

ADVANTAGE PLUS® HOSPITAL INDEMNITY INSURANCE POLICY

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

- + DAILY HOSPITAL CONFINEMENT
- + AMBULANCE TRIPS
- + SHORT DURATION HOSPITAL STAYS
- + SKILLED NURSING FACILITY

ADVANTAGE PLUS®
Hospital Indemnity Insurance Policy

UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
ADH5-15-CT

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025
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Connecticut 15B407

YOUR HEALTH INSURANCE PLAN MAY **LEAVE YOU WITH OUT-OF-POCKET EXPENSES**

Here's a simple solution to help cover these costs!



+ ADVANTAGE PLUS® WILL PAY YOU BENEFITS FOR:

HOSPITAL CONFINEMENT

This benefit will pay you between \$100 to \$600 per day should you be confined to a hospital depending on what benefit you choose. You can choose a 3-day, 6-day or 10-day benefit period which will restore after 60 days of no hospital confinement.

NOW AVAILABLE: A short hospital stay between 12 to 24 hours is included in the 3 and 6-day benefit periods. This short stay benefit is available as an optional rider on our most popular 10 day policy.



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

+ Observation Stays Covered

People may be stunned to find out that after being confined in the hospital for days, they weren't covered if their stay was categorized as "hospital observation." GTL's Advantage Plus covers both hospital confinement and hospital observation.

MENTAL HEALTH AND EMERGENCY BENEFITS

Your policy will pay \$175 per day for up to seven days for inpatient mental health services. 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.

DID YOU KNOW?

Did you know the average length of a hospital stay is 6 days?¹ If your health insurance plan has a copay of \$250 per day, one trip to the hospital could cost you \$1,500!



Benefits from your Advantage Plus policy can help offset these costs!

¹CDC Health United States 2014, Table 88, 2014.

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

+ MORE BENEFITS

TO CHOOSE FROM:

SKILLED NURSING FACILITY RIDER

This rider will pay \$100, \$150 or \$200 per day from days 1 through 50 if you are confined to a skilled nursing facility. We will pay benefits as long as confinement occurs within 30 days of hospitalization. See policy for exclusions and limitations.

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.

SHORT DURATION HOSPITAL STAY RIDER

This rider is available for those with a 10 day benefit period (it is included in the 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 for treatment in an emergency room.

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.

OTHER GREAT GTL PRODUCTS

Do you need help covering dental and vision expenses?

Take a look at GTL's
DENTAL/VISION POLICY

Did you know 53% of the costs associated with cancer are non-medical, indirect costs?¹

Ask about GTL's Cancer Plan
CHS PROTECTION PLUS
Cancer, Heart Attack & Stroke

¹http://www.aaci-cancer.org/public-issues/pdf/NIH_Leave_Behind.pdf

+ BENEFITS NEEDS ESTIMATOR

YOUR HEALTH PLAN OUT-OF-POCKET COSTS	GTL BENEFIT	GTL PREMIUM
Hospital Confinement Daily Co-pay _____ x ___ days = _____	_____	_____
Ambulance Service Copay _____	_____	_____
Skilled Nursing Facility Daily Co-Pay _____ x ___ days = _____	_____	_____
Dental/Vision Average Monthly Costs _____	(See Dental Vision Policy)	
Radiation/Chemotherapy Max Out of Pocket _____	(See CHS Policy)	
Potential Out-of-Pocket Costs \$ _____		GTL Premium _____



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 G1550-CT 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 a summary, not a contract. It is based on policy form series G1550-CT. For complete details of all provisions, please read your policy carefully.

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. Please read the Outline of Coverage carefully.

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

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.
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. Loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the physician for the Insured.

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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GUARANTEE TRUST LIFE INSURANCE COMPANY

Experience You Can Trust - With more than 79 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.