

ADVANTAGE PLUS® HOSPITAL INDEMNITY PLAN

*PROVIDES CASH BENEFITS TO HELP COVER
EXPENSES ASSOCIATED WITH:*

- + DAILY HOSPITAL CONFINEMENT*
- + AMBULANCE TRIPS*
- + CANCER*
- + OUTPATIENT SURGERY*
- + SKILLED NURSING FACILITY*

ADVANTAGE PLUS®
Hospital Indemnity Plan

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
ADH44-13

GUARANTEE TRUST LIFE INSURANCE COMPANY
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(Rev. 5/15) 15B978

CHANCES ARE, YOUR HEALTH INSURANCE PLAN LEAVES YOU WITH OUT-OF-POCKET EXPENSES

Here's an innovative solution to help cover these costs!



+ ADVANTAGE PLUS®

WILL PAY YOU CASH BENEFITS FOR:

DAILY HOSPITAL CONFINEMENT

This benefit will pay you a daily benefit amount between \$100 and \$600 per day should you be confined to a hospital. You can also choose either a 10-day or 21-day benefit period which will restore after 60 days of no hospital confinement. Benefits are paid in cash directly to you and are paid in addition to any other insurance you may have.

AMBULANCE BENEFIT RIDER

This rider will pay a daily \$200 benefit for ambulance service to or from a medical facility up to four times a year and subject to a lifetime maximum of \$2,500. No hospital confinement is required.

LUMP SUM CANCER PLAN

GTL's CHS Protection Plus Lump Sum Cancer plan will pay you cash benefits of \$5,000, \$10,000, \$15,000 or \$20,000 should you have a First Diagnosis (as defined in the Policy) of Cancer. In addition, GTL's Recurrence Benefit that's included with your coverage will restore cancer benefits after you have been in a period of remission for at least one (1) full year from a previously diagnosed cancer and for which benefits have been paid under this policy (Policy Series G1130). This plan is subject to a 30 day waiting period.*

DEFINITION OF CANCER: a malignant tumor which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia and Cancer In Situ.

Excluded are Cancers such as:

- 1 Pre-malignant tumors or polyps
- 2 Skin cancer, except malignant melanoma

**May not be applicable in some states. Please refer to your outline of coverage for exclusions and limitations.*

+ ADVANTAGE PLUS® MEANS PROTECTION, CHOICE AND PEACE OF MIND.

Today more than ever, quality health care has become an absolute necessity. Without it, illness could mean financial disaster. But it's a fact that even the best health insurance plans have out-of-pocket expenses such as deductibles, co-payments and coverage limits that can quickly add up.

Should you be confined to a hospital, Advantage Plus can provide you with a cash benefit of up to \$600 per day based on the plan you choose. It can also provide benefits for an ambulance or a skilled nursing facility — all instances where your current health insurance plan may have deductibles or co-payments.

With GTL's Advantage Plus, you'll have peace of mind knowing that your health insurance co-pays, deductibles and coverage limits won't surprise you after an illness or accident.

SKILLED NURSING FACILITY RIDER

Your policy will pay \$100, \$150 or \$200 per day from days 1 through 50 if you are confined to a skilled nursing facility. This benefit applies if you are admitted to a skilled nursing facility after having been confined to a hospital for three consecutive days. We will pay benefits as long as confinement occurs within 30 days of hospitalization. This benefit restores after 60 days of no confinement in a hospital or skilled nursing facility.

LUMP SUM HOSPITAL CONFINEMENT RIDER

Some primary health plans leave you with a lump sum hospital co-pay. A \$250, \$500 or \$750 lump sum benefit can be used to help cover that cost. The benefit is payable once during any period of hospital confinement and restores after 60 days of no hospital confinement.

OUTPATIENT SURGICAL BENEFIT RIDER

This rider will pay \$250, \$500, \$750 or \$1,000 for a surgical procedure performed in an ambulatory surgical center or outpatient hospital facility. This surgical indemnity is payable no more than two times per year.

ADDITIONAL BENEFITS

Your policy will also pay \$175 per day for up to seven days if you are confined to an inpatient mental health facility. In addition, the policy will pay \$150 if you are admitted to a hospital within 24 hours following an emergency room visit due to accident or injury. These benefits are available to you as part of your base policy.



GUARANTEE TRUST LIFE INSURANCE COMPANY

With more than 75 years of experience in the insurance industry, Guarantee Trust Life Insurance Company has a proud heritage of providing excellent service and insurance products. Guarantee Trust Life is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states, and the District of Columbia.



Note: This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other Minimum Essential Coverage) may result in an additional payment with your taxes.

Policy series G0553 is a limited benefit indemnity policy. It is not a Medicare Supplement policy or certificate, and does not fully supplement any federal Medicare health insurance. If you are eligible for Medicare, you may review the Guide to Health Insurance for People with Medicare available from GTL.

This brochure is an illustration, not a contract. Based on policy G0553 series. For complete details of all provisions, please read your policy carefully. Products, features, and riders are subject to state availability.

PRE-EXISTING CONDITION:

A Pre-existing Condition is a sickness or injury, disclosed or not disclosed on the application, for which medical care, treatment, diagnosis or advice was received or recommended within the six month period immediately prior to your effective date of coverage under this policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six months prior to your effective date of coverage under this policy. Treatment includes the taking of prescription drugs or medicines. Pre-existing conditions are not covered unless the loss begins more than six months after your effective date of coverage. The Pre-existing Condition period may differ in some states. Please read the Outline of Coverage carefully.

PREMIUMS:

The Advantage Plus plan is guaranteed renewable for life. Premiums are subject to change only if changed for all policies of this type in your state and on a class basis.

BASIC EXCLUSIONS

The Benefits, Exclusions and Limitations may differ in some states. **Please read the Outline of Coverage carefully.**

We will not pay benefits for:

1. Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat a Sickness or Injury;
 - Are determined to be Experimental/Investigational in nature by Us;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from any Family Member;
 - Are received outside the United States.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
4. Expenses incurred as a result of suicide or intentionally self inflicted Injury while sane or insane.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Cosmetic surgery other than:
 - Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part;
 - or
 - Reconstructive surgery because of a congenital disease or anomaly.
7. Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
8. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a doctor.

For optional benefit rider limitations and exclusions, please refer to the Outline of Coverage. Optional benefit riders are offered for an additional premium.



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