

*DENTAL/VISION BENEFIT RIDER AVAILABLE WITH ADVANTAGE PLUS® HOSPITAL INDEMNITY INSURANCE POLICY*



# **DENTAL/VISION** BENEFIT RIDER

*for Advantage Plus®*

**UNDERWRITTEN BY:**  
Guarantee Trust Life Insurance Company  
**ADH11-15**

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
1275 Milwaukee Avenue, Glenview, IL 60025  
[www.gtlic.com](http://www.gtlic.com) | 800.338.7452

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## 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 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 preventive dental 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 maximums are 50% of these amounts.)*

## + COVERED EXPENSES

- After the rider has been in force for three (3) months, we will pay for one dental cleaning per calendar year (up to \$75), and one basic eye exam or refraction (up to \$50) per calendar year.
- After this rider has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after the six (6) month period, subject to the Rider 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 rider has been in force six (6) months.
- After this rider 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 rider's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments, any replacement or repair of existing bridges or dentures occurring after the twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed in the Rider Schedule. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

## + THE FEATURES OF THIS RIDER 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
- You may go to any doctor you choose
- **Guaranteed renewable** – as long as your premiums are paid the rider and the corresponding base policy can never be cancelled
- **Stable premiums** – your premiums can not change due to declining health and 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 80 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.

## EXCLUSIONS

This rider provides a limited benefit during the first 12 months after the effective date.

### **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, unless to correct refraction of the eyes; or
- Eye examinations required by an employer as a condition of employment.

Advantage Plus®, hospital indemnity insurance and Dental Vision Benefit rider are issued on Form Series G0553, G1550 and RG12DV 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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