

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

HOSPITAL CONFINEMENT BENEFIT POLICY

Guaranteed Renewable for Life
Premiums May Be Changed By Class

OUTLINE OF COVERAGE

For Policy Form G0553
With Optional Rider Forms RG05SNF, RG05LSH, RG05ASB, RG05DME, and RG05ADD

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!**

LIMITED BENEFIT COVERAGE – This 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, subject to any limitations set forth in the policy. 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 only 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 Hospital Confinement Indemnity Benefit Amount shown on the Policy Schedule, for each day You are Hospital Confined due to Injury or Sickness. Benefits are subject to the Maximum Benefit Period, as shown in the Policy Schedule, for any One Period of Confinement as defined in the Policy.

Hospital Confinement Benefit selected: \$_____ per day

Maximum Benefit Period selected: 10 days 21 days

BENEFIT B: MENTAL HEALTH BENEFIT

We will pay the Mental Health Benefit Amount, shown in the Policy Schedule, for each day You are Hospital Confined due to a Mental or Nervous Disorder. This benefit is subject to the maximum number of days payable as shown in the Policy Schedule.

BENEFIT C: EMERGENCY ROOM BENEFIT (INJURY ONLY)

We will pay the Emergency Room Benefit shown in the Policy Schedule for services 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 only 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 LIMITATION

Pre-existing Condition: 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 6 month period immediately prior to Your Effective Date of coverage under this Policy; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months prior to Your Effective Date of coverage under this Policy. Treatment includes the taking of Prescription Drugs or medicines.

Pre-existing conditions are not covered 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 an 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.

OPTIONAL COVERAGE(S): (Available for an additional premium)

Skilled Nursing Facility Benefit Rider RG05SNF

We will pay the Skilled Nursing Benefit Amount as shown in the Policy Schedule, for each day You are confined in a Skilled Nursing Facility provided that;

1. You have first been Hospital Confined for 3 or more consecutive days;
2. The Skilled Nursing Facility confinement begins within 30 days after such Hospital Confinement;
3. Your Doctor must certify the need for the Skilled Nursing Facility confinement; and
4. The Skilled Nursing Facility confinement is for the same Injury or Sickness as the Hospital Confinement for which We paid benefits.

The Skilled Nursing Facility Benefit Amount is subject to the Elimination Period and payable only for those days indicated in the Policy Schedule under Skilled Nursing Maximum Benefit Period. We will not pay more than the number of days indicated in the Skilled Nursing Maximum Benefit Period for any One Period of Confinement as defined in the Policy.

Lump Sum Hospital Benefit Rider RG05LSH

We will pay the Lump Sum Hospital Benefit Amount when You are Hospital Confined. Lump Sum Hospital Benefits are payable only;

1. When the Hospital Confinement is covered under the Policy to which this Rider is attached; and
2. Once during any One Period of Confinement.

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

Ambulance Service Benefit Rider RG05ASB

We will pay the Ambulance Service Benefit Amount, shown on the Schedule, if a licensed surface ambulance service transports you to or from a Hospital to which you are Hospital Confined. This Benefit is payable no more than once per Hospital Confinement for all trips. The Hospital Confinement requiring 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.

Durable Medical Equipment Benefit Rider RG05DME

We will pay the Durable Medical Equipment expenses incurred by You due to an Injury or Sickness, subject to the Durable Medical Equipment Percentage and Maximum Benefit Amount. The Durable Medical Equipment Percentage and Maximum Benefit Amount are shown in the Policy Schedule.

Accidental Death and Dismemberment Benefit Rider RG05ADD

ACCIDENTAL DEATH BENEFIT

We will pay the Loss of Life Benefit, shown on the Schedule, to the Beneficiary named in the application (or as later changed) if you die solely as a result of Injuries. Our payment will be subject to all of the provisions of the Policy and this Rider.

DISMEMBERMENT BENEFIT

We will pay the appropriate Dismemberment Benefit, listed on the Schedule, to you if you suffer total and irrecoverable loss of eyesight or limbs solely as the result of an Injury.

Loss means with regard to hands and feet, dismemberment by severance through or above the wrist or ankle joint; with regard to eyes, the loss of sight must be total and irrecoverable, and beyond remedy by surgical or other means.

If more than one Loss is sustained as a result of one Accident, We will pay only one amount, the largest to which You are entitled.

