

*ADVANTAGE PLUS® HOSPITAL INDEMNITY INSURANCE POLICY*

**HELP PAY FOR OUT-OF-POCKET  
EXPENSES ASSOCIATED WITH:**

- + DAILY HOSPITAL CONFINEMENT
- + AMBULANCE TRIPS
- + CANCER
- + DENTAL/VISION
- + SHORT DURATION HOSPITAL STAYS
- + OUTPATIENT SURGERY
- + SKILLED NURSING FACILITY
- + CRITICAL ACCIDENTS

**ADVANTAGE PLUS.**  
Hospital Indemnity Insurance Policy



Watch Our Short  
Product Video

**UNDERWRITTEN BY:**  
Guarantee Trust Life Insurance Company  
**GAD255-18**

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
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# YOUR HEALTH INSURANCE COVERAGE MAY **LEAVE YOU WITH SUBSTANTIAL OUT-OF-POCKET EXPENSES**

*Here's a simple and more  
affordable solution to help  
cover these costs!*



## **+ ADVANTAGE PLUS®** WILL PAY YOU\* BENEFITS FOR:

### **Hospital Confinement**

The base plan benefit will pay you a daily benefit should you be confined to a hospital. 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	\$1,000 to \$2,500
3-Day	\$350 to \$750
6-Day	\$250 to \$750
10-Day	\$100 to \$750
21-Day	\$100 to \$750

Coverage benefits for short duration hospital stays of 12 to 24 hours are included in both the 3-Day and 6-Day benefit base plans. The 1-Day benefit base plan includes a 25% short duration hospital stay benefit for 12 to 24 hour stays.

**ALSO AVAILABLE:** Add the Short Duration Hospital Stay rider to your 10-Day or 21-Day base plan in order to receive benefits for Short Duration Hospital Stays of 12 to 24 hours.

\*We will pay you or your assigned benefit designee.

### **+ Observation Stay Covered**

People are surprised when a hospital codes a hospital stay as "under observation" after a hospital confinement. This simple change in a hospital status can impact your health insurance benefits. Rest assured that Guarantee Trust Life's Advantage Plus base plan **will pay full daily benefits** if your 24-hour hospital stay is coded as an inpatient or as "under observation".

### **Emergency Room Benefits**

Pays you \$150 if you are admitted to a hospital within 24 hours following an emergency room visit due to accident or injury (not available in GA).

### **Mental Health Benefits**

Pays \$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.



Benefits are paid directly to you so you\* can use the funds any way you choose.



*Federal disclosure on Hospital  
Indemnity Insurance.*

- ▶ Guaranteed renewable for life as long as your premiums are paid on time.
- ▶ Guaranteed Issue for Ages 64 ½ to 65 ½ and simple yes or no application for others.

**+ MORE GREAT BENEFITS TO CHOOSE FROM:**

**Cancer Lump Sum Benefit Rider\***

The Lump Sum Cancer Rider will pay you your chosen cash benefit of \$2,500, \$5,000, \$6,700, \$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 (Recurrence benefit also available; not available in GA.)

**Critical Accident Benefit Rider**

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

(The Cancer Lump Sum Benefit and Critical Accident Benefit Riders have a 30-day waiting period.)

**Ambulance Benefit Rider**

This rider will pay a chosen benefit of \$50 to \$400 per 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.

**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, NM, ND, TN). (The Dental/Vision Rider has a 3 month waiting period.)

**Skilled Nursing Facility Benefit Rider\*\*  
– Choose from 2 options**

**OPTION 1:** This rider will pay \$100, \$150 or \$200 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.

OR

**OPTION 2:** This rider will pay \$120 per day for days 21-100 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.

**\*\* Both benefit options restore after 60 days of no confinement in a hospital or skilled nursing facility. (Riders not available in MS; Option 1 not available in KY; Option 2 not available in LA; in IA, Skilled Nursing refers to Nursing Facility Benefit; in WI, not available if eligible for Medicare).**

**Short Duration Hospital Stay Benefit Rider**

This rider is available for those with a 10 or 21-Day benefit period. It is included in the 1, 3 or 6-Day benefit period plans. It pays for a short hospital stay of 12 to 24 hours if you are admitted to a hospital for a covered sickness or injury. This includes time spent in a hospital as an inpatient, under observation or as an outpatient in the emergency room. The Short Stay Benefit Rider will pay 25% of the 1-Day benefit period amount selected (not available in SD.)

**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 (not available in AZ, IA).

*\*EXCLUSIONS: You will be eligible for benefits under the cancer rider if all of the following conditions are met: cancer is first diagnosed and treated while insured under this rider; loss due to first diagnosed cancer is incurred while insured under this rider and not excluded from coverage under the policy's pre-existing condition provision; and loss is the result of cancer covered under this rider. Please consult your policy for definitions. This rider is not available in all states. Please refer to your outline of coverage for exclusions and limitations (in GA, Cancer Rider is "First Diagnosis Lump Sum Cancer Rider"; in MS and SD, no "First Diagnosis" cancer language).*

*Definition of Cancer: Cancer means an internal disease that is identified by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes, but is not limited to, leukemia, Hodgkin's disease or malignant melanoma. Excluded are pre-malignant tumors or polyps. Limited benefits are available for Cancer In Situ and Skin Cancer. Cancer In Situ is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated. Skin Cancer means a squamous cell or basal cell skin carcinoma.*



# **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 _____	_____	_____
Dental/Vision Average Monthly Costs _____	_____	_____
<b>Potential Out-of-Pocket Costs \$</b> _____	<b>GTL Premium</b> _____	

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 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:

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 (in NC, no pre-existing condition limitation).

### PREMIUMS:

The Advantage Plus 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.

### BASIC EXCLUSIONS

We will not pay benefits for:

- 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; or
  - Are received outside the United States.

- 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.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self inflicted Injury while sane or insane.
- 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.
- 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.
- Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
- 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.

This brochure is a summary, not a contract. Advantage Plus®, Limited Benefit Policy, providing Hospital Confinement Indemnity Benefits, is issued on Form Series G0553 and Rider Form Series RG15CLS, RG15CLSR, RG15SDH, RG05SNF, RG13SNF, RG18ASB, RG07OPS(A), RG12DV, RG15CA, by Guarantee Trust Life Insurance Company. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. Subject to state availability and variability. For cost and complete details of coverage, please refer to the outline of coverage.



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Guarantee Trust Life Insurance Company is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.