

DENTAL/VISION BENEFIT POLICY



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UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
ADH23-15

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
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(Rev. 11/22) 15B408



SOME MEDICAL ISSUES THAT ARE OFTEN OVERLOOKED **ARE DENTAL AND VISION EXPENSES.**

Going to the dentist, and getting your eyes checked are important parts of maintaining a healthy way of life. But, as you may know, these expenses are usually not included in major medical insurance policies. These expenses can add up very quickly. GTL understands the important role dental and vision care play towards a person's overall health and self esteem.

BENEFITS

After the waiting period and calendar year deductible is satisfied, GTL will pay 80% of actual charges, for covered expenses up to the calendar year maximum benefit. Services need to be performed by a licensed dentist, ophthalmologist or optometrist.

DEDUCTIBLE

Most benefits have a \$100 annual calendar year deductible that must be satisfied before benefits are paid.*

**The deductible is not applicable to the dental cleaning benefit or the basic eye exam or refraction.*

MAXIMUM BENEFIT

Maximum Benefit is the maximum amount GTL will pay out during any one calendar year. Three levels of benefits are available for you to choose: **\$400, \$800 or \$1,200.** (First calendar year maximum is 50% of these amounts.)

+ COVERED EXPENSES

- After the policy has been in force for three (3) months, we will pay for one dental cleaning per calendar year (up to \$75), annual exam and x-rays, plus one basic eye exam or refraction (up to \$50) per calendar year.
- After this policy has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Maximum Amount per Calendar Year and the Insured Percent. We will also pay for prescription eyewear or contacts (up to \$200) per calendar year after the policy has been in force six (6) months.
- After this policy has been in force twelve (12) months, we will pay benefits, subject to the insured percent, for the following: Bridges, crowns, full dentures or partials, any services or treatment relating to the replacement of natural teeth which were missing on this policy's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments, any replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Policy Maximum Amount per Calendar Year. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month waiting period is not applicable.

+ THE FEATURES OF THIS POLICY MAKE IT EASY FOR YOU TO KEEP THIS VALUABLE COVERAGE FOR MANY YEARS TO COME...

- All benefits are paid directly to you or whomever you choose.
- **No network required.** Go to any dentist, ophthalmologist or optometrist that you choose.
- **Guaranteed renewable.** As long as your premiums are paid the policy can never be cancelled.
- **Stable premiums.** Your premiums can not change due to declining health. Your premium can only change if GTL changes all like policies in your state.
- **30 day free look.** If you are not completely satisfied with this rider you can cancel it within 30 days for a full refund of your premium.
- **Payment grace period.** You have 31 days after your premium is due to keep your policy/rider in force.

GUARANTEE TRUST LIFE INSURANCE COMPANY

Experience You Can Trust - With more than 85 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.





EXCLUSIONS

This policy provides a limited benefit during the first 12 months after the effective date, and includes a waiting period.

Benefits will not be paid for dental expenses arising from or in connection with:

- A service not furnished by a Dentist, except:
 - That performed by a Dental Hygienist under the supervision of a Dentist; and
 - X-rays ordered by a Dentist;
- Treatment, services or supplies which:
 - Are not Necessary Dental Treatment, except as provided herein;
 - Are Experimental/Investigational in nature;
 - Conditions covered by Workers Compensation Services;
- Treatment by a Family Member;
- Services or supplies for which there would be no charge in the absence of insurance;
- A service furnished to You for:
 - Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule);
- Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments; denture duplication; or sealants;
- Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride;

- Overdentures and associated procedures;
- Services not completed by the end of the month in which insurance terminates;
- Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

- Treatment, services or supplies which:
 - Are Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay; or
 - Treatment by any Family Member;
- Conditions covered by Worker's Compensation Services;
- Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids;
- Non-prescription (plano) eyewear;
- Medical or surgical treatments of the eyes; or
- Eye examinations required by an employer as a condition of employment.

Dental/Vision Benefit Policy, dental/vision insurance is issued on Form Series G15DV, by Guarantee Trust Life Insurance Company. This product, its features, and riders are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the outline of coverage.



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