



LONG TERM CARE INSURANCE - OUTLINE OF COVERAGE
Comprehensive Policy Number FC-336-CA
Facilities Only Policy (Nursing Home and Residential Care Facility) Number FC-337-CA
for Individual Sales

THIS POLICY IS AN APPROVED LONG-TERM CARE INSURANCE POLICY UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS POLICY WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.

FOR INFORMATION ABOUT POLICIES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222.

FEDERAL TAX CONSEQUENCES: This Policy is intended to be a Qualified Long Term Care insurance contract under section 7702B(b) of the Internal Revenue Code and may qualify you for Federal and state tax benefits.

Caution: The issuance of this Long Term Care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are misstated or untrue, the Company may have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the Company at the address above.

Notice to Buyer: This Policy may not cover all of the costs associated with LONG TERM CARE incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

1. **POLICY:** This Policy is an individual Policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED:** If You feel this Policy does not meet Your insurance needs, return it to us or Your producer within 30 Days. If You do so, We will return any premium You may have paid. We also will void Your Policy from its effective date.

When We are notified of Your death or the cancellation of this Policy, We will refund any unearned premium paid. We will refund all premiums paid for the period beyond Your death to Your Beneficiary. In the absence of a named

Beneficiary, we will refund unearned premium to Your estate. In the event of the cancellation of this Policy, We will refund premiums paid for the period beyond such cancellation to You.

4. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE:** If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the insurance company. Neither MedAmerica Insurance Company nor its producers represent Medicare, the federal government, or any state government.

DISCLAIMER: THIS POLICY IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Policy do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

5. **LONG TERM CARE COVERAGE:** Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, Maintenance, or Personal care services. These services must be provided in a setting other than an acute care unit of a hospital, such as a nursing facility, in the community, or in the Home.

This Policy provides coverage of the actual charges incurred up to the Maximum Daily Benefit Amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services. All Benefits count toward fulfillment of Your Maximum Lifetime Benefit. Coverage is subject to Policy limitations and an Elimination Period.

6. **BENEFITS PROVIDED BY THIS POLICY:**

To be Benefit Eligible or achieve Benefit Eligibility under this Policy all of the conditions for receiving Benefits must be met for the coverage you select.

Comprehensive Coverage: Your Benefits are payable if:

1. You are Benefit Eligible; and
2. You reside in a Nursing Home, a Residential Care Facility or are receiving Home Health Care or Adult Day Care services; or
3. You receive care under a Hospice Care Program

Facilities Only Coverage: Your Benefits are payable if:

1. You are Benefit Eligible; and
2. You reside in a Nursing Home or a Residential Care Facility; or
3. You receive care under a Hospice Care Program in a facility

Benefit Eligible: This means You will receive Benefits. To be Benefit Eligible or achieve Benefit Eligibility under this Policy all of the following conditions must be met.

1. We have verified You are Chronically Ill;
2. You have a Plan of Care; and
3. Your Elimination Period has been met. (Does not apply to Benefits that do not require meeting the Elimination Period.)

Chronically Ill means that as the result of an Assessment You have been certified by a Licensed Health Care Practitioner as having a Chronic Illness or disability that causes You to:

- a) Require Substantial Assistance with at least two Activities of Daily Living expected to last at least 90 Days; or
- b) Have a Severe Cognitive Impairment that requires Substantial Supervision.

We will work with You, Your family and Your physician when We need information about Your condition. This information will be gathered by Us or one of Our representatives. You may contact Us with any questions regarding Our decision.

We will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at not cost to You.

To continue Benefit Eligibility, We must verify You are Chronically Ill and have an updated Plan of Care at least every 12 months.

Activities of Daily Living

Bathing, which shall mean washing oneself by sponge bath or in either a tub or shower, including the act of getting into or out of a tub or shower.

Continence, which shall mean the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing, which shall mean putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating, which shall mean feeding oneself by getting food in the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting, which shall mean getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.

Transferring, which shall mean the ability to move into or out of bed, a chair, or wheelchair.

Elimination Period: The Elimination Period (Waiting Period) is the number of Calendar Days You must wait before You will receive Benefits. Your Elimination Period begins the earliest of the date We have verified You are Chronically Ill and have a Plan of Care or the date You contact Us to establish Benefit Eligibility. The Elimination Period will end after the number of Days chosen by You and shown in Your Schedule of Policy Benefits has ended. Benefits are not payable during the Elimination Period except where the Policy so states. Days in an Elimination Period are combined, and do not need to be consecutive. You need to meet Your Policy's Elimination Period only once.

Maximum Daily Benefit Amount is the maximum amount We will pay for all charges You incur on any one Day as shown in Your Schedule of Policy Benefits. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.

Maximum Lifetime Benefit: The total amount of Benefits payable under this Policy for care and services as shown on Your Schedule of Policy Benefits. Your original Maximum Lifetime Benefit is determined by Your selection of a Maximum Daily Benefit Amount multiplied by the number of benefit Days You select. We will deduct from this amount all Benefits We pay for all covered services provided under this Policy. If an Inflation Option is chosen, this amount will increase per the terms of the rider on your Policy Anniversary Date.

Maximum Nursing Home Benefit: If You are Benefit Eligible, We will provide Daily Benefits of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Nursing Home while You are a resident.

Maximum Residential Care Facility: If You are Benefit Eligible, We will provide Daily Benefits of the actual charges incurred up to the Maximum Residential Care Facility Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided in a Residential Care Facility.

Maximum Home Health Care and Adult Day Care Benefit: (Available only with the Comprehensive Coverage)

If You are Benefit Eligible, We will provide Daily Benefits of the actual charges incurred up to the Maximum Home Health Care and Adult Day Care Benefit amount shown in Your Schedule of Policy Benefits for Qualified Long-Term Care Services provided by a Home Health Care Agency, an Independent Care Provider, or an Adult Day Care Facility that are:

1. Home Health Care
2. Adult Day Care
3. Personal Care
4. Homemaker Services

Hospice Services: If You are Benefit Eligible, We will provide Daily Benefits of the actual charges incurred up to the Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for charges incurred each Day You receive services from a Hospice Program. Benefits for Hospice Services are not subject to, nor will they satisfy, the Elimination Period.

When the Comprehensive Coverage is selected, Hospice Services may be provided in a facility or in Your Home. When the Facilities Only Coverage is selected, Hospice Services must be provided in a facility.

Bed Reservation: If You are absent for any reason except discharge during confinement in a Nursing Home or Residential Care Facility, We will provide Daily Benefits up to 30 Days per calendar year of the actual charges incurred up to the Maximum Nursing Home Benefit or the Maximum Residential Care Facility Benefit as applicable.

Respite Care: (Available only with the Comprehensive Coverage) If You are Benefit Eligible and You are at Home, We will pay Benefits for Qualified Long Term Care Services for Respite Care provided in Your Home, in a Nursing Facility, or in an Residential Care Facility. We will pay the actual charges incurred up to the Daily Maximum Nursing Home Benefit amount shown in Your Schedule of Policy Benefits for a maximum Benefit of 30 Days per calendar year. Payments made under this Benefit are deducted from Your Maximum Lifetime Benefit. Respite Care Benefits are not subject to, nor will they satisfy, the Elimination Period.

Caregiver Training: (Available only with the Comprehensive Coverage) If You are Benefit Eligible, We will pay the charges incurred for Caregiver Training to qualify a volunteer caregiver to assist You. The maximum Benefit available for Caregiver Training will be the lower of:

1. the approved costs, or
2. 10 times Your Maximum Daily Benefit for Home Health Care and Adult Day Care.

The Caregiver Training Benefit is not subject to, nor will it satisfy, the Elimination Period.

Alternative Care or Support Services: (Available only with the Comprehensive Coverage) If You are Benefit Eligible, under this provision, We may pay for Benefits not directly noted in Your Policy. Such Benefits must be for Qualified Long Term Care Services that are medically acceptable, cost effective and agreed to by You and Us.

Worldwide Coverage: This Policy covers Qualified Long-Term Care Services provided to You anywhere in the world by Licensed Healthcare Practitioners certified by applicable governmental bodies where required.

OPTIONAL RIDERS UNDER THIS POLICY

You may elect any of the optional Riders listed. Depending on the Rider You select, You will pay an additional premium.

Non-Forfeiture Shortened Benefit Period Rider – Form # FC-SBPR-CA

This Rider will provide continued coverage equal to premiums You have paid if Your Policy has been in force for ten years and lapses.

[Return of Premium Upon Death Rider (ROPR) and Graded Return of Premium Upon Death Rider (GROPR)]

– **Form # FC-ROPR-CA and Form # FC-GROPR-CA**

ROPR: This Rider adds a Benefit to Your Policy to refund, upon Your death, premiums paid less the amount of any Benefits paid or payable.

GROPR: This Rider adds a Benefit to Your Policy to refund a percentage of premiums paid, less the amount of any Benefits paid or payable, upon Your death.]

[Restoration of Benefits Rider – Form # FC-ROBR-CA

This Rider restores Your Policy's Maximum Daily Benefit Amount and Maximum Lifetime Benefit. ONE TIME ONLY, provided you have not received greater than 180 Days of Policy paid services, We will restore this Policy's Maximum Daily Benefit and Maximum Lifetime Benefit to the total that would have applied if no Benefits had been paid under this Policy. This Restoration of Benefits applies when a period of 180 consecutive Days elapses in which:

- a. You are not eligible for, or being paid, Benefits because You are no longer deemed Chronically Ill; and
- b. Your Policy did not lapse and all premiums were paid; and
- c. You did not exhaust Your Maximum Lifetime Benefit; and
- d. Your Policy remained in force.]

[Monthly Cash Benefit Rider – Form # FC-CASHR-CA

This Rider changes how Your Benefits are paid for Residential Care Facility, Home Health Care, and Adult Day Care services. Under this Rider, Benefits for Residential Care Facility, Home Health Care, and Adult Day Care services will be covered through monthly cash Benefits equal to 30 times Your Maximum Daily Residential Care Facility, Home Health Care and Adult Day Care Benefit.]

**[Monthly Residential Care Facility, Home Health Care, and Adult Day Care Benefit Rider
Form # FC-MBR-CA**

This Rider adds a Benefit to Your Policy that changes the basis for payments for Benefits under Your Maximum Daily Benefit Amount for Residential Care Facility, Home Health Care and Adult Day Care. We will pay the charges incurred for Residential Care Facility, Home Health Care and Adult Day Care on the basis of services received on a monthly rather than a daily basis. The Maximum Benefit payable in each month will be limited to the Maximum Daily Benefit Amount as of Your most recent Policy Anniversary Date multiplied by 30 Days.]

**[20 Calendar Day Elimination Period for Residential Care Facility, Home Health Care and Adult Day Care
Rider Form # FC-EPR-CA**

This Rider adds a Benefit to Your Policy that reduces Your Elimination Period for Residential Care Facility, Home Health Care, and Adult Day Care services to 20 Calendar Days.]

[Extended Benefit Rider Form # FC-EBR-CA

This Rider adds a Benefit to Your Policy after You have exhausted Your Maximum Lifetime Benefit. Your Maximum Lifetime Benefit will increase by the specified number of Days You select as shown on Your Schedule of Policy Benefits. Your Extended Benefit is equal to the specified number of Days times the **original** Maximum Nursing Home Benefit. Your Extended Benefit will become available to pay Benefits after You have exhausted Your Maximum Lifetime Benefit.]

[Survivor Benefit Rider – Form # FC-SVR-CA

You and Your Spouse/Domestic Partner must both purchase this Rider. If after 10 years Your Spouse/Domestic Partner dies and this Rider is still in force, no further payment of premium is due on Your Policy.]

[Shared Extended Benefit Rider – Form # FC-SEBR-CA

You and Your Spouse/Domestic Partner must both purchase this Rider. This Rider adds a Benefit to Your Policy that permits You and Your Spouse/Domestic Partner to share the Benefits of the Shared Extended Benefit that You select in the event one or both of You exhaust Your Maximum Lifetime Benefit.

If Your Spouse/Domestic Partner dies while the Policy is in force, the Days remaining of Shared Extended Benefit remain available to You. You must continue to pay Your portion of the Shared Extended Benefit rider premium to have this Shared Extended Benefit available to You.]

[Shared Waiver Rider – Form # FC-SWR-CA

You and Your Spouse/Domestic Partner must both purchase this Rider. This Rider provides that when one Spouse/Domestic Partner's premiums are waived, premiums will be waived for the other. The Policies must both be in force on the date You become Benefit Eligible and each Policyholder must pay premium for at least two (2) years.]

Inflation Riders: Please refer to the graphic comparison chart in Section 11 for all types of Inflation Options offered.

7. LIMITATIONS AND EXCLUSIONS:

(a) **Pre-existing conditions:** There are no pre-existing condition limitations in this Policy.

(b) **Exclusions:** We will not cover expenses for the following under this Policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by Your Immediate Family, except for Caregiver Training Benefits included in the Benefits section of this Policy.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

The exclusion regarding Your Immediate Family will not apply to:

1. the Monthly Cash Benefit Rider; or
2. an Immediate Family member who is a Licensed Healthcare Practitioner and employed by a Home Health Care Agency.

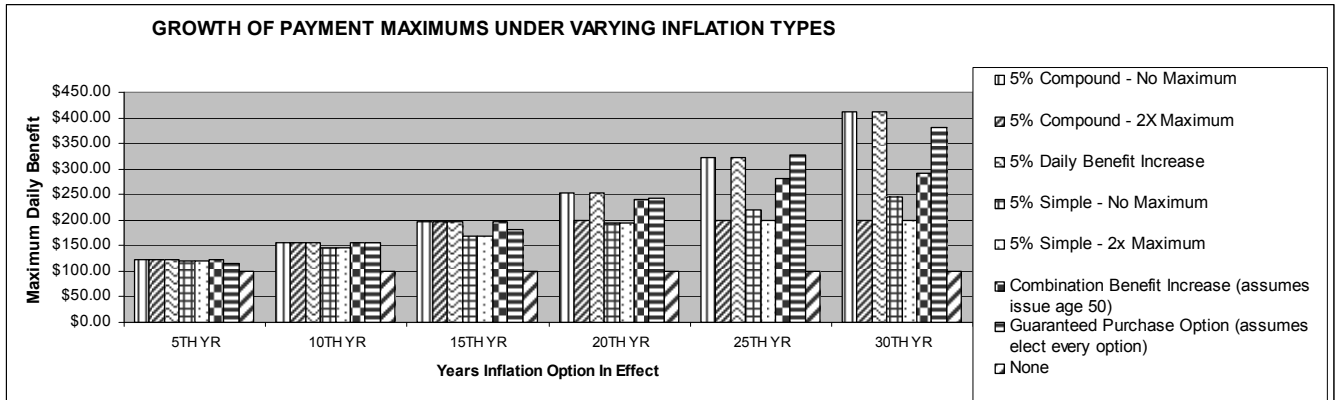
(c) **Nonduplication:** We will not pay Benefits for services or expenses that are reimbursable under Medicare or under any other federal, state or other governmental health care plan or law (except Medicaid). This exclusion also applies to services or expenses that would be reimbursable by Medicare but have been applied to a deductible or coinsurance amount.

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

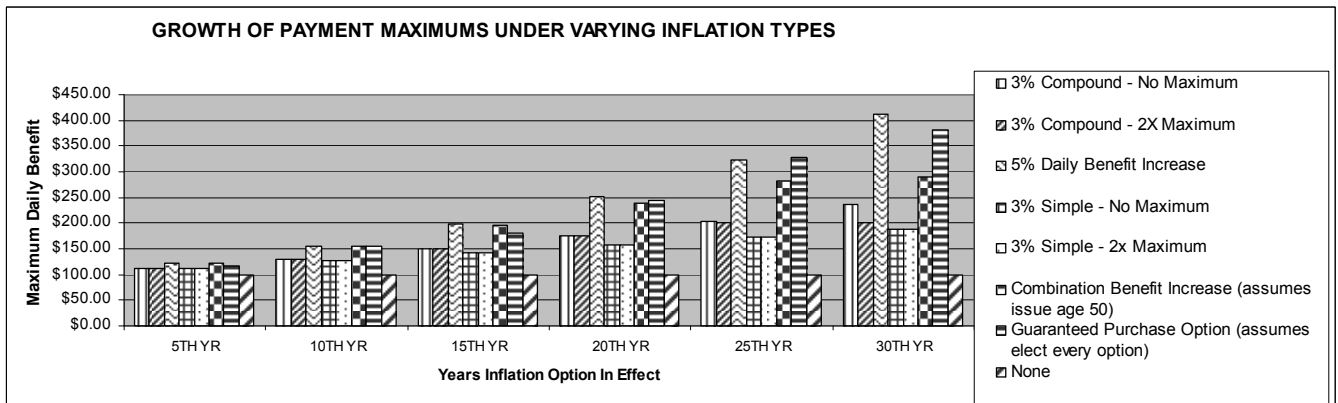
8. **RELATIONSHIP OF COST OF CARE AND BENEFITS:**

Because the cost of long term care services will likely increase over time, You should consider whether and how the Benefits of this plan might be adjusted. Neither the Maximum Lifetime Benefit nor the Maximum Daily Benefit Amount will increase over time if You do not purchase inflation protection at additional premium cost.

The following is a hypothetical comparison of the levels of a Policy that increases the Maximum Daily Benefit Amount over a period of coverage with a Policy that does not increase. The comparison shows the effect on Benefits at five (5) year intervals over thirty years for a client purchasing a \$100 Daily Benefit with a 5% index percentage for Compound and Simple Inflation, as well as other inflation options offered.



The following is a hypothetical comparison that shows the effect on Benefits at five (5) year intervals over thirty years for a client purchasing a \$100 Daily Benefit with a 3% index percentage for Compound and Simple Inflation, as well as other inflation options offered.



[Compound Inflation – No Maximum Rider: If You purchase this Rider, both Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date. Your Maximum Daily Benefit will increase by the percentage You select multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue for as long as Your Policy is in force without regard to health status or age.]

[Compound Inflation – 2X Maximum Rider: If You purchase this Rider, both Your Maximum Daily Benefit Amount and Your Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date up to a preset limit. Your Maximum Daily Benefit will increase by the percentage You select multiplied by the Maximum Daily Benefit in effect on Your previous Policy Anniversary Date. Your Current Maximum Lifetime Benefit will increase by the same

proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue until Your Maximum Daily Benefit is twice its original amount without regard to health status or age.]

[Simple Inflation - No Maximum Rider: If You purchase this Rider, Your Maximum Daily Benefit Amount and Your Maximum Lifetime Benefit will increase on each Policy Anniversary date. Your Maximum Daily Benefit Amount will increase by the percentage You select multiplied by its original amount. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. Inflation increases will continue for as long as Your Policy is in force without regard to health status or age.]

[Simple Inflation – 2X Maximum Rider: If You purchase this Rider, Your Maximum Daily Benefit Amount and Your Maximum Lifetime Benefit will increase on each Policy Anniversary date up to a preset limit. Your Maximum Daily Benefit Amount will increase by the percentage You select multiplied by its original amount. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in Your Maximum Daily Benefit Amount. This increase will continue until Your Maximum Daily Benefit is twice its original amount without regard to health status or age.]

[Combination Benefit Increase Rider: If You purchase this Rider Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit will increase on each Policy Anniversary Date. Prior to Your 61st birthday, the amount of each increase will be 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on Your most recent Policy Anniversary Date. Beginning with the first Policy Anniversary Date following Your 61st birthday and on each subsequent Policy Anniversary Date through age 74, the increase will equal 5% of Your Maximum Daily Benefit Amount and Current Maximum Lifetime Benefit amounts in effect on the date this change became effective. There will be no further increases after Your 75th birthday.]

[Daily Benefit Increase Rider: If You purchase this Rider Your Maximum Daily Benefit will increase annually by 5% for compound inflation with no maximum. Inflation increases will continue for as long as Your Policy is in force without regard to health status or age.]

[Guaranteed Purchase Option Rider: If You purchase this Rider, We will provide You with the option to increase Your Maximum Daily Benefit Amount and Maximum Lifetime Benefit. Beginning on Your 2nd Policy Anniversary Date and ending on Your 85th birthday, We will offer You the option to purchase additional Benefits every 2 years without proof of insurability. The available Benefit for purchase under this Rider will equal 10% of Your Current Maximum Daily Benefit. Your Current Maximum Lifetime Benefit will increase by the same proportion as the increase in the Maximum Daily Benefit. The premium for the additional Benefits will be based on Your attained age on the effective date of the increase.]

None: If You do not purchase an inflation protection, Your Maximum Daily Benefit and Maximum Lifetime Benefit will not increase over time.

9. **TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED:**

- (a) **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE.** This means that You have the right, subject to the terms of Your Policy, to continue Your Policy as long as You pay Your premiums on time. MedAmerica Insurance Company cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY CHANGE THE PREMIUM YOU PAY. Where applicable, premium increases must be approved by the State Department of Insurance.
- (b) **WAIVER OF PREMIUM:** Your premium payments will be waived on a monthly basis starting on the first Day We pay for Nursing Home, Residential Care Facility, Home Health Care and Adult Day Care or Hospice Services.
- (c) **TERMS UNDER WHICH PREMIUMS MAY BE CHANGED:** We reserve the right to increase Your premium as of the premium due date; however, any changes in the premium rates must

apply to all similar policies issued in Your state on this Policy form. This means We cannot single You out for an increase because of any change in Your age or health. However, Your rates may go up based on the experience of all policyholders with a Policy similar to Yours.

10. **ALZHEIMER’S DISEASE AND OTHER ORGANIC BRAIN DISORDERS:** This Policy provides coverage if You are clinically diagnosed as having Alzheimer’s disease or related degenerative and dementing illnesses that result in a cognitive impairment.

11. **PREMIUM:**

(a) The total annual premium quoted for Your Policy is shown below. The total premium amount of Your issued Policy is listed on the Premium Information page of Your Schedule of Policy Benefits and may vary from the amount that is identified below due to medical underwriting.
(Producer: Please use the space below to indicate the premium quoted.)

Basic Benefits Annual Premium (Check one)

- a) Comprehensive Coverage \$ _____
- b) Facilities Only Coverage

Optional Riders Modal Premium

- Inflation Rider \$ _____
- Survivor Benefit Rider \$ _____
- Shared Waiver Rider \$ _____
- Shared Extended Benefit Rider \$ _____
- Extended Benefit Rider \$ _____
- Return of Premium Upon Death Rider \$ _____
- Graded Return of Premium Upon Death Rider \$ _____
- Restoration of Benefits Rider \$ _____
- Non-Forfeiture Shortened Benefit Period Rider \$ _____
- Monthly Cash Benefit Rider \$ _____
- Monthly Residential Care, HHC, and Adult Day Care Benefit Rider \$ _____
- 20 Calendar Day Elimination Period Rider \$ _____

Total Modal Premium for Optional Riders \$ _____
 Less any Discounts

Your Total Modal Premium will be: \$ _____ on a _____ basis*.
 The Annualized Modal Premium for this policy is: _____

* You may elect to pay Your premium on other than an annual basis. Please note that payment schedules of less than annual will result in a higher premium amount paid per year.

12. **ADDITIONAL FEATURES:**

(a) Medical underwriting of Your application is used to determine Your eligibility for long term care insurance. It may also be used to determine Your correct Rate Group classification, if applicable.

- (b) Benefits may be available after termination if You are receiving Benefits covered under the Policy. See the “Extension of Benefits” section of Your Policy for specific requirements.
- (c) If Your Policy terminates because of non-payment, You may apply for reinstatement of the Policy.
- (d) No prior hospitalization is required before You can receive coverage under this Policy.

13. **INFORMATION AND COUNSELING:** The California Department of Insurance has prepared a consumer Guide to Long-Term Care Insurance, “Taking Care of Tomorrow”. This guide can be obtained by calling [the Department of Insurance toll-free at 1-800-927-4357.] Additionally, the [Health Insurance Counseling and Advocacy program (HICAP) administered by the California Department of Aging], provides long-term care insurance counseling free of charge to California seniors citizens. Call the [HICAP office toll-free at 1-800-434-0222] for a referral to your local HICAP office.