GTL | GUARANTEE TRUST LIFE

ADVANTAGE PLUS®
ELITE

The Industry's Best Hospital Indemnity Policy

Designed to help cover out-of-pocket expenses in your Medicare Advantage Plan.

Hover over with your phone's camera to scan.

UNDERWRITTEN BY:
GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
GAD39-21

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Did you know your Medicare Advantage Insurance may have out-of-pocket expenses?

GTL CAN HELP!

GTL's Hospital Confinement Indemnity Coverage: Should You Have It?

A hypothetical situation:

Meet Sheila

Sheila's highly rated Medicare Advantage Plan has a **$300 per day** inpatient hospital co-pay for days 1 through 6.

Sheila experienced a 6-day inpatient hospital stay. Her Medicare Advantage* co-pay was **$1,800** ($300 co-pay x 6 days = $1,800).

How did Sheila's GTL hospital confinement indemnity coverage help lower her out-of-pocket costs?

GTL's hospital indemnity coverage pays a cash benefit for each day Sheila is in the hospital.

Sheila's GTL hospital indemnity coverage paid her a $300 cash benefit for each day she was in the hospital (up to 6 days maximum). The cost of her hospital indemnity coverage is $25.14 per month (based on age 65).**

Since Sheila was in the hospital for 6 days, she received **$1,800 in cash benefits** which she used to help cover her Medicare Advantage co-pay!

Great News!

Sheila's GTL inpatient hospital benefits restore an unlimited amount of times after 60 days without hospital confinement, so she may use her hospital confinement indemnity coverage again in the future!

*GTL and their licensed agents are not connected with or endorsed by the US Government or the Federal Medicare Program.
** Rates may vary by state - refer to your states rate sheets.

INTRODUCING

Advantage Plus® Elite

The original and most comprehensive Hospital Indemnity Insurance policy in the industry.

For over 85 years, Guarantee Trust Life Insurance Company (GTL) has provided a competitive portfolio of value-driven health and life insurance to individuals, families, and groups across the country.

In 2005, GTL released Advantage Plus®, the first hospital indemnity product in the market to help policyholders cover their Medicare Advantage out-of-pocket expenses.

Today, Advantage Plus® Elite offers the most comprehensive benefits available on the market.

When you combine Advantage Plus® Elite's innovative benefits with our friendly and long tenured staff located in our Glenview, IL home office, you can be assured GTL delivers on the promises and trust our policyholders, partners and employees place in us.

What makes GTL's Hospital Indemnity Insurance Elite?

- Base Benefits Kick in After 6 Hours
- No Hospital Stay Required for Emergency Room Benefits
- Surprisingly Affordable Rates
- Unlimited Amount of Benefit Restoration
- Rates Don't Increase as You Age
- Simplified Underwriting with Instant Approval
  Guaranteed Issue for ages 64 ½ - 65 ½ in most states
- No Limits to Policy Lifetime Benefits Received

Easily customize your Advantage Plus® Elite policy to fit your needs!

Step 1
Choose Your Base Benefit

Step 2
Select Your Optional Benefits to Fit Your Needs

Step 3
Quickly Apply for Coverage

Base Plan Includes:

Hospital Confinement

The base plan benefit will pay you a daily benefit should you be hospitalized for a 24 hour period either as observation or confinement. Choose the base plan and a daily hospital confinement benefit amount that works best for you. Whichever base plan you select, it will restore fully, and for an unlimited amount of times after 60 days of no hospital confinement.

Base Plan Choices	Daily Benefit Amount
1 Day	up to $2,500
3, 4, 5, 6, 7, 8, 9, 10, 15 Days	up to $750

ELITE!

Included Benefits:

Short Duration Hospital Stay Benefit

In the event you are **hospitalized and discharged between 6 and 24 hours for either observation or confinement, you will receive the chosen daily benefit under the Short Duration Benefit. (25% daily benefit amount paid for the 1-Day Benefit Period base plan.)**

ELITE!

Mental Health Benefits

Your policy will pay $175 per day for up to seven days if you are confined to a hospital for a mental or nervous disorder. **This benefit is in lieu of the hospital confinement benefit for sickness or injury, not in addition.**

ELITE!

Emergency Room Benefits

This benefit will pay you $150 if you are treated in an emergency room, emergency care or urgent care facility visit due to an accident or injury. **A hospital admission is not required.**

ELITE!

VIEW ALL AVAILABLE RIDERS ON THE NEXT TWO PAGES TO COMPLETE YOUR COVERAGE!

With GTL's Advantage Plus® Elite

Benefits Are Paid Directly to You so You* Can Use the Funds Any Way You Choose

Simple Claims Process

Guaranteed Renewable for Life as Long as Your Premiums Are Paid on Time

Skilled Nursing Facility
Benefit Rider**

Choose from 2 options

OPTION 1: This rider will pay $100-$220 per day for 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. See policy for exclusions and limitations.

ELITE!

OR

OPTION 2: This rider will pay $100-$220 per day for days 21 through 100 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.

Ambulance
Benefit Rider

This rider will pay a chosen benefit of $50 to $400 per ground or air ambulance ride to or from a hospital. It is payable once per day, up to four times per year and subject to a lifetime maximum of 12 trips. **No hospital confinement is required.**

Outpatient Therapy
Benefit Rider ELITE!

This rider will pay a $50 daily benefit for each day you receive one of the therapies, such as physical, occupational, or speech therapy on an outpatient basis. No more than one benefit will be paid per day under the rider. This benefit is limited to the maximum daily benefit and the maximum benefit of 15 or 30 days per calendar year. **Chiropractic Therapy is covered at $50 per day up to 5 days per calendar year.**

*We will pay you or your assigned benefit designee.

**Both benefit options restore after 60 days of no confinement in a hospital or skilled nursing facility. (Skilled Nursing Facility Rider: 1–Not available in MN. 2–Coverage Option 2 for Benefits from Day 21-100 not available in MD.)

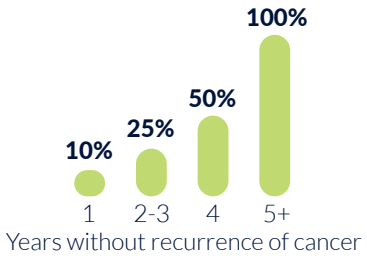
MORE BENEFITS!

Cancer Lump Sum Benefit Rider*

The Lump Sum Cancer Rider will pay you your chosen cash benefit of $2,500, $5,000, $7,500, $10,000, $15,000 or $20,000 should you be diagnosed with cancer. **It includes a 25% benefit for Cancer In Situ and a $500 payment for Basal cell/Squamous cell skin carcinoma. After you receive your lump sum payment, your benefits are eligible to restore with the Recurrence Benefit Rider.** (Recurrence Benefit not available in GA. Both Lump Sum Cancer riders not available in MN, RI, VA.)

ELITE!

Percentage of Lump Sum Benefits Payable



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 calendar year.

Critical Accident Benefit Rider* ELITE!

After an emergency room visit, this rider will pay a lump sum benefit for the following types of accident injuries:

Covered Event	$5,000 Plan	$10,000 Plan
Accidental Death	$5,000	$10,000
Hip or Skull Fracture	$1,250	$2,500
Hip Dislocation	$1,000	$2,000
Knee Dislocation or Knee Ligament Tear	$500	$1,000
Fracture, Other	$250	$500

Lump Sum Hospital Benefit Rider**

Some primary health plans leave you with a lump sum hospital co-pay. In addition to the daily benefit, 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.

Dental and Vision Benefit Rider***

The Dental/Vision Rider will pay you an annual benefit of up to $400, $800 or $1,200 for services performed by a licensed dentist, ophthalmologist or optometrist after the first year, including $200 for prescription eye glasses or contact lenses. (Not available in: GA, MD, MN, MO, ND, TN, VA.)

*The Cancer Lump Sum Benefit and Critical Accident Benefit Riders have a 30-day waiting period in most states. (No waiting period on any riders in MD.)
** Not available with a 1 day benefit period
*** The Dental/Vision Benefit Rider has a 3 month waiting period.

Benefits Needs Estimator

YOUR HEALTH PLAN OUT-OF-POCKET COSTS		GTL BENEFIT	GTL PREMIUM
Hospital Confinement Daily Co-Pay _____ x ___ days =	_____	_____	_____
Ambulance Service Co-Pay	_____	_____	_____
Radiation/Chemotherapy Max. Out-of-pocket	_____	_____	_____
Skilled Nursing Facility Daily Co-Pay_____ x ___ days =	_____	_____	_____
Outpatient Surgical Co-Pay	_____	_____	_____
Outpatient Therapy Co-Pay	_____	_____	_____
Dental/Vision Average Monthly Costs	_____	_____	_____

Potential Out-of-Pocket Costs $ _____ GTL Premium _____

You shouldn't have to worry about covering out-of-pocket medical expenses...

Place your trust in GTL and apply for coverage today!

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 G2150 is a limited benefit health insurance 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.

PRE-EXISTING CONDITION:

Pre-existing Condition: The Policy has a Pre-Existing Condition limitation. We will not pay benefits for a Pre-Existing Condition unless the loss begins more than six (6) months after Your Effective Date of coverage (in NC, no pre-existing condition limitation).

PREMIUMS:

The Advantage Plus Elite policy 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.

GENERAL EXCLUSIONS

We will not pay benefits under the Policy for a Loss related to any of the following:

1. Treatment, devices, procedures, services or supplies which:
   - Are not deemed to be Medically Necessary by Your Doctor;
   - Are determined by Us to be Experimental in nature;
   - Are received without charge or legal obligation to pay;
   - Would not routinely be paid in the absence of insurance;
   - Are received from an Immediate Family member;
   - Are received outside the United States.
2. Injury or Sickness caused, or aggravated, by intentionally self-inflicted injuries, suicide, or attempted suicide while sane or insane.
3. Injury or Sickness incurred as a result of war, or any action of war (declared or undeclared) or active service in the armed forces of any country.
4. Injury or Sickness incurred as a result of an Insured participating in, committing, or attempting to commit an assault or felony or participating in a riot or civil commotion.
5. Injury or Sickness arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
6. Cosmetic or elective surgery other than:
   a. Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other Sickness or Injury of the involved part;
   b. or Reconstructive surgery because of a congenital Sickness or anomaly.
7. Any Injury or Sickness caused by the Insured's participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Doctor or taken according to the Doctor's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Injury or Sickness occurred).
8. Injury or Sickness resulting in confinement in, or treatment provided by, a Hospital due to alcohol, or Your voluntary use of any drug, narcotic or other controlled substance, unless taken as prescribed by a Doctor.
9. Losses incurred prior to the Policy Effective Date, or on or subsequent to its termination or expiration date.

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

This brochure is a summary, not a contract. Advantage Plus® Elite, Limited Benefit Policy, providing Hospital Confinement Indemnity Benefits, is issued on Form Series G2150 and Rider Form Series RG21ASB, RG21CA, RG15CLS, RG15CLSR, RG15DV, RG21LSH, RG21OPS, RG21OPT, RG21SNF, RG21SNF-EP, by Guarantee Trust Life Insurance Company. This product, its features, and riders are subject to state availability and vary by state. Certain exclusions and limitations apply. For cost and complete details of coverage, please refer to the outline of coverage.

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