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 because you are a Chronically Ill Individual. This means that a Licensed Health Care Practitioner must certify 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.

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

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 benefit determination.
Hospice care, or Long Term Care Facility care.

Maximum Daily Benefit amount for Home Care, Assisted Living Facility, Adult Day Care, and submit your application for underwriting and review.

1. Determine the amount of assets you would like to help protect from the high cost of long term care services.
2. Review this brochure to learn about the benefits available. Discuss with your insurance agent/producer what benefits are right for you.
3. Select a Policy Maximum Amount, Maximum Daily Benefit and your Elimination Period.
4. Choose any Optional Benefits and the Premium Payment method that you want.
5. Your insurance agent/producer may help guide you through the Long Term Care insurance application process and submit your application for underwriting and review. 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.

Maximum Daily Benefit $100 to $490

You may select the amount we will reimburse you for each day of qualified care you receive. If your care costs less than a day, the fund will remain in your Policy Pool to be used in the future. If your care costs are more than one claim period, it need never be satisfied again.

Determine the amount of assets you would like to help protect from the high cost of long term care services. You will have benefits available as long as you have funds in your Pool of Money.

Your Policy Maximum Amount (Pool of Money) is the total amount available to cover the cost of your long term care services. You will have benefits available as long as you have funds in your Pool of Money.

Elimination Period

An Elimination Period is the number of days that you are responsible for paying for Long Term Care Services before your Policy begins to pay benefits. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it never need be satisfied again.

Standard Benefits – Included in your TransCare® II Policy

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

Home Care and Adult Day Care Benefit

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 qualified Home Care or Adult Day Care services. The benefit features a 30-day Elimination Period.

Long Term Care Facility Benefit

We will pay out of pocket expenses incurred up to the maximum Daily Benefit for each day you are confined in a Assisted Living Facility or other qualified care facility, subject to the Maximum Daily Benefit, Policy Maximum Amount and Elimination Period.

Waiver of Premium Premiums will be waived on a monthly basis during the period when you qualify for the Long Term Care Facility Benefit, Cash Benefit, Hospice Care Benefit, or Home Care and Adult Day Care Benefit. Waiver of Premiums are subject to the Elimination Period if it applies to the benefits received, and to the Policy Maximum Amount.

Remain at Home Benefit

We will pay out of pocket expenses incurred up to a lifetime maximum equal to 60 times the Maximum Daily Benefit when you are home bound, Caregiver Training for a Volunteer Caregiver, Therapeutic Device and Caregiver Training. The benefit is not subject to, nor will it satisfy, the Elimination Period.

Cash Benefit

You may receive a cash benefit equal to 10 times the Maximum Daily Benefit, or 1/3 the Monthly Benefit. If, in lieu of all other benefits or care services, except the Optional Care Coordination Benefit, subject to the Policy Maximum Amount. The money can be used in any way you see fit. Benefits will be prorated, if only needed for part of a calendar month. Cash Benefit is not subject to, nor will it satisfy, the Elimination Period.

Optional Care Coordination Benefit

This feature pays for a Care Coordinator to facilitate an assessment of your care needs, available from the first day you are eligible for benefits. At your option, you may choose this standard benefit to help answer your questions, establish a Plan of Care, and help ensure care is received when needed. It may also help with services to assist you in remaining at home, including Durable Medical Equipment, Emergency Medical Call System, and Caregiver Training. The benefit is not subject to, nor will it satisfy, the Elimination Period.

Return of Premium to age 67

If you die before the age of 67, we will pay a lump-sum benefit to your beneficiary or estate, totaling the sum of all premiums paid less the amount of any claims.

Other standard benefits included

Alternate Plan of Care Benefit

Global Coverage Benefit

Homecare Benefit

Home Care Facility Bed

Respite Care Benefit

Long Term Care insurance 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.

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 Long Term Care insurance policy.

Benefit Increase Options (BIOs)

Long term care services can be expensive, and inflation causes their cost to increase almost every year. You may choose from the following to help meet future costs:

1. The Compound Benefit Increase Option Rider 3% or 5% increases your benefit amounts each year by 3% or 5% of your current amount. A premium is required.

2. 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 benefit increases by 3% or 5% of the dollar amount paid in the previous year. You’ll select to stop paying those increased premiums at any time prior to your Policy Expiration Date.

With the Deferred Benefit Increase Option, you have an opportunity to add a Benefit Increase Option, without evidence of insurability, at a future date so long as you have not had a claim and are not currently eligible to claim. This offer will be extended to you within 30 days from the first and the third and fifth anniversary dates of the Policy. A Benefit Increase Option will continue to increase your Maximum Daily Benefit regardless of any claims paid. However, the increases in your Policy Maximum Amount will be based on your Policy Maximum Amount less any claims paid since your last Policy anniversary. If the lifetime payment option is selected, the Benefit Increase Option will automatically be included in your Benefit Option Rider is selected. Limitations and Exclusions apply. All options are available with all payment choices. See your Disclosure Statement for details.

Monthly Benefit Rider

Because the charges for long term care services may vary from day-to-day, the option makes your Home Care, Assisted Living Facility, Adult Day Care, and Long Term Care Facility benefits available on a calendar month basis (the number of days in a calendar month) rather than a daily basis. This benefit reimburses your out of pocket expenses on a monthly basis for covered services. This means that the Coverage Benefit is not limited to specific days of the month 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 elect the option for Long Term Care Facility Benefit or Respite Care or Hospice Care or Cash or Alternate Plan of Care Benefit, in lieu of all other benefits for care or services, except the Optional Care Coordination Benefit, subject to the Policy Maximum Amount.

Shared Care Benefit Rider

With this benefit, couples may share each other’s long term care benefits should one exhaust their own benefits, so long as you and your spouse/partner(s) both purchase and maintain identical Long Term Care insurance Policies. Should one spouse/partner die, any remaining Policy Maximum Amount on the other’s Policy will be transferred to the surviving spouse/partner. No further premium on the Rider will be required. (Additional premium required.)

Full Restoration of Benefits Rider Return of Premium Upon Death Rider Joint Waiver of Premium Rider

Nonforfeiture Benefit – Shortened Benefit Period Rider

See the Disclosure Statement for more information.

"Available only to couples who are both single and maintain identical policies. Not available in conjunction with Illinois Premium upon Death Rider or "Combined Rider." Except as specifically provided in your policy, "spouse/partner" and "couple" may include legal spouses, domestic partners and/or civil union partners. Consult your insurance agent/producer for details. A person may not elect their spouse/partner’s Premium Maximum Amount and leave them less than the 1200 days of long term care benefits. Maximum discount applied to a policy is 35% for couples applying together if one or both are in the Preferred Health class.

See the Disclosure Statement for more information.

Additional premium required.