



ADVANTAGE PLUS[®]

HOSPITAL INDEMNITY PLAN

PROVIDES CASH BENEFITS TO HELP COVER EXPENSES ASSOCIATED WITH:

- DAILY HOSPITAL CONFINEMENT
- AMBULANCE TRIPS
- CANCER
- OUTPATIENT SURGERY
- SKILLED NURSING FACILITY

Underwritten by:
Guarantee Trust Life Insurance Company
ADH61-03

(Rev.1/14) 15B988

Chances Are, Your Health Insurance Plan Leaves You With Out-Of-Pocket Expenses

Here's an innovative solution to help cover these costs!

ADVANTAGE PLUS[®] WILL PAY YOU CASH BENEFITS FOR:

DAILY HOSPITAL CONFINEMENT

This benefit will pay you a daily benefit amount between \$100 and \$600 per day should you be confined to a hospital. You can also choose either a 10-day or 21-day benefit period which will restore after 60 days of no hospital confinement. Benefits are paid in cash directly to you and are paid in addition to any other insurance you may have.

AMBULANCE BENEFIT RIDER

This rider will pay \$200 per ambulance trip to or from a hospital, limited to one benefit per hospital confinement and subject to a lifetime maximum of \$2,500.

LUMP SUM CANCER RIDER*

The Lump Sum Cancer Rider will pay you a cash benefit of \$2,500, \$5,000, \$7,500 or \$10,000 should you be diagnosed with cancer. This benefit is limited to a one-time lump sum payment.

SKILLED NURSING FACILITY RIDER

Your policy will pay \$120 per day from 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. This benefit restores after 60 days of no confinement in a hospital or skilled nursing facility.

***EXCLUSIONS:** *You will be eligible for benefits under this 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.*



ADVANTAGE PLUS® Means Protection, Choice & Peace of Mind

Today more than ever, quality health care has become an absolute necessity. Without it, illness could mean financial disaster. But it's a fact that even the best health insurance plans have out-of-pocket expenses such as deductibles, co-payments and coverage limits that can quickly add up. Should you be confined to

a hospital, Advantage Plus can provide you with a cash benefit of up to \$600 per day based on the plan you choose. It can also provide benefits for ambulance trips, skilled nursing care, cancer diagnosis and even accidental death and dismemberment — all instances where your current health insurance plan

may have deductibles or co-payments.

With GTL's Advantage Plus, you'll have peace of mind knowing that your health insurance co-pays, deductibles and coverage limits won't surprise you after an illness or accident.

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 benefit is payable up to two occurrences per year.

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This rider will pay a cash benefit to you of either \$5,000 or \$10,000 should you die in an accident. In addition, the rider pays dismemberment benefits as outlined in your policy's benefit schedule.

ADDITIONAL BENEFITS

Your policy will also pay \$175 per day for up to seven days if you are confined to an inpatient mental health facility. In addition, the policy will pay 100% of the first \$150 of emergency room expenses if you are admitted to a hospital within 24 hours following an emergency room visit due to accident or injury. These benefits are available to you as part of your base policy.

Product features and riders may not be available in all states. Refer to the state availability chart at www.gtlic.com.



Guarantee Trust Life Insurance Company

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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.

This brochure is an illustration, not a contract. Based on policy G0553 series. For complete details of all provisions, please read your policy carefully. Products, features, and riders are subject to state availability.

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. This Pre-existing Condition period may differ in some states. Please read the Outline of Coverage carefully.

PREMIUMS:

The Advantage Plus plan 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.

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.

Note: This coverage does not satisfy the "minimum essential coverage" requirement of the Affordable Care Act.



RATE SHEET

ADVANTAGE PLUS[®] - COLORADO

One-Time Application Fee: \$20.00	Modal Factors	
	Semi Annual	.520
	Quarterly	.265
	Monthly PAC	.084

SOFTWARE IS ALSO AVAILABLE TO DOWNLOAD AT WWW.GTLIC.COM

10-Day Hospital Confinement Benefits (per \$10/Day)				21-Day Benefits (per \$10/Day)			Lump Sum Hospital Confinement Rider		
AGE	\$100-170	\$180-240	\$250-600	\$100-170	\$180-240	\$250-600	\$250	\$500	\$750
64 1/2	14.35	12.96	12.16	20.83	19.20	18.33	132.53	251.69	369.94
65	14.35	12.96	12.16	20.83	19.20	18.33	132.53	251.69	369.94
66	14.92	13.50	12.70	21.75	20.10	19.21	136.97	260.34	382.65
67	15.44	14.03	13.21	22.69	21.00	20.09	141.69	269.10	395.60
68	16.01	14.59	13.75	23.60	21.88	20.96	146.28	278.01	408.71
69	16.63	15.22	14.36	24.61	22.87	21.90	150.99	286.91	421.80
70	17.21	15.78	14.90	25.55	23.78	22.78	155.71	295.82	434.90
71	17.81	16.37	15.48	26.62	24.81	23.79	160.41	304.72	447.99
72	18.38	16.97	16.07	27.59	25.76	24.73	165.00	313.50	460.82
73	19.00	17.57	16.64	28.53	26.70	25.62	169.46	322.01	473.40
74	19.54	18.08	17.16	29.43	27.57	26.48	173.78	330.26	485.44
75	20.04	18.59	17.65	30.27	28.39	27.28	177.97	338.12	497.09
76	20.48	19.04	18.10	31.05	29.12	28.00	181.90	345.72	508.09
77	20.95	19.48	18.50	31.77	29.81	28.67	185.69	352.78	518.57
78	21.29	19.84	18.86	32.40	30.43	29.27	189.09	359.34	528.26
79	21.64	20.17	19.19	32.95	30.98	29.81	192.37	365.49	537.30
80	21.92	20.46	19.49	33.46	31.46	30.27	195.25	370.99	545.41
81	22.16	20.70	19.70	33.83	31.82	30.64	197.87	376.09	552.88
82	22.38	20.89	19.91	34.17	32.14	30.94	200.22	380.55	559.30
83	22.58	21.10	20.09	34.50	32.45	31.24	202.32	384.34	564.93
84	22.78	21.29	20.29	34.80	32.76	31.55	203.90	387.49	569.51
85	22.97	21.49	20.47	35.16	33.11	31.88	205.21	389.84	573.05

Lump Sum Cancer Rider					Skilled Nursing Facility Rider (Days 21-100)
AGE	\$2,500	\$5,000	\$7,500	\$10,000	\$120/Day
64 1/2	69.80	139.60	209.40	279.20	92.38
65	69.80	139.60	209.40	279.20	92.38
66	69.80	139.60	209.40	279.20	102.62
67	69.80	139.60	209.40	279.20	114.52
68	69.80	139.60	209.40	279.20	128.33
69	69.80	139.60	209.40	279.20	144.05
70	79.58	159.15	238.73	318.30	161.79
71	79.58	159.15	238.73	318.30	183.10
72	79.58	159.15	238.73	318.30	205.83
73	79.58	159.15	238.73	318.30	230.24
74	79.58	159.15	238.73	318.30	256.90
75	86.05	172.10	258.15	344.20	285.83
76	86.05	172.10	258.15	344.20	317.62
77	86.05	172.10	258.15	344.20	352.50
78	86.05	172.10	258.15	344.20	390.95
79	86.05	172.10	258.15	344.20	432.98
80	N/A	N/A	N/A	N/A	479.40
81	N/A	N/A	N/A	N/A	532.74
82	N/A	N/A	N/A	N/A	592.14
83	N/A	N/A	N/A	N/A	658.33
84	N/A	N/A	N/A	N/A	731.90
85	N/A	N/A	N/A	N/A	813.21

Outpatient Surgical Rider					Ambulance Rider	Accidental Death & Dismemberment Rider	
AGE	\$250	\$500	\$750	\$1,000	\$200 per service	\$5,000	\$10,000
64 1/2	177.50	355.00	532.50	710.00	40.00	20.00	40.00
65	177.50	355.00	532.50	710.00	40.00	20.00	40.00
66	180.25	360.50	540.75	721.00	40.00	20.00	40.00
67	183.25	366.50	549.75	733.00	40.00	20.00	40.00
68	186.25	372.50	558.75	745.00	40.00	20.00	40.00
69	189.25	378.50	567.75	757.00	40.00	20.00	40.00
70	192.00	384.00	576.00	768.00	40.00	20.00	40.00
71	192.25	384.50	576.75	769.00	40.00	20.00	40.00
72	192.50	385.00	577.50	770.00	40.00	20.00	40.00
73	192.50	385.00	577.50	770.00	40.00	20.00	40.00
74	192.75	385.50	578.25	771.00	40.00	20.00	40.00
75	193.00	386.00	579.00	772.00	40.00	20.00	40.00
76	193.00	386.00	579.00	772.00	40.00	20.00	40.00
77	193.00	386.00	579.00	772.00	40.00	20.00	40.00
78	193.00	386.00	579.00	772.00	40.00	20.00	40.00
79	193.00	386.00	579.00	772.00	40.00	20.00	40.00
80	193.00	386.00	579.00	772.00	40.00	20.00	40.00
81	193.00	386.00	579.00	772.00	N/A	N/A	N/A
82	193.00	386.00	579.00	772.00	N/A	N/A	N/A
83	193.00	386.00	579.00	772.00	N/A	N/A	N/A
84	193.00	386.00	579.00	772.00	N/A	N/A	N/A
85	193.00	386.00	579.00	772.00	N/A	N/A	N/A