



INDEMNITY PLUS

ELITE

The Industry's Best Hospital Indemnity Coverage

Designed to help cover out-of-pocket expenses in your
Medicare Advantage Plan.



*Watch Our Short
Product Video*

UNDERWRITTEN BY:
GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
GAD5-22-FL

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(Rev. 9/25) 15B619

Select Benefit Services Association

Select Benefit Services Association (SBSA) provides a wide variety of benefits, services and discounts that are especially valuable for seniors. These services are designed to save you time, money and worry.



Hotel and Motel Savings Program

Your membership program provides you with savings of up to 60% off at participating hotel and motel chains nationwide. There are over 100,000 hotels in the U.S. and around the world that you can select from to meet your budget. You'll receive friendly service, convenience and the value you've come to expect at a special member preferred rate.



Vitamins and Nutritional Supplements

There are many positive health benefits that can result from a daily regimen of vitamin supplements. Many people consider a vitamin and mineral supplement program to be an important part of their overall health strategy. Our members can save an additional 20% on a wide range of Swanson brand vitamins and mineral supplements online.

The name, address and phone number for providers in your area can be obtained by calling our toll-free number at 866-734-7272, or by visiting our website at www.selectbenefitservicesassociation.com.



eConnect® Wellness

eConnect® Wellness is designed to help participants live healthier lives. Members have telephonic and web-based access to experienced, masters-level Health Coaches who will provide them with a personal consultation and guidance on a variety of topics, such as smoking cessation, weight management, pre- and postnatal care and exercise.



Car Rental Program

Enjoy year-round discounts of up to 15% by several of the nation's leading car rental agencies. Discounts are available for daily, weekly or weekend rentals in the United States and Canada. Savings apply to economy through full size vehicles, including minivans.



Fitness Clubs

Up to 50% off membership dues at over 1,600 locations nationwide! Members also receive great discounts on a wide variety of products and services including sporting goods, magazines, gourmet foods and more.

Other SBSA Discounts & Services

Flowers, Gift Baskets and More

20% off gift products including delicious gourmet baskets, sweet treats, heartwarming collectibles, beautiful flowers, plants and more.

Theme Parks

Receive exclusive discounts on Theme Park Tickets such as Walt Disney World®, Universal Parks®, Hershey Park, Legoland®, Six Flags® Nationwide, and many more.

Check your fulfillment materials for additional discounts and services available to association members.

Phones & Tablets

Safe. Simple. Free. Save big with exclusive deals and earn cash back just for shopping at the same stores you are shopping at today.

Movie Tickets

Up to 40% off on movie tickets at many of the major movie theatre chains throughout the United States.

INTRODUCING

Indemnity Plus Elite

The original and most comprehensive Hospital Indemnity Insurance coverage in the industry.

Since 1936, Guarantee Trust Life Insurance Company (GTL) has provided a competitive portfolio of value-driven health and life insurance to individuals, families, and groups across the country.

In 2005, GTL released Indemnity Plus, the first hospital indemnity product in the market to help insureds cover their Medicare Advantage out-of-pocket expenses.

Today, Indemnity Plus Elite offers the most comprehensive benefits available on the market.

When you combine Indemnity Plus Elite's innovative benefits with our friendly and long tenured staff located in our Glenview, IL home office, you can be assured GTL delivers on the promises and trust our insureds, partners and employees place in us.

What makes GTL's Hospital Indemnity Insurance **Elite**?



Base Benefits Kick in After 6 Hours



No Hospital Stay Required for Emergency Room Benefits



Surprisingly Affordable Rates



Unlimited Amount of Benefit Restoration



Rates Don't Increase as You Age



Simplified Underwriting with Instant Approval
Guaranteed Issue for ages 64 ½ up to 70



No Limits to Lifetime Benefits Received



Easily **customize** your Indemnity Plus Elite coverage to **fit your needs!**



Step 1

Choose Your
Base Benefit

Step 2

Select Your
Optional Benefits
to Fit Your Needs

Step 3

Quickly Apply for
Coverage

Base Plan Includes:



Hospital Confinement*

The base plan benefit will pay you a daily benefit should you be hospitalized for a **24 hour period either as observation or confinement**. Choose the base plan and a daily hospital confinement benefit amount that works best for you. Whichever base plan you select, it will restore fully, and for an unlimited amount of times after 60 days of no hospital confinement. Included in your coverage is a Basic Daily Benefit Amount of \$15 per day for the remainder of the 31-Day Maximum Benefit Period.

Base Plan Choices

1 Day

3, 4, 5, 6, 7, 8, 9, 10, 15 Days

Daily Benefit Amount

up to \$2,500

up to \$990



Included Benefits:



Short Duration Hospital Stay Benefit

In the event you are **hospitalized and discharged between 6 and 24 hours** for either **observation or confinement**, you will receive the chosen daily benefit under the Short Duration Benefit. (25% daily benefit amount paid for the 1-Day Benefit Period base plan.)



Emergency Room Benefits

This benefit will pay you **\$150** if you are treated in an emergency room, **emergency care or urgent care facility** visit due to an accident or injury. **A hospital admission is not required.**



Mental Health Benefits

Your coverage will pay **\$175 per day** for up to seven days if you are confined to a hospital for a mental or nervous disorder. **This benefit is in lieu of the hospital confinement benefit for sickness or injury, not in addition.**



**VIEW ALL AVAILABLE RIDERS ON THE NEXT FOUR
PAGES TO COMPLETE YOUR COVERAGE!**



*A Hospital does not include any of the following: 1. A hospice; 2. A skilled nursing facility, nursing home, an extended care facility, a convalescent home, a rehabilitation facility, a rest home or a home for the aged; 3. A psychiatric facility whose specialty is rendering treatment or services for Mental or Nervous Disorders; 4. A counseling center, or recovery facility, whose specialty is rendering treatment or services for alcohol or substance use disorders.



Skilled Nursing Facility

Benefit Rider*

Choose from 2 options

OPTION 1: Pays \$100-\$300 per day for days 1 through 50 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. See certificate for exclusions and limitations.

ELITE!



OPTION 2: Pays \$100-\$300 per day for days 21 through 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.

With GTL's Indemnity Plus Elite



Benefits Are Paid Directly to You
so You** Can Use the Funds Any
Way You Choose

.....



Simple Claims Process

.....
*Both benefit options restore after 60 days of no confinement in a hospital or skilled nursing facility.

**We will pay you or your assigned benefit designee.

MORE BENEFITS!







Ambulance Benefit Rider

Pays a chosen benefit of \$50 to \$400 per ground or air ambulance ride to or from a hospital. It is payable once per day, up to four times per year and subject to a lifetime maximum of 12 trips. **No hospital confinement is required.**



Outpatient Therapy Benefit Rider



Pays a \$50 daily benefit for each day you receive one of the therapies, such as physical, occupational, or speech therapy on an outpatient basis. No more than one benefit will be paid per day under the rider. This benefit is limited to the maximum daily benefit and the maximum benefit of 15 or 30 days per calendar year. **Chiropractic Therapy is covered at \$50 per day up to 5 days per calendar year.** (Chiropractic Therapy payable for Injury due to an Accident.)



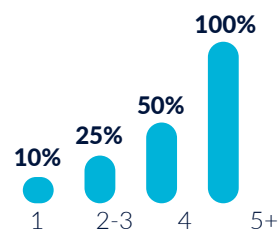
Cancer Lump Sum Benefit Rider*

Pays you your chosen cash benefit of \$2,500, \$5,000, \$7,500, \$10,000, \$15,000 or \$20,000 should you be diagnosed with cancer. **It includes a 25% benefit for Cancer In Situ and a \$500 payment for Basal cell/ Squamous cell skin carcinoma.**



After you receive your lump sum payment, your benefits are eligible to restore with the Optional Recurrence Benefit Rider.

Percentage of Lump Sum Benefits Payable



Years without recurrence of cancer

*The Cancer Lump Sum Benefit Rider has a 30-day waiting period.



Outpatient Surgical Benefit Rider

Pays **\$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 calendar year.



Critical Accident Benefit Rider* **ELITE!**

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
Hip Dislocation	\$1,000	\$2,000
Knee Dislocation or Knee Ligament Tear	\$500	\$1,000
Fracture, Other	\$250	\$500



Lump Sum Hospital Benefit Rider**

Some primary health plans leave you with a lump sum hospital co-pay. In addition to the daily benefit, 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.



Dental and Vision Benefit Rider***

Pays 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.

*The Critical Accident Benefit Rider has a 30-day waiting period.

** Not available with a 1 day benefit period.

*** The Dental/Vision Benefit Rider has a 3 month waiting period.

Benefits Needs Estimator

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



SKILLED NURSING FACILITY BENEFIT RIDER GRG21SNF-IL

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 three (3) or more consecutive Days;
2. The Skilled Nursing Facility confinement begins within thirty (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 is subject to a Maximum Benefit Period of fifty (50) Day(s) per Any One (1) Period of Confinement.

SKILLED NURSING FACILITY BENEFIT RIDER GRG21SNF-EP-IL

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 three (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 twenty (20)-Day Elimination Period and a Maximum Benefit Period of eighty (80) days per Any One (1) Period of Confinement.

OUTPATIENT SURGICAL BENEFIT RIDER GRG21OPS-IL

We will pay the selected Surgical Benefit Amount for a Surgery performed by a Doctor when such Surgery is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. This benefit is payable up to two (2) occurrences per Calendar Year not to exceed the Maximum Outpatient Surgical Benefit Amount.

The following exclusions are in addition to the exclusions contained in the Certificate to which this Rider is attached. We will not pay benefits for Loss due to:

1. Surgery not performed in an Ambulatory Surgical Center or Outpatient Facility; Surgery performed in a Doctor's office; or Surgery performed when Hospital Confined;
2. Surgery for corns, calluses and bunions; deviated nasal septum, including sub mucous resection; and/or other surgical corrections thereof, unless due to Injury occurring while coverage is in force;
3. Surgery for the removal of breast implants, except where the removal of the breast implants was caused by Medically Necessary treatment of a covered Injury or Sickness and the initial surgery, resulting in the implantation of the breast implants, was due solely to reconstruction caused by an Injury or Sickness;
4. Surgery for non-malignant warts, moles, boils, and lesions, unless Medically Necessary;
5. Surgery for sex transformation or reversal thereof;
6. Dental surgery, except oral surgery for excision of tumors; growths and cysts of the jaw and mouth; and surgery to Sound Natural Teeth made necessary by Injury;
7. Endoscopic procedure without tissue biopsy or repair performed;
8. Needle aspiration;
9. Elective Surgery or cosmetic surgery; or
10. Surgery for refractive anomalies, including, but not limited to, laser assisted in situ keratomileusis ("LASIK") eye surgery.

DENTAL AND VISION BENEFIT RIDER GRG16DV

We will pay up to the Rider Maximum Amount for visits for dental and vision treatment for the services and supplies shown below. After You satisfy the Rider Deductible Amount, We will pay the Insured Percent of covered expenses up to the Rider Maximum Amount per Calendar Year. The Rider Deductible, Insured Percent and the Rider Maximum Amounts are shown below.

Rider Deductible Amount: \$ 100.00

Rider Maximum Amount:

1st Calendar Year: 80% Up To \$200, \$400, or \$600*

2nd Calendar Year and Thereafter: 80% Up To \$400, \$800, or \$1200*

Unless specified otherwise, benefits and their limits are per Covered Person.

*Dependent on the amount selected on the application.

DENTAL

We will pay up to the Rider Maximum Amount for services of a licensed Dentist including one annual examination and cleaning, x-rays, the cost of fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as necessary by a Dentist, according to the timeframes below.

- After this Rider has been in force three (3) months, we will pay the cost of one (1) dental cleaning, occurring after such three (3) month period, up to the Dental Cleaning Maximum each Calendar Year as shown. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.
- After this Rider has been in force three (3) months, we will pay the cost of one (1) annual exam and x-rays, occurring after such three (3) month period, subject to the Rider Deductible Amount and Rider Maximum Amount per Calendar Year.
- After this Rider has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for the following:

- Bridges, crowns, full dentures or partials, any services or treatment relating to the replacement of natural teeth which were missing on this rider's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments occurring after such twelve (12) month period and subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for the following:

- Any replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

Dental Preventative Exam and Cleaning Maximum: Up To \$75.

VISION

We will pay up to the Rider Maximum Amount for visits to a licensed ophthalmologist or optometrist for the purpose of eye refractions and examinations, including the cost of eyeglasses or contact lenses as prescribed by such doctor, according to the timeframes below.

- After this Rider has been in force three (3) months, we will pay the cost of one (1) eye exam or one (1) eye refraction, occurring after such three (3) month period, up to the Eye Exam Maximum each Calendar Year as shown. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, we will pay benefits for the following:

- Eyeglasses or contact lenses purchased after such six (6) month period, not to exceed the Prescription Eyewear maximum of \$200 per Calendar year as listed. If eyeglasses or contact lenses are needed as the result of

Injury, the six (6) month period is not applicable.

- Eye Exam/Refraction Maximum: Up To \$50

Prescription Eyewear (Eyeglasses or Contacts): Up To \$200.

RIDER EXCLUSIONS:

The following Rider Exclusions are in addition to the exclusions contained in the Certificate to which this Rider is attached. We won't pay benefits under this Rider for:

1. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist; and
 - b. X-rays ordered by a Dentist.
2. Treatment, services or supplies which:
 - a. Are not Dental Treatment, except as provided herein;
 - b. Are Experimental/Investigational in nature;
 - c. Conditions covered by Workers Compensation Services; or
 - d. Treatment by a Family Member.
3. Services or supplies for which there would be no charge in the absence of insurance.
4. A service furnished to You for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - b. Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Rider Benefit Schedule).
5. Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants.
6. Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride.
7. Overdentures and associated procedures.
8. Services not completed by the end of the month in which insurance terminates.
9. Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - a. Are Experimental/Investigational in nature;
 - b. Are received without charge or legal obligation to pay; or
 - c. Treatment by any Family Member;
2. Conditions covered by Worker's Compensation Services;
3. Services and supplies in connection with special procedures such as: orthotics or vision training and subnormal vision aids;
4. Non-prescription (Plano) eyewear;
5. Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
6. Eye examinations required by an employer as a condition of employment.

LUMP SUM HOSPITAL BENEFIT RIDER GRG21LSH-IL

We will pay the selected Lump Sum Hospital Benefit Amount when You are Hospital Confined due to a covered Injury or Sickness. It is payable once per any One (1) Period of Confinement.

AMBULANCE SERVICE BENEFIT RIDER GRG21ASB-IL

We will pay the Ambulance Service Benefit Amount when Ground Ambulance or Air Ambulance, as defined in the Certificate, is used to transport You to or

from a Hospital. This Benefit is payable no more than once per Day (twenty-four (24)-hour period) regardless of the number of ambulance transports. Benefit payment is subject to a Calendar Year maximum and a Lifetime Maximum. 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 twenty-four (24) hour period, it is considered one (1) transport and only one (1) Ambulance Service Benefit is payable.

OUTPATIENT REHABILITATION THERAPY BENEFIT RIDER GRG21OPT-IL

We will pay the daily Outpatient Rehabilitation Indemnity Benefit, as defined in the Certificate, for each Day You receive one (1) of the therapies defined in the Rider on an Outpatient basis. Such therapy must be prescribed a Doctor for Medically Necessary treatment of a covered Sickness or covered Injury. No more than one (1) benefit will be paid per Day under the Rider. This benefit is limited to the maximum daily benefit and the maximum number of Days per Calendar Year shown on the Certificate Schedule.

In addition to the General Exclusions in the Certificate, We will not provide benefits for treatment, services, or supplies which are not prescribed by a Healthcare Professional, which are Medically Necessary to treat Sickness or Injury, or by a Chiropractor for the treatment of an Injury due to an Accident.

CANCER LUMP SUM BENEFIT RIDER (RIDER FORM GRG15CLS-IL) OR CANCER LUMP SUM WITH RECURRENCE BENEFIT (RIDER FORM GRG15CLSR-IL)

We will pay a lump sum benefit, if Cancer is diagnosed after the Effective Date of coverage, subject to any Waiting Period, and while the Certificate with this Rider is in force.

FIRST DIAGNOSIS BENEFIT

The First Diagnosis Cancer Lump Sum benefit is payable for an internal Cancer and is limited to one lump sum benefit amount during your lifetime.

Waiting Period: The Cancer rider has a 30 day waiting period before any benefits will be paid for loss due to Cancer, Cancer In Situ or Skin Cancer. If the first diagnosis of Cancer, Cancer In Situ or Skin Cancer as defined in the rider, is made during the waiting period, you have the option to cancel the rider and receive a refund of all premiums paid.

CANCER IN SITU BENEFIT

The Cancer In Situ Benefit Amount is payable at 25% of the First Diagnosis Cancer Lump Sum Benefit. The Cancer In Situ Benefit is limited to one lump sum payment during Your lifetime.

SKIN CANCER BENEFIT

A Skin Cancer Benefit of \$500 is payable for a diagnosis of squamous cell or basal cell skin carcinoma. The Skin Cancer Benefit is limited to one payment per Calendar Year. The maximum We will pay is three Skin Cancer Benefits during Your lifetime.

RECURRENCE BENEFIT

This benefit is only available with Rider Form GRG15CLSR-IL. A Recurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to having been in a period of remission for at least one full year from a previously diagnosed Cancer for which we have previously paid benefits under the Certificate. The Recurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the First Diagnosis Cancer Lump Sum Benefit amount. Benefits payable under the Recurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the recurrence of a previously diagnosed Cancer are subject to documented medical evidence that supports a Cancer's period of remission.

Cancer, Cancer In Situ or Skin Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, if any, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of

Cancer, Cancer In Situ, or Skin Cancer. If tissue is extracted during the Waiting Period, if any, or prior to the Effective Date, and results in a First Diagnosis of Cancer, Cancer In Situ, or Skin Cancer, this will not be a covered condition. If Cancer, Cancer In Situ, or Skin Cancer is diagnosed and/or treated within the Waiting Period, or if medical advice is given within the Waiting Period which leads to the subsequent First Diagnosis of Cancer, Cancer In Situ, or Skin Cancer after the Waiting Period, You have the option to cancel the Rider and receive a refund of all premiums paid on this Rider.

CRITICAL ACCIDENT BENEFIT RIDER GRG21CA-IL

We will pay 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 thirty (30) day Waiting Period.

If more than one Fracture, Dislocation and / or Knee Ligament / Meniscus Tear is sustained as a result of a covered Injury, only one (1) 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 within 90 days as a result of Injuries sustained in a covered Accident. The Loss of Life Benefit is equal to the Maximum Benefit Amount Per Accident.

The rider does not provide benefits for:

1. Treatment, devices, procedures, services or supplies which:
 - a. Are not prescribed by a Doctor to treat an Injury; or
 - b. Are provided outside of an Emergency Room or Urgent Care Facility.
2. Fracture of fingers, toes, ribs or coccyx.
3. Intentionally self-inflicted Injury, suicide, attempted suicide, or any Injury sustained while violating or attempting to violate any duly enacted law.
4. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
5. Dental treatment.
6. 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.
7. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts; or accidental ingestion of contaminated substances.
8. Injuries incurred more than forty (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 sixty (60) Days.

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.

This 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.

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 Certificate; a condition that manifests itself within 6 months prior to the effective date of coverage under this Certificate in such a manner that it would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment. Treatment includes, but is not limited to, being prescribed prescription drugs or taking prescription drugs.

Guarantee Trust Life Insurance Company and Select Benefit Services Association are separate legal entities and have sole financial responsibility for their own products.

BASIC EXCLUSIONS

We will not pay benefits under the Certificate for a Loss related to any of the following:

1. Treatment, devices, procedures, services or supplies which:
 - Are not deemed to be Medically Necessary by Your Doctor;
 - Are determined by Us to be Experimental in nature;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from an Immediate Family member.
 - Are received outside the United States.
2. Injury or Sickness caused, or aggravated, by intentionally self-inflicted injuries, suicide, or attempted suicide while sane or insane.
3. Injury or Sickness incurred as a result of war, or any action of war (declared or undeclared) or active service in the armed forces of any country.
4. Injury or Sickness incurred as a result of an Insured participating in, committing, or attempting to commit an assault or participating in a riot or civil commotion.
5. Losses to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.
6. Injury or Sickness in the course of employment and which is payable or covered under any workers' compensation or occupational disease act or law.
7. Cosmetic or elective surgery other than:
 - a. Reconstructive surgery incidental to or following surgery resulting from trauma, bacterial infection (except infections which result from an accidental injury or infections which result from an accidental, involuntary, or unintentional ingestion of a contaminated substance), injury or other diseases of the involved part; or
 - b. Reconstructive surgery because of a congenital Sickness or anomaly.
8. Any Injury or Sickness caused by the Insured's participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Doctor or taken according to the Doctor's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Injury or Sickness occurred).
9. Injury or Sickness resulting in confinement in, or treatment provided by, a Hospital due to alcohol, or Your voluntary use of any drug, narcotic or other controlled substance, unless taken as prescribed by a Doctor, or over the counter drug used in accordance with the manufacturer's instructions.
10. Losses incurred prior to the Certificate Effective Date, or on or subsequent to the Certificate's termination or expiration date.

Optional benefit riders are offered for an additional premium.

Membership with Select Benefit Services Association (SBSA) is required in order to apply for this coverage. This brochure is a summary, not a contract. Indemnity Plus Limited Benefit Certificate, providing Hospital Confinement Indemnity Benefits, is issued on Form GC2150-IL & Rider GRG21ASB-IL, GRG15CLS-IL, GRG15CLSR-IL, GRG21OPS-IL, GRG21SNF-IL, GRG21SNF-EP-IL, GRG21CA-IL, GRG16DV, GRG21LSH-IL and GRG21OPT-IL by Guarantee Trust Life Insurance Company. This product and its features are subject to state availability and variability, and GTL's right to increase premium on a class basis. This Certificate has exclusions, limitations, reductions of benefits and terms under which the certificate may be continued in force or discontinued. Insurance is guaranteed renewable and will remain in force as long as premiums are paid on time. For cost and complete details of coverage, please refer to the Certificate or contact your agent.



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