partner.
EXCLUSIONS AND LIMITATIONS

This policy will not cover you when you are eligible for confinement, treatment, services or care: (1) for treatment of alcoholism or drug addiction; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medi-Cal or Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers’ compensation, employer’s liability or occupational disease law; or (6) that are not included in your Plan of Care, unless a benefit specifically states that a Plan of Care is not required; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, services or care; and he or she receives no compensation other than normal compensation for employees in his or her category.

Coverage will be provided in accordance with the terms of the policy and subject to Benefit Eligibility for mental illnesses and conditions, including Alzheimer’s disease, Parkinson’s disease and senile dementia.

The exclusions regarding a member of an Insured Person’s Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.
30-DAY FREE LOOK

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. This brochure provides only a brief summary of the coverage provided under policy series TLC 1-FP (CA) 0510.

See the accompanying 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 benefit determination. Capitalized terms in this brochure are defined in the Policy.

TransCare® is a Tax Qualified Long Term Care insurance Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax or accounting advice. Please consult your tax advisor for assistance.

The Schedule page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will also be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.