

P·G·T·L
Platinum Plan

CANCER, HEART ATTACK & STROKE
C O V E R A G E

Guarantee Trust Life Insurance Company's
Platinum Plan for
Cancer & Heart Attack & Stroke Coverage.

Helping you enjoy all the moments of your life.



Express Payment* – \$7,500

We will pay you a lump-sum benefit amount of \$7,500 upon first diagnosis – **\$3,750 for internal cancer and \$3,750 for heart attack/stroke**. This benefit is payable upon acceptable proof of diagnosis and is limited to one payment per insured person for cancer, and one payment per insured person for heart attack/stroke.



Inpatient Benefits

Hospital Confinement – \$750/Day*

Benefits begin on the first day of your covered confinement** as a direct result of **cancer or heart attack/stroke**.

Drugs and Medicine – Up to \$50/Day

Benefits paid per day for FDA-approved medication received during a covered inpatient confinement. Payable for the same number of days you receive benefits for hospital confinement as a direct result of **cancer or heart attack/stroke**.

Attending Doctor – Up to \$50/Day

Benefits paid per day during a covered hospital confinement for a doctor, other than your surgeon, who administers covered treatment services as a direct result of **cancer or heart attack/stroke**.

Private Nurse – Up to \$160/Day

Benefits paid per day during a covered inpatient confinement for the full-time services of a licensed private nurse who performs duties other than those regularly furnished by the hospital. Services must be required and authorized by your doctor as a direct result of **cancer or heart attack/stroke**, and must be performed by someone other than an immediate family member.

Ambulance Services

Up to \$250/Trip

Benefits paid per trip to or from a hospital where you are confined as an inpatient as a direct result of **cancer or heart attack/stroke**. Limited to 4 trips per calendar year.

Transportation (Insured) Up to \$1,500 or \$0.40/Mile for Transportation by Automobile

Benefits paid per one way trip by coach class plane, train, or bus if you must travel more than 100 miles from your home for covered treatment as a direct result of **cancer or heart attack/stroke**. If insured chooses to travel by automobile, we will pay \$0.40 for each mile traveled. Lifetime Maximum Amount of \$1,500.

Transportation (Family Member)

Up to \$1,500 or \$0.40/Mile

Benefits paid per trip by coach class plane, train, or bus for an immediate family member to travel to or from the hospital where the insured is confined as a direct result of **cancer or heart attack/stroke**. If family member chooses to travel by automobile, we will pay \$0.40 for each mile traveled. Hospital must be located at least 100 miles one way from insured's home and must be located within the U.S. Limited to 2 one-way trips per Period of Confinement.**

Lodging (Family Member)

Up to \$75/Day

Benefits paid per day for lodging for an immediate family member when insured is confined to a hospital more than 100 miles one-way from each person's home to receive covered services as a direct result of **cancer or heart attack/stroke**. This benefit is limited to one room for each day of insured's covered inpatient confinement, up to 60 days per period of confinement.**

U.S. Government Hospital Confinement* \$750/Day

Benefits begin on the first day of your covered confinement as a direct result of **cancer or heart attack/stroke**. While this benefit is payable, no other benefits will be paid except for the Express payment, Non-Local Patient Transportation, Family Member Transportation, and Family Member Lodging.

Skilled Nursing Facility Up to \$160/Day

Benefits paid when you are confined to a skilled nursing facility within 14 days after a covered inpatient hospital stay as a direct result of **cancer or heart attack/stroke**. This benefit is payable for the same number of days you received for the hospital or U.S. government hospital benefit.

*Benefit amounts listed are based on the Plan F benefit plan. Other benefit plans are available. Premiums will vary by plan.

**Period of Confinement means a period which begins on or after the Effective Date, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. If a Covered Person is reconfined within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility, then the later period will be considered a continuation of the prior Period of Confinement. If the Covered Person is reconfined more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility, we will treat the later confinement as a new Period of Confinement.

Inpatient or Outpatient Benefits

Surgical Procedure* – Up to \$22,500 Per Covered Operation

Benefits paid based on the surgical schedule as a direct result of **cancer or heart attack/stroke**. Unlimited number of separate operations. If two or more surgeries are performed at the same time through the same incision, the procedure with the largest benefit amount will be paid. For cancer only; This benefit includes reconstructive breast surgery as well as surgical biopsies that result in a pathological diagnosis of cancer.

Second and Third Surgical Opinion Up to \$200 Per Covered Opinion

Benefits paid for the opinion of other physicians before you decide to have surgery as a direct result of **cancer or heart attack/stroke**. This benefit excludes skin cancer.

Anesthesia* – Up to \$5,625

Benefits paid are 25% of benefits paid for surgery performed as a direct result of **cancer or heart attack/stroke**.

Radiation/Chemotherapy (Cancer Only)* Up to \$600/day

Covered treatments include X-ray radiation, radium and cesium implants, cobalt and canceroidal chemicals. All treatments must be FDA approved for cancer treatment.

Blood and Plasma – Up to \$250/day

Benefits paid for whole blood, plasma, red cells, packed cells, or platelets you receive for covered treatment as a direct result of **cancer or heart attack/stroke**.

Outpatient Diagnostic Lab/Biopsy Benefit (Outpatient Only) – Up to \$500/year

Benefits paid for actual charges for diagnostic/lab tests needed in order to diagnose **cancer or heart attack/stroke**. Limited to \$500/year.

Skin Cancer*

Pays charges incurred up to \$678 for the removal of skin cancer.

Prosthesis (Cancer Only)* – Up to \$7,500

Benefits paid for prosthetic devices needed as a direct result of cancer. Subject to a Lifetime Maximum Amount of \$7,500.

Wig/Hairpiece (Cancer Only) Up to \$250

Benefits paid for wig or hairpiece needed for hair loss as a direct result of cancer. Subject to a Lifetime Maximum Amount of \$250.

Educational Services Up to \$75/session

Benefits paid for actual charges not to exceed \$75/session to educate insured and their primary caregiver when insured is receiving covered treatments as a direct result of **cancer or heart attack/stroke**. Limited to 12 sessions/year.

Physical/Speech*** Therapy Up to \$25/day

Benefits paid for physical/speech therapy needed as a direct result of **cancer or heart attack/stroke**.

Mental Health – Up to \$75/Visit

Benefits paid for counseling needed as a direct result of **cancer or heart attack/stroke**. Limited to 5 visits/calendar year.

Hospice (Cancer Only)* Up to \$375/day

Benefits paid to a terminally ill individual receiving hospice care as a direct result of cancer. Limited to 90 days.

Comfort Benefit (Outpatient Drugs - Cancer Only)* \$450/year

Benefits paid for anti-nausea drugs prescribed as a definitive treatment of cancer. Limited to medication prescribed and administered while insured is an outpatient.

*** Hearing and Occupational therapies are also covered in Illinois.

\$ _____/Day

\$ _____/Month

Based on a 30-Day Month

\$ _____

\$ _____/Day

\$ _____/Month

Based on a 30-Day Month

\$ _____

\$ _____/Day

\$ _____/Month

Based on a 30-Day Month

\$ _____

Special Care



The following benefits will be provided when your covered treatment requires special care.

Bone Marrow Transplant (Cancer Only)* \$37,500 (Grows to Over \$60,000 in 10 Years)

Benefits paid as a lump sum if you receive a bone marrow transplant. Benefits increase by 5% compounded annually on your anniversary date for the first 10 years your coverage is in effect resulting in over \$60,000. This benefit is payable only once per insured.

Heart Transplant (Heart Only)* – \$37,500 (Grows to Over \$60,000 in 10 Years)

Benefits paid as a lump sum for human heart transplant. Benefits increase by 5% compounded annually on your anniversary date for the first 10 years your coverage is in effect resulting in over \$60,000. This benefit is payable only once per insured, and does not cover replacement with a nonhuman, mechanical, or artificial heart.

Stem Cell Transplant (Cancer Only)* – \$15,000 (Grows to Over \$24,000 in 10 Years)

Benefits paid as a lump sum if you receive a stem cell transplant. Benefits increase by 5% compounded annually on your anniversary date for the first 10 years your coverage is in effect resulting in over \$24,000. This benefit is payable only once per insured.

Experimental Treatment* Up to \$15,000/Lifetime

Benefits paid for FDA approved experimental drugs and chemicals, or surgery or therapy endorsed by either the NCI or ACS for experimental studies in the treatment of **cancer or heart attack/stroke**.

Advantages

- **Guaranteed Renewable** – Your Platinum plan will continue as long as you pay your premiums
- **Premiums do not increase with age** – Premiums can only be adjusted on a class basis by state
- **Assured payments** – We will pay as indicated in your plan, regardless of what other insurance you may have
- **No Lifetime Maximum** – The benefits listed have no lifetime maximum unless otherwise stated
- **Waiver of Premium** – Premiums waived if the main insured is disabled for 90 consecutive days due to cancer or heart attack/stroke

Catastrophic Confinement

With cancer and heart disease being the 2 most prevalent conditions in the U.S., the cost of treatment can be catastrophic. That is why we will pay you \$1,500/day beginning on the 91st day of being continuously confined to a hospital as a direct result of cancer or heart attack/stroke.

\$45,000/month*

This benefit pays in addition to all other benefits.

Return of Premium (see chart below)

Return of Premium – We'll return all premiums paid (less any claims paid) at the end of **15 years**, or on the plan anniversary after you reach age 75 (whichever is sooner). If you are 65 or older when your plan is issued, we will return premiums at the end of **10 years** (less any claims). Benefits are payable only upon cancellation of the policy or death of the primary insured. Premiums will be returned provided your coverage is still in force.

	Base Amount	Claim Size	Result
Example 1	Premium Paid In	\$500,000 Claims	No Refund
Example 2	Premium Paid In	\$2000 Claims	100% minus \$2000
Example 3	Premium Paid In	\$0 Claims	100% Refund

With the Return of Premium feature, you are paid if you require Cancer, Heart Attack & Stroke Care – and if you don't.

¹This is an optional rider available for additional premium.

P·G·T·L *Platinum Plan*

CANCER, HEART ATTACK & STROKE C O V E R A G E

Great medical strides have been made in the prevention and care of cancer and heart disease. Yet, the one undeniable truth is this year, about 2.4 million Americans will be diagnosed with cancer¹, and 1.2 million Americans will suffer a heart attack².

When you plan for your future care needs, you not only enhance your quality of life, you also impact in a positive way your spouse, your children, and perhaps even your grandchildren.

Look to the future with confidence and peace of mind.



1- 2006 Cancer Facts and Figures - American Cancer Society
2 - Heart Disease and Stroke Statistics 2006 Update -
American Heart Association

GTL

Platinum

Guarantee Trust Life Insurance Co.

- Located in Glenview, Illinois
- Founded in 1936
- Mutual Legal Reserve Company
- \$177 Million in Assets
- Over \$275 Million in Health Insurance Premium in Force
- Over \$50 Million in Life Insurance Premium Paid in 2006
- Over \$133 Million in Health Insurance Benefits Paid in 2006
- Over \$19 Million in Life Insurance Benefits Paid in 2006

Guarantee Trust Life Insurance Company (GTL)
1275 Milwaukee Avenue, Glenview, IL. 60025.

Platinum Services, Inc.

Platinum Services, Inc. is a marketing agency that makes it possible for its customers in the Midwest to receive quality Cancer & Heart Attack/Stroke care at an affordable price. Partnering with highly rated insurance companies, Platinum Services is able to provide superior customer service for your quality Cancer & Heart Attack/Stroke care coverage. This plan is underwritten by GTL.

Platinum Customer Assistance
1-800-765-1454

10-Day Right to Examine

You have 10 days after you receive your policy or certificate to return it to GTL, the insurance agency or its agent. If you return your policy or certificate within 10 days from the date you received it, the coverage will be void as of the effective date and all premiums will be refunded.

(Note: In MI and UT, the Right to Examine period is extended to 30 days in lieu of 10.)

Insurance not effective until the plan applied for has been issued.

Check must be made payable to Guarantee Trust Life Insurance Company. Do not make check payable to the agent or leave the payee blank.

Waiting Period

This plan has a 30 day waiting period before any benefits will be paid for any loss due to Cancer. This waiting period also applies to Heart Attack or Stroke if such optional coverage has been elected. (Note: The following states have no waiting period- ID, IN, MO, OK, SD.)

This brochure is designed as a marketing aid and is not to be construed as a contract for Cancer & Heart Attack/Stroke Insurance.

It provides a brief description of the important features of policy form G0330, rider RG03HA5, or certificate GPC0331.

Please refer to the Outline of Coverage for description of benefits and more details of these supplemental care products.

Exclusions

This Coverage does not pay benefits for:

1. any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer, Heart Attack or Stroke as defined;
2. care outside the United States;
3. experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of Cancer, Heart Attack or Stroke;
4. experimental surgeries or therapies not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the Policy or Certificate;
5. courses of treatment available without a Doctor's prescription; (Note: In Oklahoma, We will not exclude courses of treatment available without a Doctor's prescription) or
6. treatment, services or supplies received from a Covered Person's Immediate Family. (Note: In CO, unless such person is acting within the scope of his or her license and a charge has been received for such treatment, services or supplies.)
7. Excluded are cancers such as: pre-malignant tumors or polyps; cancer in-situ, intraductal non-invasive carcinoma of the breasts; Stage 1 Hodgkin's Disease; carcinoid of the appendix; or Stage 0 transitional carcinoma of the urinary bladder.



Long-Term Caring™

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