

TRANSCARESM

A Plan Designed for a Changing FutureSM



 **TRANSAMERICA**
LIFE INSURANCE COMPANY

TLC PBR 0608

LONG TERM CARE INSURANCE

CMR

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.

TransCareSM 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 TransCareSM, we must receive a Plan of Care from a Licensed Health Care Practitioner (your Doctor¹, 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 expected to last at least 90 days due to a loss of functional capacity.

OR

You require continual supervision² 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.



AVAILABLE SELECTIONS

MAXIMUM DAILY BENEFIT

You can select your Maximum Daily Benefit from a range of \$50 to \$400 per day. TransCareSM will pay 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 Home, an Assisted Living Facility, Home Health Care Services (Basic and Professional), Adult Day Care, Hospice Care or Respite Care.

MAXIMUM BENEFIT

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

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

¹In Ohio, Physician

²In Hawaii, substantial supervision

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AND YOUR

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 Home and Assisted Living 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. TransCareSM 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 FOR HOME HEALTH CARE, ADULT DAY CARE AND ALTERNATIVE PAYMENT BENEFITS

TransCareSM has a built in 0-day Elimination Period for Home Health Care Services, Adult Day Care and the Alternative Payment Benefit - that 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 60 days. This benefit helps take freedom of choice one step further:

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



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 TransCareSM includes a Care Coordination benefit. 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;
- IS CHOSEN FROM OUR LIST OF INDEPENDENT PROVIDERS;
- 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 only through Care Coordination. For the Therapeutic Device, Home Modification and Medical Alert System Benefits, your "Home" also does not include Assisted Living Facilities. (The Elimination Period does not apply to these benefits.):

RESPITE CARE

This benefit provides for temporary confinements in a Nursing Home, Assisted Living 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 pay 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.

THERAPEUTIC DEVICE

We will pay 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.



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HOME MODIFICATION

We will pay 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.

MEDICAL ALERT SYSTEM

We will pay the actual, out-of-pocket charges you incur, up to a maximum monthly amount equal to 50% of 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 pay the actual, out-of-pocket charges you incur for you and your informal caregiver to receive Caregiver Training. We will pay this benefit up to a lifetime maximum equal to 10 times the Maximum Daily Benefit.

HOME HEALTH CARE AND ADULT DAY CARE BENEFITS

HOME HEALTH CARE

We will pay benefits for actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Professional and Basic Services provided in your Home.

PROFESSIONAL SERVICES

Include those provided by a Licensed: Registered Nurse, Practical Nurse, Vocational Nurse, Speech Therapist, Audiologist, Respiratory Therapist, Occupational Therapist, Physical Therapist, Chemotherapy Specialist or Nutritional Specialist.

BASIC SERVICES

Include those provided by: a home health aide, homemaker or companion. Basic Services must be provided by or through a Home Health Care Agency, unless they are provided by any properly licensed or certified provider that your Care Coordinator approves.

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 pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Adult Day Care.



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ASSISTED LIVING FACILITY BENEFIT

After the Elimination Period is satisfied, we will pay actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for room and board, not to exceed the charge for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day you are confined in an Assisted Living Facility. An Assisted Living Facility as defined in the Policy could include residential care facilities,³ family and group assisted living facilities, congregate care facilities, personal care boarding homes, adult foster care facilities, and domiciliary care homes.

NURSING HOME BENEFIT

After the Elimination Period is satisfied, we will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for each day you are confined in a Nursing Home.

BED RESERVATION BENEFIT

While receiving Nursing Home or Assisted Living Facility benefits, TransCareSM will pay 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).

WAIVER OF PREMIUM

Your premium payments are waived on a monthly basis as long as you are receiving Nursing Home, Assisted Living 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 six months or less, as estimated by your Doctor⁴, we will pay 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. We will pay a maximum of 180 days of Hospice Care. The Elimination Period does not apply for Hospice Care.

RESTORATION OF NURSING HOME BENEFITS

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

³Not applicable in Nebraska

⁴In Ohio, Physician.



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OPTIONAL BENEFITS*

NONFORFEITURE BENEFIT SHORTENED BENEFIT PERIOD OPTION

If you stop paying premiums after your coverage has been in effect for at least 3 full years, your coverage will continue on a limited basis if it would have otherwise lapsed. (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 Home Benefits will be automatically included at no additional charge to you.

BENEFIT INCREASE OPTIONS (BIO)

TransCareSM 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.

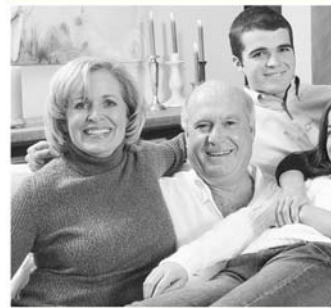
The **5% Step-Rated Compound Benefit Increase Option** allows you the protection of a benefit increase option at a lower initial rate. Premiums increase each year as your benefits increase. You can elect to stop these increases on any anniversary date of your policy.

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.

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MONTHLY HOME CARE

Because the charges for Home Health Care and Adult Day Care services may vary from day-to-day, this option makes your Home Health Care 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. You must be using the Care Coordination Benefit in order to receive this benefit.

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.

Additionally, the number of days Professional Services are received during such 30-day period multiplied by 2 times the Basic Services Maximum Daily Benefit will be paid.

Example: Monthly Benefit (\$100 MDB X 30 continuous days)	\$3,000
+ 5 Days Professional Services received X \$100 = \$500	<u>+500</u>
Total available for 30-day period	\$3,500

SPOUSAL DISCOUNT

TransCareSM provides a premium discount for couples who apply for and maintain the same coverage under the same policy series. Couples may be eligible for a discount of up to 40% compared to like benefits at 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.



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EXCLUSIONS AND LIMITATIONS

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from⁵ alcoholism, drug addiction or chemical dependency,⁶ unless as a result of medication prescribed by a Doctor;⁷ or (2) arising out of suicide (while sane or insane),⁸ attempted suicide or intentionally self-inflicted injury;⁹ 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 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; 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 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.

⁵In South Carolina, that is provided for:

⁶In Maine and Oklahoma, chemical dependency does not apply.

⁷In Ohio, Physician

⁸In Colorado, while sane or insane is not applicable.

⁹In Colorado, while sane.



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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 1001 or TLC 1-FP 402; in OK: TLC 1-FP (OK) 1001.

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.

TransCareSM 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.

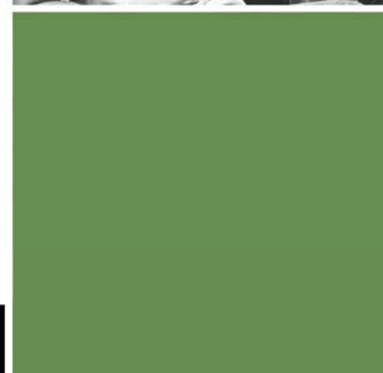


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