

ADVANTAGE PLUS

*AFFORDABLE INSURANCE DESIGNED TO
SUPPLEMENT YOUR PRIMARY HEALTH PLAN*



Benefits Available For:

- ◆ Daily Hospital Confinement
- ◆ Ambulance Trips
- ◆ Durable Medical Equipment
- ◆ Skilled Nursing Home Care

**Guaranteed Issue
between ages
64^{1/2} and 65^{1/2}**

CHANCES ARE, YOUR HEALTH INSURANCE PLAN LEAVES YOU WITH OUT-OF-POCKET MEDICAL COSTS.

Here's an innovative solution to help cover these expenses.

Advantage Plus Means Protection

Today, more than ever, quality health care has become an absolute necessity. Without it, an illness could mean financial disaster.

But it's a fact that even the best health insurance plans have out-of-pocket expenses. Expenses such as deductibles, co-payments and coverage limits tend to add up quickly. Ask a friend or family member how much his or her last visit to the hospital cost. Chances are, these amounts could be surprising. This is where Guarantee Trust Life Insurance Company's new Advantage Plus plan can help.

BENEFITS

Hospital Confinement Benefit:

Does your current health insurance plan have a daily co-payment if you are confined to a hospital? If your answer is yes, you're not alone.

Several of today's most popular plans have hospital co-payments that can range anywhere from \$150, \$200, or even \$300 a day. Needless to say, these expenses can add up quickly. For example, let's say you needed a six day hospital stay and your health plan has a \$150 co-payment. That one hospital stay alone would cost you \$900.

With GTL's Advantage Plus plan, you can choose a daily benefit amount between \$100 and \$600 per day should you be admitted to a hospital to help cover this co-payment. You also can choose either a 10-day or 21-day benefit period which will restore after 60 days of not being confined to a hospital.

Best of all, benefits are paid in cash directly to you and are paid on top of any other insurance you may have.

Ambulance Benefit Rider:

This rider will pay \$200 per ambulance trip to or from a hospital, limited to one benefit per hospital confinement. This benefit is subject to a lifetime maximum of \$2,500.



Advantage Plus Means Choices

GTL's new Advantage Plus plan was designed to supplement your current health insurance plan. It is designed to fill some of the co-pays, deductibles or coverage gaps you would be responsible for should you need care.

Advantage Plus provides you with up to \$600 a day, based on the plan you choose, should you be admitted to a hospital. It can also provide benefits for ambulance trips, durable medical equipment, skilled nursing care and even accidental death and dismemberment coverage -- all instances where your current health insurance plan may have deductibles or co-payments.

Advantage Plus Means Peace of Mind

All Advantage Plus benefits are paid in cash directly to you and are paid on top of any other insurance you may have. This means that you can now have peace of mind in knowing that your health insurance co-pays, deductibles and coverage limits won't end up surprising you after an unexpected illness or accident that requires a hospital stay.

Lump Sum Hospital Confinement Rider:

This rider will pay a lump sum benefit of \$250, \$500, or \$750 if you are confined to a hospital. Some primary health plans leave you with a lump sum hospital co-pay. This benefit can be used to help cover that cost. The benefit is payable once during any period of hospital confinement. This benefit will restore after 60 days of not being confined to a hospital.

Durable Medical Equipment Rider:

This rider will pay 30% of the first \$1,000 of actual charges per calendar year for durable medical equipment such as a wheel chair, walker, cane, etc.

Skilled Nursing Facility Rider:

This rider will pay \$120 per day from days 21-100 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 3 consecutive days. We will pay benefits as long as confinement occurs within 30 days of hospitalization. Some health plans cover skilled nursing facility care for only the first 20 days. The benefit can help cover this gap. This benefit restores after 60 days of not being confined to a hospital or skilled nursing facility.

Accidental Death and Dismemberment Rider:

This rider will pay a cash benefit to you of either \$5,000 or \$10,000 should you die in an accident. In addition, the rider pays dismemberment benefits outlined in your policy's benefit schedule.

Additional Benefits:

Your policy will also pay \$175 a day for up to 7 days if you are confined to an inpatient mental health facility. In addition, the policy will pay 100% of the first \$150 of emergency room expenses if you are admitted to a hospital within 24 hours after the emergency room visit due to accident or injury. These benefits are available to you as part of your base policy at no additional cost.

HOSPITAL CONFINEMENT BENEFITS

ANNUAL RATES PER \$10/DAY

Age	10 Days			21 Days		
	\$100-170	\$180-240	\$250-600	\$100-170	\$180-240	\$250-600
64 ^{1/2}	\$14.35	\$12.96	\$12.16	\$20.83	\$19.20	\$18.33
65	14.35	12.96	12.16	20.83	19.20	18.33
66	14.92	13.50	12.70	21.75	20.10	19.21
67	15.44	14.03	13.21	22.69	21.00	20.09
68	16.01	14.59	13.75	23.60	21.88	20.96
69	16.63	15.22	14.36	24.61	22.87	21.90
70	17.21	15.78	14.90	25.55	23.78	22.78
71	17.81	16.37	15.48	26.62	24.81	23.79
72	18.38	16.97	16.07	27.59	25.76	24.73
73	19.00	17.57	16.64	28.53	26.70	25.62
74	19.54	18.08	17.16	29.43	27.57	26.48
75	20.04	18.59	17.65	30.27	28.39	27.28
76	20.48	19.04	18.10	31.05	29.12	28.00
77	20.95	19.48	18.50	31.77	29.81	28.67
78	21.29	19.84	18.86	32.40	30.43	29.27
79	21.64	20.17	19.19	32.95	30.98	29.81
80	21.92	20.46	19.49	33.46	31.46	30.27
81	22.16	20.70	19.70	33.83	31.82	30.64
82	22.38	20.89	19.91	34.17	32.14	30.94
83	22.58	21.10	20.09	34.50	32.45	31.24
84	22.78	21.29	20.29	34.80	32.76	31.55
85	22.97	21.49	20.47	35.16	33.11	31.88

LUMP SUM HOSPITAL CONFINEMENT RIDER

Age	\$250	\$500	\$750
64 ^{1/2}	\$132.53	\$251.69	\$369.94
65	132.53	251.69	369.94
66	136.97	260.34	382.65
67	141.69	269.10	395.60
68	146.28	278.01	408.71
69	150.99	286.91	421.80
70	155.71	295.82	434.90
71	160.41	304.72	447.99
72	165.00	313.50	460.82
73	169.46	322.01	473.40
74	173.78	330.26	485.44
75	177.97	338.12	497.09
76	181.90	345.72	508.09
77	185.69	352.78	518.57
78	189.09	359.34	528.26
79	192.37	365.49	537.30
80	195.25	370.99	545.41
81	197.87	376.09	552.88
82	200.22	380.55	559.30
83	202.32	384.34	564.93
84	203.90	387.49	569.51
85	205.21	389.84	573.05

SKILLED NURSING FACILITY RIDER

Age	\$120/Day Days 21-100
64 ^{1/2}	\$92.38
65	92.38
66	102.62
67	114.52
68	128.33
69	144.05
70	161.79
71	183.10
72	205.83
73	230.24
74	256.90
75	285.83
76	317.62
77	352.50
78	390.95
79	432.98
80	479.40
81	532.74
82	592.14
83	658.33
84	731.90
85	813.21

DURABLE MEDICAL EQUIPMENT RIDER

Age	30% of first \$1,000
64 ^{1/2}	\$77.74
65	77.74
66	82.14
67	86.67
68	91.55
69	96.07
70	100.60
71	104.88
72	109.17
73	113.45
74	117.14
75	120.71
76	124.17
77	127.14
78	129.88
79	132.14
80	134.29
81	135.95
82	137.38
83	138.81
84	140.24
85	141.55

AMBULANCE RIDER \$200 PER SERVICE

Age	Premium
64 ^{1/2} - 80	\$40

ACCIDENTAL DEATH & DISMEMBERMENT RIDER

Age	\$5,000	\$10,000
64 ^{1/2} - 80	\$20	\$40

One-time application fee: \$20*

\$6 in MS; \$0 in AR & KY

Modal Factors

Semi-Annual	.520
Quarterly	.265
Monthly PAC	.084

(All riders are annual rates)

* Only one application fee needs to be submitted if the spouse applies on the same application.

SUPPLEMENTAL SOLUTIONS LUMP SUM CANCER PLAN

YOUR LIFETIME RISK FOR DEVELOPING CANCER IS 1 IN 2 FOR MEN AND 1 IN 3 FOR WOMEN. ¹

ARE YOU PREPARED?

Chances are you know someone whose life has been affected by cancer. And unfortunately, it's more than likely that their primary health plan had out-of-pocket medical expenses and co-pays which added up quickly. *How would you cover these expenses if you were diagnosed with cancer?*

GTL's Supplemental Solutions Lump Sum Cancer plan can help. This affordable plan will pay you a cash benefit upon first diagnosis of cancer. This cash benefit is paid directly to you and can help cover the gaps in your primary health plan, providing you with more complete coverage.

LUMP SUM CANCER COVERAGE* MONTHLY RATES

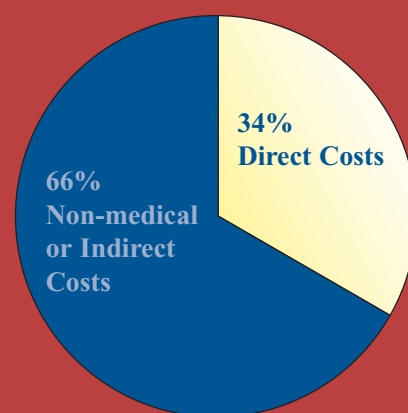
AGE	\$5,000	\$10,000	\$15,000
64 ^{1/2}	\$11.63	\$23.27	\$34.90
65-69	13.86	27.72	41.58
70-74	16.25	32.51	48.76
75-79	16.91	33.94	50.90

* See state specific rates for: CO, MD, MN, NH, SD, WY

° To qualify for cancer coverage, please complete the Supplemental Solutions Cancer application. Should an Advantage Plus application be submitted with a Supplemental Solutions Cancer application, GTL will waive the \$20.00 Advantage Plus policy fee.

¹ The American Cancer Society, Cancer Facts and Figures 2004

COMPARISON OF CANCER COSTS



ACCORDING TO THE AMERICAN CANCER SOCIETY, 66% OF ALL COSTS ASSOCIATED WITH CANCER RESULT FROM NON-MEDICAL OR INDIRECT COSTS

EXCLUSIONS

THIS PLAN WILL NOT PAY A BENEFIT FOR ANY CANCER DIAGNOSED BEFORE THE EFFECTIVE DATE OF THE COVERAGE. ANY LOSS DUE TO INJURY, DISEASE OR INCAPACITY, UNLESS RELATED TO OR ATTRIBUTABLE TO CANCER.

WITH OVER 70 YEARS OF EXPERIENCE IN THE INSURANCE INDUSTRY, GUARANTEE TRUST LIFE INSURANCE COMPANY 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, THE DISTRICT OF COLUMBIA, AND PUERTO RICO.

THIS BROCHURE IS AN ILLUSTRATION, NOT A CONTRACT. BASED ON POLICY FORM G0553 SERIES. LUMP SUM CANCER PLAN BASED ON POLICY FORM G0431 SERIES. FOR COMPLETE DETAILS OF ALL PROVISIONS, PLEASE READ YOUR POLICY CAREFULLY. NOT ALL BENEFITS MAY BE AVAILABLE IN EVERY STATE.

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.

(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, infection, 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.

Please note: In Iowa, Skilled Nursing refers to Nursing Facility Benefit.

G·T·L

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