

GTL

GUARANTEE
TRUST
LIFE



ADVANTAGE *PLUS*®

Hospital Indemnity Insurance Policy

CLIENT PRESENTATION

GAD25-20

UNDERWRITTEN BY: Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Ave, Glenview, IL 60025 | www.gtlic.com | 800.338.7452



YOU MADE A **GREAT CHOICE** FOR
YOUR MAIN HEALTH CARE PLAN!
DID YOU KNOW THERE IS...



ADDITIONAL COVERAGE AVAILABLE

to help cover your potential out-of-pocket expenses or co-pays?

WHAT IS HOSPITAL INDEMNITY INSURANCE?

An insurance policy that pays you cash benefits regardless of any other insurance coverage you may have.



Can be designed
to help fill gaps in
coverage

*(Like hospitalization or
ambulance usage co-pays)*



Strengthens your
financial protection



Helps give peace
of mind

ADVANTAGE PLUS[®] HOSPITAL INDEMNITY INSURANCE

FROM GUARANTEE TRUST LIFE INSURANCE COMPANY

*The industry leading hospital indemnity plan with a history of **no rate increases** and **no reduction in policy benefits** since it's launch in 2005.*

Other great features:



RATES STAY THE SAME
as you age



Guaranteed renewable
FOR LIFE

WE CAN **CUSTOMIZE** YOUR ADVANTAGE PLUS[®] POLICY **TO FIT YOUR NEEDS**

STEP 1:



Choose Your Base Benefit

*(Base Plan Includes: Hospital Confinement, Emergency Room Benefits,
Mental Health Benefits, 12+ Hour Observation Stay Covered)*

STEP 2:



Add Key Riders—Short Duration Hospital Stay Benefit Rider + Ambulance Rider

STEP 3: More Customization Options Available:



Cancer Lump Sum
Benefit Rider



Critical Accident
Benefit Rider



Skilled Nursing Facility
Benefit Rider



Dental and Vision
Benefit Rider



Outpatient Surgical
Benefit Rider

WHAT PLAN IS RIGHT **FOR YOU?**

GOOD

Choose your daily benefit



+ Short Duration Stay Rider

BETTER

Choose your daily benefit



+ Ambulance Rider



+ Short Duration Stay Rider

BEST

Choose your daily benefit



+ Ambulance Rider



+ \$6,700 Lump Sum
Cancer Rider



+ Short Duration
Stay Rider

OR...CUSTOMIZE TO YOUR OWN NEEDS!

VS

THE COST OF A POTENTIAL HOSPITAL STAY THE COST OF AN **ADVANTAGE PLUS®** POLICY

**An example of the most common co-pays for Medicare Advantage.*

$$\begin{array}{ccccccc}
 65 & + & \$200^* & + & \$750^* & = & \$950 \\
 \text{year old} & & \text{for ambulance} & & \text{for 3 days of hospital} & & \text{co-pay} \\
 & & \text{co-pay} & & \text{confinement} & &
 \end{array}$$

..... **OR**

\$26.84

Monthly Premium for a 65 year old
(**\$319.50** Annual Premium)

An **Advantage Plus®** policy with a **6-day** benefit period and a
\$250 per day hospitalization benefit.

COVERED

ambulance

COVERED

3 days of hospital confinement

- Still have **3 more days** of benefits to use
- Benefits **restore unlimited amount of times** after 60 days of no hospital confinement use

AMBULANCE RIDER



- Choose from a **\$50 up to \$400** daily usage benefit
- Benefit payable up to **4 times per year**
- **Lifetime maximum** of 12 trips
- **Air Ambulance coverage included**

NO HOSPITAL CONFINEMENT REQUIRED!



Emergency Room
only

OR



Short observation
stay only

OR



Inpatient stay

Some states have different benefit triggers. CO, KY, MA, MD, MN, RI & SC require hospital confinement. Please consult the Outline of Coverage for the particular state in which your client resides to become familiar with the coverage options.

CRITICAL ACCIDENT 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
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500

LUMP SUM CANCER RIDER

Coverage choices:

\$2,500 | \$5,000 | \$6,700 | \$10,000
| \$15,000 | \$20,000

1. Invasive/Life Threatening Cancer:

Paid upon diagnosis!

Included Benefits:

2. Cancer In-Situ: *Paid upon diagnosis!*

- Benefit is equal to **25%** of the lump sum coverage amount
- Payable one time over the life of the policy

3. Skin Cancer: *Paid upon diagnosis!*

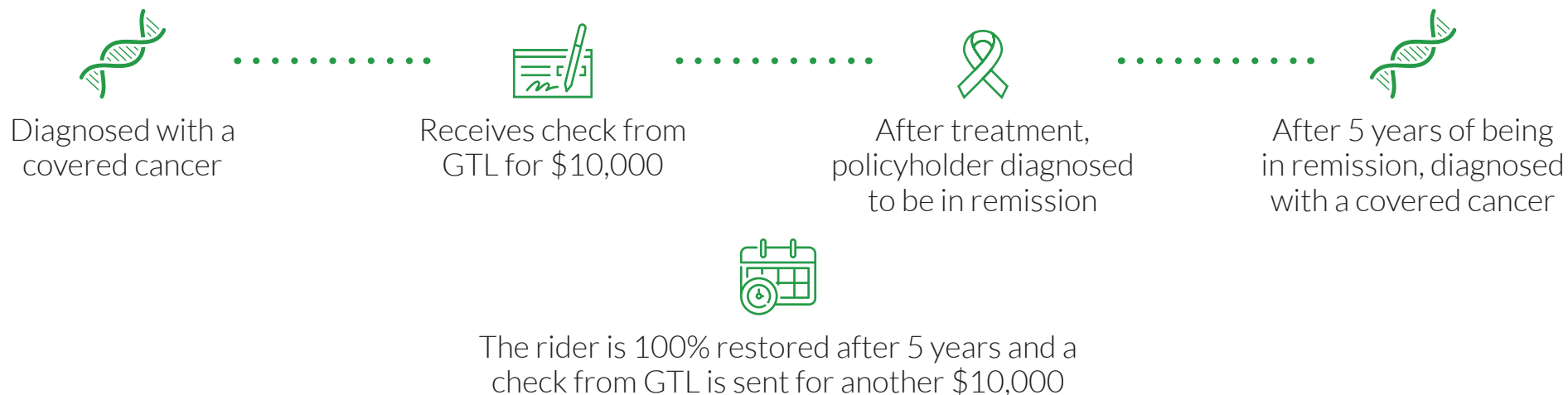
- **\$500 benefit** for Basal cell or Squamous Cell skin Carcinoma
- Payable three times over the life of the policy. Once per calendar year.

Critical Accident Rider and Lump Sum Cancer Rider have a 30-day waiting period.

RECURRENCE BENEFIT RIDER

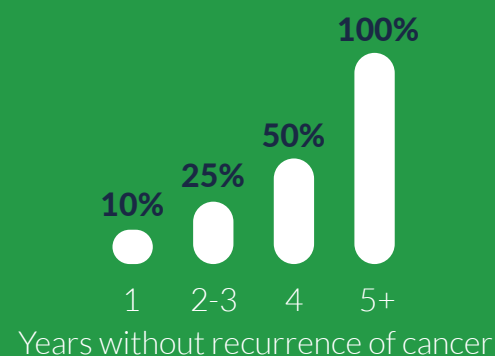
Example:

Policyholder has a \$10,000 Lump Sum Cancer rider with Recurrence rider



IT MAY BE THE SAME TYPE
OR
DIFFERENT TYPE OF COVERED CANCER!

Percentage of Lump Sum Benefits Payable



WHY IS **CANCER INSURANCE** IMPORTANT?

Did you know
1 in **3** Americans will get
cancer in their lifetime¹

$$\begin{array}{ccccc} \text{65} & & & & \\ \text{year old} & + & \$10,000 & = & \$29.75 \\ & & \text{Lump Sum} & & \text{per month} \\ & & \text{Cancer Rider} & & \end{array}$$

How long would paying **\$29.75 per month** take to match the **\$10,000 benefit**?

.....

28 YEARS!

..... **SKILLED NURSING FACILITY RIDER**

Two coverage options available:

Days 1 thru 50 up to a \$10,000 Benefit

(Choose a \$100, \$150, or \$200 per day benefit)

Days 21 thru 100 up to a \$9,600 Benefit

(\$120 per day benefit)

Rider Requirements: SNF stay is for same condition and stay begins within 30 days of hospitalization lasting at least 3 consecutive days.

- Observation time in hospital does count toward the 3-day requirement!
- Both benefit option restore after 60 days if no confinement in a hospital or skilled nursing facility

..... **OUTPATIENT SURGERY RIDER**

\$250, \$500, \$750, or \$1,000 Lump Sum



May be used 2 times per calendar year for surgical procedures



Not for MRI's, x-rays or other non-surgical procedures

	YOUR HEALTH PLAN OUT-OF-POCKET COSTS	GTL BENEFIT	GTL PREMIUM
Hospital Confinement Daily Co-Pay	_____x____days	_____x____days	_____
Ambulance Service Co-Pay	_____	_____	_____
Radiation/Chemotherapy Max. Out-of-Pocket	_____	_____	_____
Skilled Nursing Facility Daily Co-Pay	_____x____days	_____x____days	_____
Outpatient Single Co-Pay	_____	_____	_____
Dental/Vision Average Monthly Costs	_____	_____	_____
Potential Out-of-Pocket Costs	\$_____	GTL Premium	_____
Max Out-of-Pocket Costs	\$_____		

I have been informed of hospital indemnity insurance and how it can help cover my out-of-pocket expenses and co-pays. I have decided that I **do not** want to have this additional coverage at this time.

Signature

Date

WATCH FOR YOUR **WELCOME PACKET** IN THE MAIL!

ADVANTAGE PLUS LIMITED BENEFIT HEALTH INSURANCE

This is a summary of Policy benefits. Please read the entire contract for a full explanation of Policy benefits and limitations. All benefits are per Covered Person.

PREPARED FOR: ADVANTE PLUS W PACKAGE

BENEFITS

Hospital Confinement Indemnity Benefit Amount:	\$200/Per Day
Maximum Benefit Period:	21 Days
Mental Health Benefit Amount:	\$175/ Per Day
Seven Days Payable Per Calendar Year	
Emergency Room Benefit (Injury Only):	\$150
Short Duration Hospital Stay Benefit:	\$200
Maximum Short Duration Hospital Stay Benefit:	6 Payments Per Calendar Year
Skilled Nursing Facility Benefit Amount:	\$120 /Per Day
Elimination Period:	20 Days
Skilled Nursing Maximum Benefit Period:	80 Days

1275 Milwaukee Avenue, Glenview, IL 60025 Tel: 847.699.0600

February 19, 2020

Advante Plus W Package
Advantage Plus Welcome Packa
Any City, IL 60021

Dear Advante Plus W Package:

Congratulations on your purchase of Advantage Plus Limited Benefit Health Insurance coverage from Guarantee Trust Life. Enclosed you will find your ID card for your records.

To view your policy, simply go online to www.gtlic.com (instructions below). All information is provided in a secure, encrypted environment to maintain your privacy. If you have any questions or do not have internet access and need assistance, please call 1-800-338-7452.

Directions to Access Your Policy:

1. Click the "Policy Login" link at www.gtlic.com. You will find this link at the top right bar of the home page under the "Policyholder" tab.

2. Complete the registration process by filling in the requested information.

*If you already have an online account with us click on "Proceed to Log in" and enter your UserID and Password.

3. Access your account.

Thank you for choosing GTL. We appreciate your business and look forward to serving you.

Sincerely,



Richard S. Holson, III
President, GTL

1275 Milwaukee Avenue, Glenview, IL 60025 Tel: 847.699.0600

**Advantage Plus Limited
Benefit Health Insurance
1-800-338-7452**

Policy: GTAZ000967
Advante Plus W Package
Effective Date: February 18, 2020

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue, Glenview, IL 60025

IMPORTANT
Policy Information Inside



GTL

GUARANTEE
TRUST
LIFE

“A-” AM BEST RATING

WHO IS GUARANTEE TRUST LIFE COMPANY?

- **3rd Generation Family-Run** Mutual Insurance Company
- Over **80 years** of providing innovative insurance solutions
- Paid out over **\$100 million in hospital indemnity & cancer claims** since January 2017
- Calls answered by **friendly customer service staff** in Glenview, Illinois

THANK YOU

FOR YOUR BUSINESS!



CONTACT:

Advantage Plus®, hospital confinement indemnity benefits, Limited Benefit Policy, is issued on Form Series G0553, G1550 and Rider Form Series RG15CLS, RG15CLSR, RG15SDH, RG05SNF, RG13SNF, RG18ASB, RG07OPS(A), RG12DV, RG15CA, 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.