

DENTAL AND VISION BENEFIT RIDER* – MONTHLY RATES

ISSUE AGE	MALE OR FEMALE		
	\$400	\$800	\$1,200
40 - 49	\$22.50	\$27.08	\$31.25
50 - 55	\$24.17	\$29.42	\$34.25
56 - 60	\$25.25	\$30.67	\$35.67
61 - 65	\$26.58	\$32.00	\$36.92
66 - 70	\$28.25	\$33.58	\$38.17
71 - 75	\$29.92	\$34.83	\$39.42
76 - 80	\$31.58	\$36.08	\$40.67
81 - 85	\$33.25	\$37.42	\$42.08

*Not available in CO, DC, GA, MD, MO, OR and TN.

CRITICAL ACCIDENT BENEFIT RIDER** – MONTHLY RATES

ISSUE AGE	FEMALE		MALE	
	\$5,000	\$10,000	\$5,000	\$10,000
40 - 44	\$0.96	\$1.92	\$1.25	\$2.50
45 - 49	\$1.17	\$2.33	\$1.25	\$2.50
50 - 54	\$1.50	\$3.00	\$1.33	\$2.67
55 - 59	\$1.92	\$3.83	\$1.50	\$3.00
60 - 64	\$2.46	\$4.92	\$1.79	\$3.58
65 - 69	\$3.25	\$6.50	\$2.29	\$4.58
70 - 74	\$4.46	\$8.92	\$3.08	\$6.17
75 - 79	\$6.21	\$12.42	\$4.42	\$8.83
80 - 84	\$8.67	\$17.33	\$6.62	\$13.25
85	\$11.33	\$22.67	\$9.42	\$18.83

**Not available in CO, DE, MD, MT and TN.

AMBULANCE BENEFIT RIDER

Issue Age	Premium
40 - 49	\$2.08
50 - 59	\$2.33
60 - 69	\$3.08
70 - 80	\$4.83

RETURN OF PREMIUM RIDER***

Return of Premium Period and ROP Factor	
AGE	Death Prior to 86
40-81	0.32

*** Not available in MD & TN.

+ SHORT-TERM HOME HEALTH CARE BENEFIT EXCLUSIONS

WE WON'T PAY BENEFITS FOR LOSS:

1. Due to Injury or Sickness arising out of war or any act of war, declared or undeclared while serving in the military services or any auxiliary unit attached thereto;
2. Due to intentionally self-inflicted Injury while sane or insane;
3. Due to 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; or motor vehicle no-fault law;
4. For services provided by a member of the Immediate Family unless: (a) he or she is employed by the Covered Home Health Care provider; (b) the Covered Home Health Care provider receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of the Covered Home Health Care provider.
5. For services not included in Your Plan of Care;
6. For services which would not routinely be paid in the absence of insurance;
7. For care received outside the United States or its territories; or
8. For alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor.

Coverage is subject to a pre-existing condition limitation and some optional riders are subject to a waiting period. Refer to the outline of coverage for more details.

This is not long-term care insurance Short-term home health care insurance, is issued on Policy Form Series G1670 and Rider Form Series RG15CA, RG16ASH, RG16ASB, RG12DV, RG17RPD by Guarantee Trust Life Insurance Company, Glenview, IL. 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. Exclusions are for the base home health care only. See policy and rider forms for specifics.



Access to Online symptom assessment service.

Please Contact:

UNDERWRITTEN BY:

Guarantee Trust Life Insurance Company (GTL)

GAD49-18

(Rev. 6/18) 15B464

+ BASE PLAN MONTHLY RATES

(Does not include monthly \$1.67 policy fee)

HOME HEALTH CARE DAILY BENEFIT

OPTIONS

ATTAINED AGE*	Option A	Option B	Option C
	\$150 Daily Max	\$300 Daily Max	\$450 Daily Max
40 - 55	\$12.55	\$25.10	\$27.39
56 - 60	\$14.48	\$28.97	\$31.82
61 - 64	\$19.42	\$38.84	\$43.44
65 - 70	\$22.87	\$45.74	\$52.55
71 - 75	\$31.18	\$62.36	\$75.27
76 - 80	\$41.81	\$83.63	\$111.25
81 - 85	\$55.59	\$111.18	\$158.40

+ MONTHLY RIDER RATES

(If applicable)

ACCIDENT & SICKNESS HOSPITALIZATION BENEFIT RIDER – MONTHLY RATES

ATTAINED AGE*	\$100 BENEFIT AGES 40-85		\$200 BENEFIT AGES 40-85		\$300 BENEFIT AGES 40-85	
	3 DAY	6 DAY	3 DAY	6 DAY	3 DAY	6 DAY
40 - 45	\$3.07	\$4.22	\$6.15	\$8.43	\$9.22	\$12.65
46 - 50	\$3.67	\$5.07	\$7.35	\$10.13	\$11.02	\$15.20
51 - 55	\$4.42	\$6.09	\$8.83	\$12.18	\$13.25	\$18.27
56 - 60	\$5.12	\$7.07	\$10.25	\$14.15	\$15.37	\$21.22
61 - 64	\$5.38	\$7.50	\$10.77	\$15.00	\$16.15	\$22.50
65 - 70	\$5.63	\$8.12	\$11.27	\$16.25	\$16.90	\$24.37
71 - 75	\$6.71	\$9.78	\$13.42	\$19.57	\$20.12	\$29.35
76 - 80	\$8.55	\$12.55	\$17.10	\$25.10	\$25.65	\$37.65
81 - 85	\$10.20	\$15.17	\$20.40	\$30.33	\$30.60	\$45.50

*Base Short-Term Home Health Care rates (and Accident & Sickness Hospitalization Rider) are Attained Age and will increase upon the policyholders anniversary date as outlined above.

+ WHY SHORT-TERM HOME HEALTH CARE INSURANCE FROM GTL?

- ✓ Because, like most Americans, you would prefer to recuperate at home.
- ✓ Benefits are paid directly to you, regardless of any other insurance you may have.
- ✓ Benefits can help cover your health insurance deductibles and co-payments.
- ✓ To collect Short-Term Home Health Care benefits, a prior hospitalization stay is not required.
- ✓ You can combine your Short-Term Home Health Care Benefits with coverage for hospital stays and accidents to enhance your coverage!

+ SHORT-TERM HOME HEALTH CARE BENEFITS

GTL will pay a daily benefit for each day you receive the following home health care services. Daily benefit amounts will vary by plan selected* (**Maximum Benefit Period is 360 days**). To qualify for benefits, a Licensed Health Care Practitioner must certify you as having a Cognitive Impairment or the inability to perform at least two (2) of six (6) Activities of Daily Living without substantial assistance (bathing, continence, dressing, eating, toileting and transferring).

\$ DAILY BENEFIT AMOUNT MAXIMUMS

PLAN A
\$150

PLAN B
\$300

PLAN C
\$450

	Plan A	Plan B	Plan C
Skilled nursing care, RN	\$75	\$150	\$200
General nursing care, (LPN/LVN)	\$60	\$120	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Respirational Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300

* Total benefits payable for all of the home health care services listed above are limited to a combined maximum daily benefit. The combined maximum daily benefit for Plan A is \$150, for Plan B is \$300 and for Plan C is \$450.

SHORT-TERM HOME HEALTH CARE AIDE BENEFIT

Plan A \$40 Per Day	Plan B \$80 Per Day	Plan C \$120 Per Day
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GTL will pay a daily benefit for each day you require the services of a Home Health Care Aide. A prior hospitalization stay is not required. The maximum benefit period is 60 days.

PRESCRIPTION DRUG BENEFIT

GTL will pay a benefit amount of \$10 for each generic or \$25 for each brand name prescription drug up to a policy year maximum of \$300 for Plan A, \$600 for Plan B or \$600 for Plan C.

Plan A up to \$300 Per Year	Plan B up to \$600 Per Year	Plan C up to \$600 Per Year
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You do not need to have a cognitive or functional impairment to take advantage of this benefit.

RESTORATION OF BENEFITS

Benefits restore if covered home health care services have not been received for 180 consecutive days AND a Licensed Health Care Practitioner has certified that you have sufficiently recovered to no longer require home health care or nursing care services.

+ ADDITIONAL BENEFITS TO CHOOSE FROM

- + AMBULANCE BENEFIT RIDER
- + CRITICAL ACCIDENT BENEFIT RIDER
- + DENTAL/VISION BENEFIT RIDER
- + ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER
- + RETURN OF PREMIUM UPON DEATH RIDER

+ ABOUT US

Experience You Can Trust - With over 80 years of experience in the insurance industry, Guarantee Trust Life Insurance Company (GTL) has a proud heritage of providing excellent service and superior 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.



GTL | GUARANTEE TRUST LIFE

GUARANTEE TRUST LIFE INSURANCE COMPANY
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+ ACCESS TO ASK MAYO CLINIC ONLINE!



With *Ask Mayo Clinic* online, you will have access to answers that are time-saving, cost-saving and potentially life-saving – right at your fingertips!

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