

Did you know your Medicare Advantage Insurance may have out-of-pocket expenses?

GTL CAN HELP!

GTL's Hospital Confinement Indemnity Coverage:

Should You Have It?

A hypothetical situation:



Meet Sheila



Sheila's highly rated Medicare Advantage Plan has a **\$300 per day** inpatient hospital co-pay for days 1 through 6.



Sheila experienced a 6-day inpatient hospital stay. Her Medicare Advantage* co-pay was **\$1,800** (\$300 co-pay x 6 days = \$1,800).

How did Sheila's GTL hospital confinement indemnity coverage help lower her out-of-pocket costs?



GTL's hospital indemnity coverage pays a cash benefit for each day Sheila is in the hospital.



Sheila's GTL hospital indemnity coverage paid her a \$300 cash benefit for each day she was in the hospital (up to 6 days maximum). The cost of her hospital indemnity coverage is \$25.14 per month (based on age 65).**



Since Sheila was in the hospital for 6 days, she received **\$1,800 in cash benefits** which she used to help cover her Medicare Advantage co-pay!

Great News!

Sheila's GTL inpatient hospital benefits restore an unlimited amount of times after 60 days without hospital confinement, so she may use her hospital confinement indemnity coverage again in the future!

*GTL and their licensed agents are not connected with or endorsed by the US Government or the Federal Medicare Program.

** Rates may vary by state - refer to your states rate sheets.

Coverage details for: _____ Current age: _____

**Medicare Advantage Plan Details:
Inpatient Hospital Stay:**

Number of co-pay days: _____

Daily co-pay amount: \$ _____

Ambulance:

Co-pay amount per use: \$ _____

Annual Maximum Out-of-Pocket:

Amount: \$ _____

Monthly Premium: \$ _____

**Hospital Indemnity Policy Details:
Hospital Confinement Benefit Selections:**

Daily Benefit Period: 1-day___ 3-day___ 4-day___ 5-day___ 6-day___
7-day___ 8-day___ 9-day___ 10-day___ 15-day___

Daily Benefit Amount: \$ _____

**Ambulance Service Benefit Rider:
(\$50 - \$400 Benefit Per Use)**

Yes___ No___ \$ _____

Cancer Lump Sum Benefit Rider:

\$2,500 ___ \$5,000 ___ \$7,500 ___ \$10,000 ___
\$15,000 ___ \$20,000___

Monthly Hospitalization Indemnity Policy Premium: \$ _____



Experience You Can Trust- *With more than 85 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 and the District of Columbia.*

Please Contact:

Hospital Confinement Indemnity insurance is issued on Form Series G2150 and Rider Form Series RG21ASB, RG21CA, RG15CLS, RG15CLSR, RG15DV, RG21LSH, RG21OPS, RG32OPT, RG21SNF, and RG21SNF-EP by Guarantee Trust Life Insurance Company, Glenview, IL. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. Subject to state availability and variability. For cost and complete details of coverage, please contact us or your agent. Insurance solicitation - an agent may contact you.



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