

Access to
online symptom
assessment service.
See page 5.

SHORT-TERM HOME HEALTH CARE INSURANCE



UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
GAD71-18

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.338.7452
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+ GUARANTEE TRUST LIFE INSURANCE COMPANY COMMITTED TO THOSE WHO PLACE THEIR TRUST IN US.

Founded in 1936, Guarantee Trust Life Insurance Company (GTL) is a legal mutual reserve insurance carrier located in Glenview, Illinois. For over 80 years, the company has benefited from the direction of the Holson family whose consistent top-level leadership and management continue to provide us with a clear vision of who we are and where we're going.

The family values on which we were founded motivate us to build on the importance of providing personal customer service, offering quality products and developing close relationships with our policyholders and distributors. From claims paid quickly to customer service calls answered by our long tenured, friendly staff located in our Home Office, we are committed to those who place their trust in us.

+ 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 your health insurance cover 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* (lifetime 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 | Plan B | Plan C |
|---|---|--------------------------|--------|--------|
| | PLAN A \$150 PLAN B \$300 PLAN C \$450 | Skilled nursing care, RN | \$75 | \$150 |
| | 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 |
| | Home Health Aide | \$40 | \$80 | \$120 |

* 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 | Plan B | Plan C |
| \$40 | \$80 | \$120 |
| <i>Per Day</i> | <i>Per Day</i> | <i>Per Day</i> |

GTL will pay a daily benefit for each day you require the services of a Home Health Care Aide. Daily Benefit Amounts vary by selected plan as shown above. Benefits are payable should you have an inability to perform two or more Activities of Daily Living or have a Cognitive Impairment. A prior hospitalization stay is not required. Home Health Aide benefits are payable for 60 days and count towards the combined maximum daily benefit.

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.

PRESCRIPTION DRUG BENEFIT

| | | |
|--|----------------|-------------------|
|  | \$10 | \$25 |
| | <i>Generic</i> | <i>Brand Name</i> |

| | | |
|-----------------|-----------------|-----------------|
| Plan A up to | Plan B up to | Plan C up to |
| \$300 | \$600 | \$600 |
| <i>Per Year</i> | <i>Per Year</i> | <i>Per Year</i> |

+ ADDITIONAL BENEFITS TO CHOOSE FROM



+ COMBINE YOUR **SHORT-TERM HOME HEALTH CARE BENEFITS** WITH GTL'S NEW EASY ISSUE **ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER***

With GTL's Accident and Sickness Hospitalization rider, you will receive benefits of up to \$300 a day, dependent on the plan selected, should you be confined to a hospital due to an accident or sickness. You can choose a 3-day or 6-day Initial Benefit Period which will restore after 60 days of no hospital confinement. Full benefits are paid for hospital stays as long as confinement was at least 24 hours. This rider has a Maximum Benefit Period of 31 days. A daily benefit of \$15 is provided for the remainder of the 31 days following the Initial Benefit Period.

| If choosing: | HHC Plan A | HHC Plan B | HHC Plan C |
|--------------------------------|-------------|----------------------|-------------------------------|
| Hospitalization Benefit Amount | \$100 A Day | \$100 or \$200 A Day | \$100 or \$200 or \$300 A Day |
| Initial Benefit Period | 3 or 6 Days | 3 or 6 Days | 3 or 6 Days |

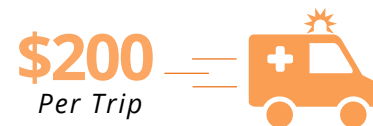
+ **CRITICAL ACCIDENT BENEFIT RIDER**

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 |

+ **AMBULANCE BENEFIT RIDER**

This rider will pay a \$200 benefit for ground 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 AND VISION BENEFIT RIDER

This 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.

Choice of

| | | |
|-----------------|-----------------|-----------------|
| \$400 | \$800 | \$1,200 |
| <i>Per Year</i> | <i>Per Year</i> | <i>Per Year</i> |

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!

Ask Mayo Clinic's on-demand, private and secure web-based tool provides an easy assessment of over 300 common symptoms.

Instead of spending hours searching the internet for answers to your health-related questions, policyholders have 24/7 access to Ask Mayo Clinic online for answers to important health questions - anytime, anywhere!

Ask Mayo Clinic is a service provided to Guarantee Trust Life Insurance Company by Mayo Clinic at no cost to the consumer.

Mayo Clinic and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research. Mayo Clinic does not endorse any third party products advertised. Availability of Ask Mayo Clinic is subject to change without prior notice. Ask Mayo Clinic does not diagnose medical conditions and is not a substitute for consulting with your own healthcare provider for the diagnosis and treatment of personal health and medical conditions.

HOW IT WORKS



SELECT A SYMPTOM



ANSWER SYMPTOM-SPECIFIC QUESTIONS



RECEIVE CARE GUIDANCE

+ 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 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 RG16ASH, RG15CA, RG16ASB, RG12DV 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.



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Guarantee Trust Life Insurance Company is a mutual legal reserve company located in Glenview, Illinois and licensed to conduct business in 49 states and the District of Columbia.