

GUARANTEE TRUST LIFE INSURANCE COMPANY
A Mutual Company
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

ADVANTAGE PLUS
LIMITED BENEFIT POLICY
Providing Indemnity Benefits for Hospital Confinement

OUTLINE OF COVERAGE
For Policy Form G1550-CT
Optional Rider Forms RG15SDH-CT, RG05SNF, RG13SNF-CT, RG18ASB-CT, RG15CA

KEEP THIS OUTLINE FOR YOUR RECORDS
THIS IS NOT A MEDICARE SUPPLEMENT POLICY

THIS IS A LIMITED BENEFIT POLICY - READ YOUR POLICY CAREFULLY – This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

This is a supplement to health insurance and is not a substitute for major medical coverage. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act.

LIMITED BENEFIT COVERAGE –The policy is designed to provide, to persons insured, Limited Benefit Coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered Injury or Sickness. Such policies do not provide any benefits other than the fixed daily benefit for hospital confinement and any additional benefits described below.

BENEFITS

We will pay benefits for Hospital Confinements, Emergency Room Services, and Mental Health Hospital Confinements that are Medically Necessary and begin while the Policy is in force.

BENEFIT A: HOSPITAL CONFINEMENT BENEFIT (INJURY OR SICKNESS)

We will pay the selected Hospital Confinement Indemnity Benefit Amount for each day you are Hospital Confined due to Injury or Sickness. Benefits are subject to the selected Maximum Benefit Period for any One Period of Confinement.

Hospital Confinement Benefit Amount selected: \$ _____ per day

Maximum Benefit Period - available options: 1 day 3 days 6 days 10 days

BENEFIT B: MENTAL HEALTH BENEFIT

We will pay a Mental Health Benefit of \$175 for each day you are Hospital Confined due to a Mental or Nervous Disorder. This benefit is subject to a maximum of seven days per Calendar Year.

BENEFIT C: EMERGENCY ROOM BENEFIT

We will pay an Emergency Room Benefit of \$150 for services received in a Hospital emergency room or Hospital affiliated emergency care facility for loss due to Injury, provided the Emergency treatment is followed within 24 hours by a covered Hospital Confinement of at least one day. This benefit is payable once per any One Period of Confinement.

We won't pay benefits under both Benefit A and Benefit B above for the same day of Hospital Confinement.

LIMITATIONS AND EXCLUSIONS:

Pre-existing Condition: The policy has a pre-existing condition limitation. We will not pay benefits for a pre-existing condition unless the loss begins more than 6 months after your Effective Date of coverage.

EXCLUSIONS

We won't pay benefits for:

- 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; or
 - Are received outside the United States.
- 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.
- Expenses incurred as a result of committing or attempting to commit an assault or felony.
- Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.
- 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.
- 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.
- 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.

OPTIONAL BENEFIT RIDERS: (Available for an additional premium)

Skilled Nursing Facility Benefit Rider RG05SNF (Pays from days 21 to 100)

We will pay a Skilled Nursing Facility Benefit of \$120 for each day you are confined in a Skilled Nursing Facility provided that:

1. You have first been Hospital Confined for 3 or more consecutive days;
2. The Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement;
3. Your Doctor certifies to the need for the Skilled Nursing Facility confinement; and
4. The Skilled Nursing Facility confinement is for the same covered Injury or Sickness as the Hospital Confinement for which We paid benefits.

The Skilled Nursing Facility Benefit is subject to a 20-day Elimination Period and a Maximum Benefit Period of 80 days per Any One Period of Confinement.

Skilled Nursing Facility Benefit Rider RG13SNF-CT (Pays from days 1 to 50)

We will pay the Skilled Nursing Benefit Amount for each day you are confined in a Skilled Nursing Facility provided that:

1. You have first been Hospital Confined for 3 or more consecutive days;
2. The Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement;
3. Your Doctor certifies for the need for Skilled Nursing Facility confinement; and
4. The Skilled Nursing Facility confinement is for the same covered Injury or Sickness as the Hospital Confinement for which We paid benefits.

The Skilled Nursing Facility Benefit may be subject to an Elimination Period. The Elimination Period, if any, will be shown in the Policy Schedule. The Skilled Nursing Facility Benefit is subject to a Maximum Benefit Period of 50 days per Any One Period of Confinement.

Skilled Nursing Facility Benefit Amount Selected: \$100 \$150 \$200

Short Duration Hospital Stay Benefit Rider RG15SDH-CT

We will pay the Short Duration Hospital Indemnity Benefit when you are admitted to a Hospital for a covered Injury or Sickness for a period which is no less than 12 consecutive hours, but no more than 24 consecutive hours. A Short Duration Hospital Stay may include, but is not limited to, time spent in a Hospital setting for major diagnostic testing, surgery, emergency room treatment, or monitoring in an Observation Unit.

The Short Duration Hospital Stay Indemnity Benefit is payable once every 60 calendar days, up to a maximum of six benefit payments per Calendar Year. The benefit under this rider is not payable for any day in which a Hospital Confinement Benefit is payable under the terms of the policy. This benefit is included for Hospital Confinement Benefit Periods 1, 3, and 6 days.

Ambulance Benefit Rider RG18ASB-CT

We will pay the Ambulance Benefit Amount when Ground Ambulance or Air Ambulance is used to transport You to or from a Hospital. This Benefit is payable no more than once per day (24-hour period) regardless of the number of ambulance transports. Benefit payment is subject to a Calendar Year maximum of 4 transports and a Lifetime Maximum of 12 transports. The Ambulance service must be Medically Necessary and due to a covered Injury or Sickness. In the event both Air Ambulance and Ground Ambulance are used to transport You to a Hospital within a 24-hour period, it is considered one transport and only one Ambulance Benefit is payable.

CRITICAL ACCIDENT BENEFIT RIDER – FORM RG15CA

Maximum Benefit Amount per Accident: \$5,000 \$10,000

This Rider pays limited benefits for the following types of Injuries: hip and knee dislocation; fractures; and knee ligament and meniscus tears. To be eligible for benefits, you must receive Medically Necessary services in an Emergency Room or Urgent Care Facility to treat such Injuries within 48 hours of a covered Accident. Benefit payment is subject to a 30 day Waiting Period. Benefits are a paid as a percentage of the Maximum Benefit Amount per Accident:

Covered Injury	Percentage of Maximum Benefit Amount Per Accident That Will be Payable
Dislocation, hip	20%
Dislocation, knee	10%
Fracture, hip or skull	25%
Fracture, all other	5%
Tear, knee ligament or meniscus	10%

If more than one Fracture, Dislocation and / or Knee Ligament / Meniscus Tear is sustained as a result of a covered Injury, only one benefit is payable. The benefit payable will be that of the highest benefit amount associated with the sustained Fracture, Dislocation, or Knee Ligament/Meniscus Tear.

A Loss of Life Benefit is payable in the event of death as a result of Injuries sustained in a covered Accident. The Loss of Life Benefit is equal to the Maximum Benefit Amount Per Accident.

CRITICAL ACCIDENT BENEFIT RIDER EXCLUSIONS: This rider does not provide benefits for:

1. Treatment, services or supplies which:
 - a.) Are not prescribed by a doctor to treat an Injury.
 - b.) Are determined to be experimental / investigational in nature.
 - c.) Are received without charge or legal obligation to pay.
 - d.) Are received from persons employed or retained by any family member.
 - e.) Are provided outside of an emergency room or urgent care facility.
2. Fracture of fingers, toes, ribs or coccyx.
3. Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.

4. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including coast guard) of any country or international authority.
5. Injury received while traveling or operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft including those, which are not motor-driven.
6. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
7. Dental treatment.
8. Treatment of sickness, disease or degenerative process, including degenerative joint disease and/or non-traumatic arthritis. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
10. Suicide or attempted suicide while sane; or self-destruction or an attempt to self-destroy while insane.
11. Injury resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs; or being under the influence of any illegal drugs or narcotic unless administered on the advice and as directed by a doctor.
12. Injury resulting from testing cars/trucks on any racetrack or speedway.
13. Injury resulting from participation in intercollegiate sports.
14. Injury sustained while taking part in any of the following activities: as a rider in or driving in competitive motor sports, water sport races, stunt show or speed test, or while testing any vehicle on any racecourse or speedway; spelunking (exploring caves); mountaineering, scaling up or down cliffs or mountain walls; practice for or participation in a rodeo; flying in an ultralight, hang gliding, parachuting, parasailing, para kiting, or bungee cord jumping.
15. Participating in any sporting event for pay or prize money.
16. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
17. Injuries arising out of or in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
18. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while you are on a trip of not more than 60 days.

GUARANTEED RENEWABLE FOR LIFE You may keep the Policy, and any selected Riders, in force during your lifetime, unless otherwise stated in the Rider, by paying the renewal premium at the intervals available to you at time of renewal. You must pay the renewal premium by its due date or during the policy's 31 day grace period. We cannot cancel or refuse to renew the Policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS SUBJECT TO CHANGE We may change the premium rates for this Policy/Riders by giving you at least 31 days advance written notice of any change in the renewal premium. We can only change the premium if we change it for all Policies/Riders like yours in your state on a class basis.

INITIAL PREMIUM:

Limited Benefit Hospital Confinement Policy: \$ _____

Short Duration Hospital Stay Benefit Rider: \$ _____

Skilled Nursing Facility Benefit Rider (Days 1 – 50): \$ _____

Skilled Nursing Facility Benefit Rider (Days 21-100): \$ _____

Ambulance Service Benefit Rider: \$ _____

Critical Accident Rider: \$ _____

Application Fee (if applicable) \$ _____

TOTAL PREMIUM: \$ _____