



*INDEMNITY PLUS HOSPITAL INDEMNITY INSURANCE COVERAGE*

**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

***INDEMNITY PLUS***  
Hospital Indemnity Insurance Coverage

SELECT BENEFIT SERVICES ASSOCIATION

**INSURANCE UNDERWRITTEN BY:**  
Guarantee Trust Life Insurance Company  
**ADH19-15**

**GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**  
1275 Milwaukee Avenue, Glenview, IL 60025  
www.gtlic.com | 800.338.7452

**(Rev. 4/17) (FL) 15B401**

## **+ 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**

A vitamin and mineral supplement program can be an important part of your overall health strategy. SBSA members can obtain a wide range of vitamins and mineral supplements through our mail order program at savings of 25% to 50% below suggested catalog prices. Orders can be placed by phone or online by visiting our website.

### **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 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.

*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](http://www.selectbenefitservicesassociation.com).*

# YOUR HEALTH INSURANCE COVERAGE MAY **LEAVE YOU WITH OUT-OF-POCKET EXPENSES**

*Here's a simple solution to help cover these costs!*



## **+ INDEMNITY 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 or 10-day benefit period which will restore 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.

**SHORT STAY BENEFIT:** A short hospital stay between 12 to 24 hours is included in the 3 and 6-day benefit periods. This short stay benefit is available as an optional rider on our most popular 10-day benefit period.

### **+ 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." Guarantee Trust Life's Indemnity Plus covers both hospital confinement and hospital observation.

### MENTAL HEALTH BENEFITS

This benefit will pay you \$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 hospital confinement benefit for sickness or injury, not in addition.

### EMERGENCY ROOM BENEFITS

This benefit will pay you \$150 if you are admitted to a hospital within 24 hours following an emergency room visit due to accident or injury.

### **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 Indemnity Plus coverage can help offset these costs!

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



Benefits are paid directly to you so you can use the funds any way you choose.

- ▶ Guarantee Issue for Ages 64 ½ to 65 ½ and simple yes or no application for others.

## + 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

This rider will pay \$100, \$150 or \$200 per day from days 1 through 50 if you are confined to a skilled nursing facility. Confinement must take place within 30 days of three or more consecutive days of hospital confinement or observation.

### AMBULANCE BENEFIT RIDER

The ambulance 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-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 Certificate's pre-existing condition provision; and loss is the result of cancer covered under this rider. Please consult your certificate for definitions.

**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> _____	

## **+ OTHER SBSA DISCOUNTS AND SERVICES**

<b>FLOWERS, GIFT BASKETS AND MORE</b>	20% off gift products including delicious gourmet baskets, sweet treats, heartwarming collectibles, beautiful flowers & plants, and more
<b>THEME PARKS</b>	Receive exclusive discounts on Theme Park Tickets such as Walt Disney World®, Universal Parks®, Hershey Park, Legoland®, Six Flags® Nationwide, and much, much more
<b>PHONES &amp; TABLETS</b>	Safe. Simple. Free. Save big with exclusive deals and earn cash back just for shopping at the same stores you are shopping at today
<b>MOVIE TICKETS</b>	Save up to 40% on movie tickets at many of the major movie theatre chains throughout the United States

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

All non-insurance services and discounts available to SBSA members are managed and administered by:

**VantageAmerica Solutions, Inc.**  
1275 Milwaukee Avenue  
Glenview, IL 60025  
[www.vantageamericasolutions.com](http://www.vantageamericasolutions.com)



## SKILLED NURSING FACILITY BENEFIT RIDER GRG15SNF

We will pay the selected Skilled Nursing Benefit Amount for each day You are confined in a Skilled Nursing Facility due to a covered Injury or Sickness, provided that:

1. You have first been Hospital Confined for 3 or more consecutive days and the Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement under a Doctor's certification for the need for Skilled Nursing Facility care; and
2. 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 50 days per Any One Period of Confinement.

## SHORT DURATION HOSPITAL STAY INDEMNITY BENEFIT RIDER GRG15SDH

**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.

## OUTPATIENT SURGICAL BENEFIT RIDER GRG15OPS

The following Rider exclusions are in addition to the exclusions contained in the Certificate. We won't pay benefits for surgery or a surgical procedure:

- Performed in a Doctor's office or when Hospital Confined;
- 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;
- For removal of breast implants. This exclusion shall not apply to the removal of breast implants for the medically necessary treatment of a covered illness or injury, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an illness or injury;
- For non-malignant warts, moles (boils) and lesions unless Medically Necessary;
- For sex transformation or reversal thereof;
- That is a 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;
- For refractive anomalies.

## DENTAL AND VISION BENEFIT RIDER GRG15DV

We will pay benefits for: (a) non-preventative dental services; and (b) preventative dental and vision services.

- After the rider has been in force for three (3) months, we will pay for one dental cleaning per calendar year (up to \$75), and one basic eye exam or refraction (up to \$50) 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 and the Insured Percent. We will also pay for prescription eyewear or contacts up to \$200 per Calendar Year after the rider has been in force six (6) months. If eyeglasses or contact lenses are needed as a result of injury, the six (6) month period is not applicable.
- After this rider has been in force twelve (12) months, we will pay benefits, subject to the insured percent, 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, 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 in the Rider Schedule. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

Dental and Visions benefits are subject to the:

- Annual Rider Deductible Amount of \$100;
- Insured Percent of covered expenses; and
- The selected Calendar Year Rider Maximum Amount.

## DENTAL AND VISION RIDER EXCLUSIONS

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

- A service not furnished by a Dentist, except:
  - That performed by a Dental Hygienist under the



- supervision of a Dentist; and
- X-rays ordered by a Dentist;
- Treatment, services or supplies which are:
  - Not Necessary Dental Treatment, except as provided herein;
  - Experimental/Investigational in nature;
- Conditions covered by Workers Compensation Services;
- Treatment by a Family Member;
- Services or supplies for which there would be no charge in the absence of insurance;
- A service furnished to You for:
  - 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
  - Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule;)
- Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants;
- Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride;
- Over dentures and associated procedures;
- Services not completed by the end of the month in which insurance terminates;
- Orthodontic related expense, unless specifically provided.

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

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

### 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.

**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; 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 Certificate. 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.

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

## BASIC EXCLUSIONS

### 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 or any illegal activity.
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, 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.

Optional benefit riders are offered for an additional premium.

Indemnity Plus, hospital indemnity insurance is issued on Form Series GC-1550-FL & Rider Series GRG15ASB, GRG15CLS-IL, GRG15CLSR-IL, GRG15OPS, GRG15SDH, GRG15SNF, GRG15LSH and GRG15DV by Guarantee Trust Life Insurance Company. 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 Certificate.



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

## GUARANTEE TRUST LIFE INSURANCE COMPANY

**Experience You Can Trust** - With more than 80 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.