

*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

**ADVANTAGE PLUS®**  
Hospital Indemnity Insurance Policy

**GTL** | GUARANTEE  
TRUST  
LIFE

UNDERWRITTEN BY:  
Guarantee Trust Life Insurance Company  
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(These brochures are co-branded for use by WPS.)

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# 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, 10-day or 21-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 now covered in the 3 and 6-day benefit periods. This short stay benefit is available as an optional rider on our most popular 10 and 21 day policies.



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.

### ADDITIONAL BENEFITS

Your policy will also 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? <sup>1</sup> 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!

<sup>1</sup>CDC Health United States 2014, Table 88, 2014.

- ▶ Guaranteed 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:

### LUMP SUM CANCER RIDER\*

The Lump Sum Cancer Rider will pay you a cash benefit of \$2,500, \$5,000, \$10,000, \$15,000 or \$20,000 should you be diagnosed with cancer. It includes a benefit for Cancer In Situ and a \$500 payment for Basal cell/Squamous cell skin carcinoma.

### SKILLED NURSING FACILITY RIDER

Your policy will pay \$100, \$150 or \$200 per day from days 1 through 50 if you are confined to a skilled nursing facility.

### 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.

### DENTAL/VISION 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.

### SHORT DURATION HOSPITAL STAY RIDER

This rider is available for those with a 10 or 21 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 as an outpatient in the 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.

### 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.

**\*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.

**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 Copay _____	_____	_____
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 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 G0553. For complete details of all provisions, please read your policy carefully. Products, features, and riders may vary, and are subject to state availability. See state requirements insert sheet.

### 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.

### 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

The Benefits, Exclusions and Limitations may differ in some states. **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 or participating in a riot or civil commotion.
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. Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
8. 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.



1275 Milwaukee Avenue, Glenview, IL 60025  
www.gtlic.com | 800-338-7452

## GUARANTEE TRUST LIFE INSURANCE COMPANY

**Experience You Can Trust** - With more than 75 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.