

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company

1275 Milwaukee Avenue, Glenview, Illinois 60025

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LIMITED BENEFIT POLICY

Providing Indemnity Benefits for Hospital Confinement

OUTLINE OF COVERAGE

For Policy Form G0553-MI

Optional Rider Forms RG15CLS, RG15CLSR, RG15SDH, RG13SNF, RG05LSH, RG13ASB(R), RG07OPS(R),
RG12DV

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY

THIS IS A LIMITED BENEFIT POLICY - READ YOUR POLICY CAREFULLY – This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

This is a supplement to health insurance and is not a substitute for major medical coverage. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act.

LIMITED BENEFIT COVERAGE –The policy is designed to provide, to persons insured, Limited Benefit Coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness. Such policies do not provide any benefits other than the fixed daily benefit for hospital confinement and any additional benefits described below.

BENEFITS

We will pay benefits for Hospital Confinements, Emergency Room Services, and Mental Health Hospital Confinements that are Medically Necessary and begin while the Policy is in force.

BENEFIT A: HOSPITAL CONFINEMENT BENEFIT (INJURY OR SICKNESS)

We will pay the selected Hospital Confinement Indemnity Benefit Amount for each day You are Hospital Confined due to Injury or Sickness. Benefits are subject to the selected Maximum Benefit Period for any One Period of Confinement.

Hospital Confinement Benefit Amount selected: \$ _____ per day

Maximum Benefit Period - available options: 3 days 6 days 10 days 21 days

BENEFIT B: MENTAL HEALTH BENEFIT

We will pay a Mental Health Benefit of \$175 for each day You are Hospital Confined due to a Mental or Nervous Disorder. This benefit is subject to a maximum of seven days per Calendar Year.

BENEFIT C: EMERGENCY ROOM BENEFIT (INJURY ONLY)

We will pay an Emergency Room Benefit of \$150 for services received in a Hospital emergency room or Hospital affiliated emergency care facility for loss due to Injury, provided the Emergency treatment is followed within 24 hours by a covered Hospital Confinement of at least one day. This benefit is payable once per any One Period of Confinement.

We won't pay benefits under both Benefit A and Benefit B above for the same day of Hospital Confinement.

LIMITATIONS AND EXCLUSIONS:

Pre-existing Condition: The policy has a pre-existing condition limitation. We will not pay benefits for a pre-existing condition unless the loss begins more than 6 months after your Effective Date of coverage.

EXCLUSIONS

We won't 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 during the first 2 years after the date this Policy is issued to you.
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. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.

OPTIONAL BENEFIT RIDERS: (Available for an additional premium)

Skilled Nursing Facility Benefit Rider RG13SNF

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 may be subject to an Elimination Period. The Elimination Period, if any, will be shown in the Policy Schedule. The Skilled Nursing Facility Benefit is subject to a Maximum Benefit Period of 50 days per Any One Period of Confinement.

Skilled Nursing Facility Benefit Amount Selected: \$100 \$150 \$200

Short Duration Hospital Stay Benefit Rider RG15SDH

We will pay the Short Duration Hospital Indemnity Benefit when You are admitted to a Hospital for a covered Sickness or Injury for a period which is no less than 12 consecutive hours, but no more than 24 consecutive hours. A Short Duration Hospital Stay may include, but is not limited to, time spent as an inpatient or outpatient in a Hospital setting for major diagnostic testing, outpatient surgery, emergency room treatment, or monitoring in an Observation Unit.

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. The benefit under this rider is not payable for any day in which a Hospital Confinement Benefit is payable under the terms of the policy.

This benefit is included for a Hospital Confinement Benefit Period of 3 and 6 days. It is an optional benefit rider for Hospital Confinement Benefit Periods of 10 and 21 days.

Lump Sum Hospital Benefit Rider RG05LSH

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

Lump Sum Hospital Benefit Amount Selected: \$250 \$500 \$750

Ambulance Benefit Rider RG13ASB(R)

We will pay the Ambulance Benefit Amount, shown on the Schedule, if a licensed ground ambulance service transports you to or from a medical facility. This Benefit is payable no more than once per day regardless of the number of ambulance trips on that day and is subject to an annual maximum of four (4) benefits per calendar year. The ambulance service must be Medically Necessary and covered by the Policy. We will not pay more than the Lifetime Maximum Amount shown on the Policy Schedule.

Outpatient Surgical Benefit Rider RG07OPS(R)

We will pay the Surgical Benefit Amount for a surgical procedure performed by a doctor when such procedure is performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital. Surgical procedures are limited to one procedure performed per day and two surgical procedures per calendar year not to exceed the Maximum Surgical Benefit Amount. We won't provide more than one Surgical Benefit Amount per day even if multiple surgical procedures are performed through the same Incision, or in immediate succession on the same day.

Outpatient Surgical Benefit Rider Exclusions: The following Rider exclusions are in addition to the exclusions contained in the Policy. 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.

Outpatient Surgical Benefit Rider Amount Selected: \$250 \$500 \$750 \$1,000

Dental and Vision Benefit Rider RG12DV

We will pay benefits for: (a) non-preventative dental services; and (b) preventative dental and vision services. Preventative dental services are covered with a Calendar Year maximum benefit of \$75. An annual eye examination or eye refraction is covered with a Calendar Year maximum benefit of \$50. Coverage for prescription eyeglasses is provided up to an annual maximum of \$200 per Calendar Year.

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.

The Rider Deductible Amount and Insured Percent of covered expenses do not apply to preventative dental or eye examination / eye refraction services.

Rider Maximum Amount Selected: \$400 \$800 \$1,200

THIS RIDER PROVIDES LIMITED BENEFITS DURING THE FIRST 12 MONTHS AFTER THE RIDER EFFECTIVE DATE. PLEASE READ THE RIDER CAREFULLY.

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 RG15CLS) *OR* Cancer Lump Sum with Recurrence Benefit (Rider Form RG15CLSR)

We will pay a lump sum benefit, as shown below, if Cancer is diagnosed after the Effective Date of coverage, subject to any Waiting Period, and while the Policy 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.

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 RG15CLSR.** 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 Policy. 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.

Cancer Lump Sum Benefit: \$2,500 \$5,000 \$10,000 \$15,000 \$20,000

Cancer Lump Sum Benefit with Recurrence: \$2,500 \$5,000 \$10,000 \$15,000 \$20,000

GUARANTEED RENEWABLE FOR LIFE You may keep the Policy, and any selected Riders, in force during Your lifetime, unless otherwise stated in the Rider, by paying the renewal premium at the intervals available to You at time of renewal. You must pay the renewal premium by its due date or during the policy's 31 day grace period. We cannot cancel or refuse to renew the Policy or place any restrictions on it if You pay Your premiums on time.

PREMIUMS SUBJECT TO CHANGE We may change the premium rates for this Policy/Riders by giving You at least 31 days advance written notice of any change in the renewal premium. We can only change the premium if We change it for all Policies/Riders like Yours in Your state on a class basis.

INITIAL PREMIUM:

Limited Benefit Hospital Confinement Policy: \$ _____

Short Duration Hospital Stay Benefit Rider: \$ _____

Skilled Nursing Facility Benefit Rider: \$ _____

Lump Sum Hospital Benefit Rider: \$ _____

Ambulance Benefit Rider: \$ _____

Outpatient Surgical Benefit Rider: \$ _____

Dental and Vision Benefit Rider: \$ _____

Cancer Lump Sum Benefit Rider: \$ _____

Cancer Lump Sum and Recurrence Benefit Rider: \$ _____

Application Fee (if applicable) \$ _____

TOTAL PREMIUM: \$ _____