

SERFF Tracking Number: AEGJ-127036236 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 48286  
Company Tracking Number: ADV TLC NFL WS A 0211  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC NFL WS A 0211  
Project Name/Number: TLC NFL WS A 0211/TLC NFL WS A 0211

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLC NFL WS A 0211 SERFF Tr Num: AEGJ-127036236 State: Arkansas  
TOI: LTC05I Individual Long Term Care - SERFF Status: Closed-Filed- State Tr Num: 48286  
Nursing Home & Home Health Care Closed  
Sub-TOI: LTC05I.001 Qualified Co Tr Num: ADV TLC NFL WS A State Status: Filed-Closed  
0211

Filing Type: Advertisement

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Authors: Julie Maclin, Joan  
Shumaker, Patsy Holt

Disposition Date: 03/21/2011

Date Submitted: 03/18/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: TLC NFL WS A 0211  
Project Number: TLC NFL WS A 0211  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not required to file  
in Iowa, our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/21/2011

State Status Changed: 03/21/2011

Deemer Date:

Created By: Julie Maclin

Submitted By: Julie Maclin

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Julie Maclin, Senior Policy Analyst

julie.maclin@transamerica.com

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P.O. Box 93007 800-553-7600 [Phone] 3446 [Ext]  
 Hurst, TX 76053-3007 817-285-3394 [FAX]

**Filing Company Information**

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa  
 P O Box 93005 Group Code: 468 Company Type:  
 Hurst, TX 76053-3005 Group Name: State ID Number:  
 (800) 553-7600 ext. [Phone] FEIN Number: 39-0989781

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$450.00  
 Retaliatory? No  
 Fee Explanation: \$50 per ad x 9 ads = \$450  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$450.00	03/18/2011	45773754

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/21/2011	03/21/2011

*SERFF Tracking Number:* AEGJ-127036236      *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/21/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Cover Letter	Filed	Yes
<b>Form</b>	Home Page	Filed	Yes
<b>Form</b>	Policy Benefits Page	Filed	Yes
<b>Form</b>	What is LTC Page	Filed	Yes
<b>Form</b>	Excusions Page	Filed	Yes
<b>Form</b>	Splash Page	Filed	Yes
<b>Form</b>	Privacy Policy Page	Filed	Yes
<b>Form</b>	Rate for Spouse Page	Filed	Yes
<b>Form</b>	Terms of Use Page	Filed	Yes
<b>Form</b>	About Us Page	Filed	Yes

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## Form Schedule

### Lead Form Number: TLC NFL WS A 0211

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/21/2011	TLC NFL WS A 0211	Advertising	Home Page	Initial		0.000	TLC NFL WS A 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS B 0211	Advertising	Policy Benefits Page	Initial		0.000	TLC NFL WS B 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS C 0211	Advertising	What is LTC Page	Initial		0.000	TLC NFL WS C 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS E 0211	Advertising	Excusions Page	Initial		0.000	TLC NFL WS E 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS H 0211	Advertising	Splash Page	Initial		0.000	TLC NFL WS H 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS P 0211	Advertising	Privacy Policy Page	Initial		0.000	TLC NFL WS P 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS R 0211	Advertising	Rate for Spouse Page	Initial		0.000	TLC NFL WS R 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS T 0211	Advertising	Terms of Use Page	Initial		0.000	TLC NFL WS T 0211 filing.pdf
Filed 03/21/2011	TLC NFL WS W 0211	Advertising	About Us Page	Initial		0.000	TLC NFL WS W 0211 filing.pdf

# TRANSCARE<sup>®</sup>

A Plan Designed for a Changing Future<sup>®</sup>

TRANSAMERICA  
LONG TERM CARE



HOME THE TRANSCARE<sup>®</sup> POLICY

NFL EXCLUSIVE PROGRAM

IT'S HERE!  
Long Term Care Insurance  
AT NO COST  
FOR NFL RETIREES.

## As an NFL retiree your TransCare<sup>®</sup> Insurance policy is paid for by the NFL<sup>2</sup>

The NFL<sup>3</sup> and Transamerica Life Insurance Company have teamed up to give access to TransCare<sup>®</sup> (TransCare Options<sup>®</sup> in PA) Long Term Care insurance to you and your spouse.<sup>1</sup> For eligible NFL retirees<sup>4</sup>, the core policy is provided AT NO COST by the NFL. TransCare<sup>®</sup> can help you protect the assets you have worked so hard to build through years of devotion to the game of professional football.

Your spouse can also apply for coverage through this program. However, you or your spouse will be responsible for the premiums. Your application is subject to underwriting approval by Transamerica Life. Please remember that making this benefit available is a team effort, and you will need to apply for coverage. Your participation is needed in order to make this program a success.<sup>5</sup>

Introducing TransCare<sup>®</sup> Long Term Care Insurance - NFL Retirees are Covered at NO COST

Your Spouse can Also Apply for Coverage Through This Program

### TWO WAYS TO APPLY:

- » Call 1-800-260-7512 or
- » Schedule a Phone Appointment Below

\*Required Fields:

First Name:\*   
 Last Name:\*   
 Email:\*   
 Phone:\*  -  -   
 Best time of day to call:\*

SUBMIT

Call Center Hours - 8:00am to 7:00pm (CST)

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This web site is not approved for use in the following states: AL, AZ, AR, CA, CO, DE, FL, GA, ID, IN, KS, KY, LA, ME, MD, MI, MN, MT, NE, NV, NH, NM, NC, OK, OR, PA, SD, TX, VT, VA, WA, WI, and WY.

<sup>1</sup>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.

<sup>2</sup>If the NFL should stop paying premiums, the NFL retiree will be responsible for payment of premiums to keep coverage in force.

<sup>3</sup>Program sponsored by the NFL Management Council.

<sup>4</sup>Retirees who are eligible for the Program are those who (i) are vested in the Bert Bell/Pete Rozelle NFL Player Retirement Plan and (ii) have attained age 50 but have not yet attained age 76.

<sup>5</sup>Participation requirements must be met before any coverage decision can be made.

<sup>6</sup>A.M. Best, Best Week, June 15, 2009.

<sup>7</sup>Not available in CT or MA.

<sup>8</sup>Not available in PA.

<sup>9</sup>In IN & KY, Alternate Care Facility. In KS, this type of facility may be included in the Nursing Home definition. In ND, Basic Care Facility. In CA Nursing Home is Nursing Facility. In CA and NH Assisted Living Facility is Residential Care Facility.

<sup>10</sup>Adult Day Health Care in WA.

<sup>11</sup>Agent/producer.

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. (In NC, premium rates will not be increased any more frequently than is allowed by the North Carolina Department of Insurance.) Once we issue your coverage, we cannot cancel your Policy as long as premiums are paid on a timely basis.

This coverage is underwritten by Transamerica Life Insurance Company. Exclusions and Limitations apply. Please contact the company or your insurance agent/producer for complete details.

Policy Series TLC 1-FP 1001 or TLC 1-FP 402; in ID, TLC 1-P (ID) 408, in LA, TLC 1-P (LA) 504; in OH, TLC 1-FP (OH) 409 or TLC 1-FP (OH-FR) 409; in OK, TLC 1-FP (OK) 709.

This advertisement is for sales purposes and an insurance agent/producer will contact you. Transamerica Life Insurance Company, Home Office: Cedar Rapids, Iowa; Administrative Office: P.O. Box 95302 Hurst, Texas 76053.

# TRANSCARE<sup>®</sup>

A Plan Designed for a Changing Future<sup>®</sup>

TRANSAMERICA  
LONG TERM CARE



HOME THE TRANSCARE<sup>®</sup> POLICY

NFL EXCLUSIVE PROGRAM

## The TransCare<sup>®</sup> Policy

### Benefits provided at no cost<sup>2</sup> to NFL retirees<sup>4</sup>

With TransCare<sup>®</sup> Long Term Care insurance, you may rest easier knowing that you have insurance protection from one of the top financial services companies in existence today.<sup>5</sup> Your plan includes the following benefits:

- \$219,000 Maximum Benefit
- \$150 Maximum Daily Benefit
- 90-day Elimination Period
- 0-day Elimination Period for Home Health and Adult Day Care<sup>7</sup>
- Monthly Home Care<sup>8</sup>

Benefits in your core policy cover services in a Nursing Home or Assisted Living Facility<sup>9</sup> as well as services such as Home Health Care and Adult Day Care<sup>10</sup>. There are many other features and benefits included in your policy.

#### Your Spouse<sup>1</sup> can Also Apply for Coverage Get a Rate Quote for Your Spouse

Please provide the following information:

Spouse's Age:  State:  [VIEW SPOUSE RATES](#)

TLC NFL WS R 0211



### Introducing TransCare<sup>®</sup> Long Term Care Insurance - NFL Retirees are Covered at NO COST

Your Spouse can Also Apply for Coverage Through This Program

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\*Required Fields

First Name:\*

Last Name:\*

Email:\*

Phone:\*  -  -

Best time of day to call:\*

[SUBMIT](#)

Call Center Hours - 8:00am to 7:00pm (CST)

### Optional Benefits

Ask your Transamerica Life agent<sup>11</sup> about the following optional benefits. If you elect these options, you will be responsible for the associated premium:

- 5% Compound Benefit Increase Option
- Nonforfeiture Shortened Benefit Option

[About Us](#) / [What is LTC?](#) / [Privacy Policy](#) / [Terms of Use](#) / [Exclusions and Limitations](#)

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TLC NFL WS B 0211

**TRASCARE**<sup>®</sup>  
A Plan Designed for a Changing Future<sup>®</sup>



**TRANSAMERICA**  
LONG TERM CARE

## What is LTC?

Long term care is the assistance provided to a person who has a severe cognitive impairment requiring continual supervision<sup>1</sup> or is unable to perform the activities of daily living (such as bathing, dressing, or getting up from a bed or chair).

Long term care services may also include assistance with day to day activities such as medication management, personal hygiene, light housekeeping or meal preparation. Services provided by a physical, respiratory or speech therapist may also be included. Long term care can be provided in your home, an adult day care center, assisted living facility or a nursing home.

<sup>1</sup>In HI, substantial supervision.

## NFL General Exclusions and Limitations by State

<a href="#"><u>Alabama-AL*</u></a>	<a href="#"><u>Alaska-AK*</u></a>	<a href="#"><u>Arizona-AZ</u></a>	<a href="#"><u>Arkansas-AR</u></a>
<a href="#"><u>California-CA</u></a>	<a href="#"><u>Colorado-CO</u></a>	<a href="#"><u>Connecticut-CT</u></a>	<a href="#"><u>Delaware-DE*</u></a>
<a href="#"><u>DC-DC*</u></a>	<a href="#"><u>Florida-FL</u></a>	<a href="#"><u>Georgia-GA</u></a>	<a href="#"><u>Hawaii-HI*</u></a>
<a href="#"><u>Idaho-ID</u></a>	<a href="#"><u>Illinois-IL*</u></a>	<a href="#"><u>Indiana-IN</u></a>	<a href="#"><u>Iowa-IA *</u></a>
<a href="#"><u>Kansas-KS</u></a>	<a href="#"><u>Kentucky-KY</u></a>	<a href="#"><u>Louisiana-LA</u></a>	<a href="#"><u>Maine-ME</u></a>
<a href="#"><u>Maryland-MD</u></a>	<a href="#"><u>Massachusetts-MA</u></a>	<a href="#"><u>Michigan-MI*</u></a>	<a href="#"><u>Mississippi-MS*</u></a>
<a href="#"><u>Missouri-MO</u></a>	<a href="#"><u>Montana-MT</u></a>	<a href="#"><u>Nebraska-NE*</u></a>	<a href="#"><u>Nevada-NV*</u></a>
<a href="#"><u>New Hampshire-NH</u></a>	<a href="#"><u>New Jersey-NJ</u></a>	<a href="#"><u>New Mexico-NM*</u></a>	<a href="#"><u>North Carolina-NC</u></a>
<a href="#"><u>North Dakota-ND</u></a>	<a href="#"><u>Ohio-OH</u></a>	<a href="#"><u>Oklahoma-OK</u></a>	<a href="#"><u>Oregon-OR</u></a>
<a href="#"><u>Pennsylvania-PA</u></a>	<a href="#"><u>Rhode Island-RI*</u></a>	<a href="#"><u>South Carolina-SC</u></a>	<a href="#"><u>South Dakota-SD</u></a>
<a href="#"><u>Tennessee-TN</u></a>	<a href="#"><u>Texas-TX</u></a>	<a href="#"><u>Utah-UT*</u></a>	<a href="#"><u>Virginia-VA*</u></a>
<a href="#"><u>Washington-WA</u></a>	<a href="#"><u>West Virginia-WV*</u></a>	<a href="#"><u>Wisconsin-WI</u></a>	<a href="#"><u>Wyoming-WY*</u></a>

### \* Generic

Alabama (AL), Alaska (AK), Delaware (DE), District of Columbia (DC), Hawaii (HI), Illinois (IL), Iowa (IA), Michigan (MI), Mississippi (MS), Nebraska (NE), Nevada (NV), New Mexico (NM), Rhode Island (RI), Utah (UT), Virginia (VA), West Virginia (WV), Wyoming (WY)

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### Arizona

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **Arkansas**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **California**

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 job 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.

[Back To Top](#)

### **Colorado**

This Policy will not pay benefits when an Insured Person is eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide, attempted suicide or intentionally self-inflicted injury while sane; 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 an Insured Person's 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 an Insured Person's Immediate Family, unless: (a) he or she is a regular employee of an organization which is providing the treatment, service or care; and (b) the organization receives the payment for the treatment, service or care; and (c) he or she receives no compensation other than the normal compensation for employees in his or her job category.

Coverage will be provided in accordance with the terms of this Policy 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, services or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

[Back To Top](#)

### **Connecticut**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (2) 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 (3) received outside the United States or Canada; or (4) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (5) that are not included in your Plan of Care; or (6) that are prohibited by federal law, including those governing economic and trade sanctions; or (7) 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 job category.

In addition, the Policy will not pay benefits for confinement due to alcoholism or drug addiction.

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.

[Back To Top](#)

### **Florida**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **Georgia**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 Medicaid), and services for which no charge is normally made in the absence of insurance. This Policy will however pay for covered expenses which exceed the amounts paid or payable by Medicare; 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 job 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 Optional Alternative Payment Benefit provision.

[Back To Top](#)

### **Idaho**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **Indiana**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **Kansas**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

## **Kentucky**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

## **Louisiana**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) For 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 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 job 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.

[Back To Top](#)

## **Maine**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, or drug addiction, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

## **Maryland**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism and drug addiction, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) provided in a federal 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 job 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.

[Back To Top](#)

## **Massachusetts**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) that is provided for alcohol or drug detoxification; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, 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) 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 job 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 Care Benefit provision.

[Back To Top](#)

### **Missouri**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide, attempted suicide while sane 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 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 job 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, or disorders resulting from a physical injury.

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.

[Back To Top](#)

### **Montana**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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 your Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

[Back To Top](#)

### **New Hampshire**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **New Jersey**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **North Carolina**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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) services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers compensation act only to the extent such services or supplies are the liability of the employee, employer or workers compensation insurance carrier according to a final adjudication under the North Carolina workers compensation act; or (7) that are not included in your Plan of Care; or (8) that are prohibited by federal law, including those governing economic and trade sanctions; or (9) 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 job 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.

[Back To Top](#)

### **North Dakota**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

## Ohio

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician; 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 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 job 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.

[Back To Top](#)

## Oklahoma

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism or drug addiction, unless as a result of medication prescribed by a Doctor; 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 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 the normal compensation for employees in his or her job 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, services or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

[Back To Top](#)

## Oregon

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (2) 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 (3) received outside the United States or Canada; or (4) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law;

or (5) that are not included in your Plan of Care; or (6) that are prohibited by federal law, including those governing economic and trade sanctions; or (7) 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 job 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.

[Back To Top](#)

## **Pennsylvania**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care:

(1) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (2) provided in a government facility (unless a charge is made and you are legally obligated to pay), 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 (3) received outside the United States or Canada; or (4) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (5) rendered by a member of your immediate family, unless: (a) he or she is a regular employee of an organization which is providing the treatment, service or care; and (b) the organization receives the payment for the treatment, service or care; and (c) he or she receives no compensation other than the normal compensation for employees in his or her job category; or (6) for expenses that are valid and collectible expenses payable under a motor vehicle policy that has been issued or renewed pursuant to the Pennsylvania Motor Vehicle Responsibility Law.

The exclusions regarding a member of your immediate family and confinement, treatment, services or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

Coverage will be provided in accordance with the terms of this Policy for mental conditions, including Alzheimer's disease, Parkinson's disease and senile dementia.

This policy will not pay benefits for any loss sustained or contracted as a result of you being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician.

[Back To Top](#)

## **South Carolina**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) that is provided for alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

[Back To Top](#)

### **South Dakota**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) for treatment of alcoholism or drug abuse; 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 paid 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 paid 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 job 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.

[Back To Top](#)

### **Tennessee**

This Section states the conditions under which payment will not be made even if an Insured Person otherwise qualifies for benefits. The Policy will not pay benefits for anything: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job 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.

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[Back To Top](#)

## **Texas**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 but for application of a deductible or coinsurance amount, except expenses which are reimbursable under Medicare only as a secondary payor, 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 job category.

Coverage is provided for Alzheimer's disease or related disorders, where a clinical diagnosis of Alzheimer's disease by a Doctor, including history and physical, neurological, psychological and/or psychiatric evaluation, and laboratory studies, has been made to satisfy any requirement for demonstrable proof of organic disease, including illnesses involving dementia, or due to biologically-based brain diseases/serious mental illnesses, including schizophrenia, paranoid and other psychotic disorders, bipolar disorders (mixed, manic and depressive); major depressive disorders (single episode or recurrent); and schizo-affective disorders (bipolar or depressive).

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.

[Back To Top](#)

## **Washington**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job category.

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[Back To Top](#)

**Wisconsin**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; 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 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 job category.

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[Back To Top](#)

TLC NFL WS E 0211

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 **TRANSAMERICA**  
LONG TERM CARE



NFL EXCLUSIVE PROGRAM

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TLC NFL H 0311

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- Monumental Life Insurance Company
- Transamerica Financial Life Insurance Company
- Transamerica Life Insurance Company

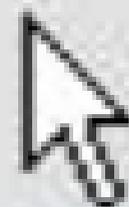
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## Your Spouse<sup>1</sup> can Also Apply for Coverage

Get a Rate Quote for Your Spouse

Please provide the following information:



Spouse's Age:

State:

[VIEW SPOUSE RATES](#)

TLC NFL WS R 0211

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Revised January 2011

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LONG TERM CARE

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An unforeseen long term care need could seriously impact your future. Transamerica Life Insurance Company can help protect your hard earned savings from the high cost of long term care services.

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<sup>1</sup>A.M. Best, Best Week, June 15, 2009.

<sup>2</sup>Market Share – Covered Lives, American Association for Long-Term Care insurance, 2010 AALTCI Sourcebook.

SERFF Tracking Number: AEGJ-127036236 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 48286  
Company Tracking Number: ADV TLC NFL WS A 0211  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC NFL WS A 0211  
Project Name/Number: TLC NFL WS A 0211/TLC NFL WS A 0211

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Cover Letter	Filed	<b>Date:</b> 03/21/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR filing ltr single form.pdf		



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302  
800-553-7600, ext 3446  
julie.maclin@transamerica.com

March 18, 2011

Commissioner Jay Bradford  
1200 West Third Street  
Little Rock, AR 72201

RE: **Long Term Care Advertising - Website**

**NAIC #:** 86231

**FEIN #:** 39-0989781

**Form # / Description:**  
TLC NFL WS A 0211  
TLC NFL WS B 0211  
TLC NFL WS C 0211  
TLC NFL WS E 0211  
TLC NFL WS H 0211  
TLC NFL WS P 0211  
TLC NFL WS R 0211  
TLC NFL WS T 0211  
TLC NFL WS W 0211

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Dear Commissioner Bradford:

Enclosed are the referenced website pages submitted for your review and approval. This website is not intended to replace any previously approved website or form.

This website will be used to solicit policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006.

As this website does contain a link to obtain spouse rates, we have included another link on that page for the exclusions and limitations. When a consumer clicks on the Policy Exclusions and Limitations button, the exclusions and limitations for every state appear. The consumer selects their resident state and they are navigated to the exclusions and limitations for that state.

We trust that this website will meet with your approval. If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Julie A. Maclin".

Julie A. Maclin, ACS  
Senior Advertising Analyst  
Long Term Care Division