

GTL

GUARANTEE
TRUST
LIFE



Select Benefit Services Association

CASH BENEFITS TO HELP MEET THE NEEDS OF TODAY'S HEALTHCARE CONSUMER

**HELP PAY FOR EXPENSES
ASSOCIATED WITH:**

- + EMERGENCY ROOM AND OUTPATIENT FACILITY VISITS
- + ACCIDENTAL DEATH & DISMEMBERMENT
- + AMBULANCE TRIPS
- + DIAGNOSTIC IMAGING
- + MEDICAL EQUIPMENT



ACCIDENT CHOICE **PREFERRED**

Accident Only Insurance



SELECT BENEFIT SERVICES ASSOCIATION
UNDERWRITTEN BY:
Guarantee Trust Life Insurance Company
ADH-07-16-FL

GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
1275 Milwaukee Avenue, Glenview, IL 60025
www.gtlic.com | 800.338.7452

(Rev. 11/21) 15B439

+ SELECT BENEFIT SERVICES ASSOCIATION

Select Benefit Services Association (SBSA) provides a wide variety of benefits, services and discounts that are especially valuable for seniors. These services are designed to save you time, money and worry.



HOTEL AND MOTEL SAVINGS PROGRAM

Your membership program provides you with savings of up to 60% off at participating hotel and motel chains nationwide. There are over 100,000 hotels in the U.S. and around the world that you can select from to meet your budget. You'll receive friendly service, convenience and the value you've come to expect at a special member preferred rate.

VITAMINS AND NUTRITIONAL SUPPLEMENTS

There are many positive health benefits that can result from a daily regimen of vitamin supplements. Many people consider a vitamin and mineral supplement program to be an important part of their overall health strategy. Our members can save an additional 20% on a wide range of Swanson brand vitamins and mineral supplements online.

ECONNECT® WELLNESS

eConnect® Wellness is designed to help participants live healthier lives. Members have telephonic and web-based access to experienced masters-level Health Coaches who will provide them with personal consultation and guidance on a variety of topics, such as smoking cessation, weight management, pre- and postnatal care and exercise.

CAR RENTAL PROGRAM

Enjoy year-round discounts of up to 15% by several of the nation's leading car rental agencies. Discounts are available for daily, weekly or weekend rentals in the United States and Canada. Savings apply to economy through full size vehicles, including minivans.

FITNESS CLUBS

Up to 50% off membership dues at over 1,600 locations nationwide! Members also receive great discounts on a wide variety of products and services including sporting goods, magazines, gourmet foods and more.

The name, address and phone number for providers in your area can be obtained by calling our toll-free number at 866-734-7272, or by visiting our website at www.selectbenefitservicesassociation.com.



*No matter how careful you are,
accidents happen.*

*Help protect your family against the increasing
out-of-YOUR pocket expenses that come
with all types of health coverage.*

+ ACCIDENT CHOICE PREFERRED Provides Extra Cash for Emergency Medical Expenses!

When you have an accident, will you have the funds needed to cover out-of-pocket medical costs? Will you have funds to keep your business running? Accident Choice Preferred provides extra cash benefits to help pay for emergency medical expenses. This coverage will provide your family with cash benefits that can be used to help cover out-of-pocket medical expenses, and are paid regardless of any other insurance you may have.

+ WHAT IS ACCIDENT CHOICE PREFERRED?

It is an accident-only insurance coverage that provides cash benefits to help with your healthcare needs and costs.

ACCIDENT-ONLY INSURANCE FEATURES

- All benefits are paid directly to YOU- they are not assigned to a doctor, lab or hospital.
- Any eligible benefits are paid IN ADDITION to any other health insurance coverage you may have.
- You are covered whether you are on or off the job.
- This coverage can help protect you, or your entire family.
- You do have to QUALIFY for Accident Choice Preferred, but the application process is simple.

*People often avoid the simplest of
medical care because they can't afford
the deductibles and coinsurance.
Don't let this happen to you!*

+ ACCIDENT CHOICE PREFERRED BENEFITS

	CHOOSE FROM:
ACCIDENT-ONLY CERTIFICATE	\$10,000/\$15,000/\$20,000
EMERGENCY ROOM	\$200/\$300/\$400
AMBULANCE	\$200/\$300/\$400
DIAGNOSTIC IMAGING (MRI/Cat Scan/X-Ray)	\$150/\$225/\$300
UP TO 3 MEDICINES	\$50/\$75/\$100
MEDICAL EQUIPMENT (crutches, wheelchair)	\$100/\$150/\$200
UP TO 3 EMERGENCY ROOM & OUTPATIENT FACILITY SERVICES BENEFIT (stitches)	\$100/\$150/\$200
ACCIDENTAL DEATH & DISMEMBERMENT & PARAPLEGIA BENEFIT	\$10,000/\$15,000/\$20,000

▶ Easily Add on Sickness Benefits

With the Accident Choice Preferred Sickness Emergency Room Benefit Rider (Maximum Annual Benefit amount is \$1,000; Rider lifetime maximum amount is \$5,000)

- AMBULANCE BENEFIT** **\$200**
Ambulance Transport Due to Sickness or Disease
- EMERGENCY ROOM BENEFIT** **\$200**
Emergency Room Service for Sickness

▶ Once you qualify for basic coverage, additional options are available:

- **ACCIDENTAL DEATH AND DISMEMBERMENT** - Minimum of \$10,000
- **DOCTOR FOLLOW-UP VISITS** - Up to 3 visits after a trip to the ER or outpatient facility - \$150 per doctor visit; annual maximum is 6 doctor visits
- **ACCIDENT HOSPITALIZATION** - A daily benefit paid directly to you for a confinement to a hospital - \$300/day, choose from 3-10 days
- **OUTPATIENT SURGERY** - A benefit paid to you per surgery performed in an Ambulatory Surgical Center or Hospital Outpatient Facility due to a covered injury or sickness - \$500 benefit
- **DENTAL/VISION COVERAGE** - Choose either \$400, \$800, or \$1,200 per year
- **ACCIDENT AND SICKNESS HOSPITALIZATION** - A daily benefit paid directly to you for confinement to a hospital - \$300/day, choose from 3-10 days

EXAMPLE OF HOW IT WORKS:

ACCIDENT CHOICE PREFERRED ESSENTIALS



Donald is a 71-year old who fell off the ladder while putting up Christmas lights and broke his left leg. His wife couldn't lift him into the car so he had to go to the emergency room by ambulance.

His potential reimbursement benefit amounts paid:

EMERGENCY ROOM	\$200
AMBULANCE	\$200
X-RAY	\$150
MEDICATIONS	\$50
EQUIPMENT (<i>crutches</i>)	\$100

TOTAL BENEFITS PAID **\$700** *for 1 ER Visit*

All paid directly to Donald...in addition to any other insurance he has!

EXAMPLE OF HOW IT WORKS:

ACCIDENT CHOICE PREFERRED ESSENTIALS COMPLETE

Betty is a 78-year old female. She was experiencing chest pains and was short of breath. Betty thought she was having a heart attack. She went by ambulance to the ER. After treatment in the ER including an EKG, the ER doctor determined Betty had a blood pressure issue. She was treated with medication and released.

Her compensation for going to the ER:

EMERGENCY ROOM	\$200
AMBULANCE	\$200
IMAGING	\$150
MEDICATION	\$50

TOTAL BENEFITS PAID **\$600** *for 1 ER Visit*



+ OTHER SBSA DISCOUNTS AND SERVICES

FLOWERS, GIFT BASKETS AND MORE	20% off gift products including delicious gourmet baskets, sweet treats, heartwarming collectibles, beautiful flowers & plants, and more
THEME PARKS	Receive exclusive discounts on Theme Park Tickets such as Walt Disney World®, Universal Parks®, Hershey Park, Legoland®, Six Flags® Nationwide, and much, much more
PHONES & TABLETS	Safe. Simple. Free. Save big with exclusive deals and earn cash back just for shopping at the same stores you are shopping at today
MOVIE TICKETS	Save up to 40% on movie tickets at many of the major movie theatre chains throughout the United States

Check your fulfillment materials for additional discounts and services available to association members.





If you qualify for Accident Choice Preferred coverage, there's an added benefit that is included for you and your family... **Teladoc.**

This benefit provides access to independent board-certified doctors through telephone or online video, 24-hours a day.

This service is currently being made available through Teladoc.

+ TELADOC: A GREAT WAY TO LOWER DOCTOR VISIT COSTS

With Teladoc, you can call a board certified physician (even a pediatrician) who is licensed in your state, at any time of the day (or night). Average response time from a physician is 30 minutes or less.

- Your Teladoc physician will review your symptoms, and when necessary, prescribe medication for you to pick up at your local pharmacy.
- Teladoc is ideal for minor illnesses that we all get – colds, sinus infections, stomach aches.
- When you are out of town, medical treatment is right at hand – no more searching for an urgent care or ER in an unfamiliar place.
- There are no copays when using Teladoc. Think of the savings!
- With Teladoc, you can get treatment for those minor issues in the comfort of your own home!

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Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Teladoc physicians are available 24 hours, 7 days a week.

Teladoc adheres to state telemedicine regulations.



We will pay benefits for Loss incurred as a result of a covered Accident treated in an Emergency Room or Outpatient Facility within forty-eight (48) hours of the Injury occurring. Benefits are payable only when Loss is:

1. Incurred by a Covered Person while his or her coverage under this Certificate is in force;
2. Incurred for an Injury as a result of a covered Accident; and
3. Not otherwise excluded from coverage under this Certificate.

Benefits are payable up to a combined total of all benefits not to exceed the ten-percent (10%) of the Maximum Annual Benefit Amount per Covered Person in a Calendar Year.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount for Ambulance service when needed to transport a Covered Person to the nearest available Emergency Room or Outpatient Facility due to a covered Accident. The Ambulance Service Benefit is limited to one (1) transport per covered Accident.

EMERGENCY ROOM BENEFIT

We will pay the Emergency Room Benefit Amount for services rendered to a Covered Person in a Hospital Emergency Room or Hospital affiliated emergency care facility as a result of an Injury. Emergency treatment must be sought within forty-eight (48) hours of the covered Accident. The Emergency Room Benefit is limited to one (1) Emergency Room treatment per covered Accident.

DIAGNOSTIC IMAGING BENEFIT

We will pay the Diagnostic Imaging Benefit Amount when diagnostic imaging exams are performed on a Covered Person due to an Injury. Diagnostic imaging exams are as follows:

1. Computerized Tomography (CT) scan;
2. Magnetic Resonance Imaging (MRI);
3. Electromagnetic Radiation / X-radiation (X-rays); or
4. Ultrasound/sonography.

These exams must be performed during an Emergency Room visit or initial visit to the outpatient facility and are directly related to the covered Accident.

This benefit is payable for one (1) diagnostic imaging per covered Accident.

EMERGENCY ROOM & OUTPATIENT FACILITY SERVICES BENEFIT

We will pay the Emergency Room & Outpatient Facility Services Benefit Amount for medical services and supplies provided and billed during a visit to an Emergency Room or Outpatient Facility for an Injury. Medical services and supplies are as follows:

1. Oxygen and its administration;
2. Blood and blood transfusions; or
3. Casting and Splinting.

The following medical services and supplies provided for the following are excluded from this Emergency Room & Outpatient Facility Services Benefit provision:

1. Colonoscopy
2. Cataract related services
3. Dentistry
4. Podiatry
5. Abortion
6. Family planning
7. Labor and Delivery
8. Dermatology

The Emergency Room & Outpatient Facility Services Benefit is limited to three (3) covered medical procedures or medical services and supplies per covered Accident.

MEDICAL EQUIPMENT BENEFIT

We will pay the Medical Equipment Benefit Amount for medical equipment provided during the initial visit to an Emergency Room or Outpatient Facility for an Injury. Medical equipment includes items such as crutches, braces, a wheelchair and other medical appliances that:

1. Are prescribed by the Doctor who documents the necessity for the item including the expected duration of its use;
2. Can withstand long-term repeated use without replacement;
3. Are not useful in the absence of the Injury;
4. Can be used in the home without medical supervision; and
5. The purpose of the equipment is not to help the Covered Person participate in sports activity.

Items such as splints or casts are not covered under this Medical Equipment Benefit, as they are considered covered as part of the Emergency Room & Outpatient Facility Services Benefit.

The Medical Equipment Benefit is limited as shown on the Benefits Schedule per covered Accident.

MEDICINE BENEFIT

We will pay for up to three (3) medicines administered in an Emergency Room or during the initial visit to an outpatient facility for an Injury. This benefit is payable for up to three (3) medicines per covered Accident.

ACCIDENTAL DEATH AND DISMEMBERMENT AND PLEGIA (PARALYSIS) BENEFIT

We will pay the Loss of Life Benefit shown below to Your beneficiary if a Covered Person should die solely as a result of Injuries. Accidental death must occur while this Certificate is in force for the Covered Person and within ninety (90) days after the date of the covered Accident, which caused the covered Injuries.

Unless specified otherwise, benefit limits shown below are payable per Covered Person, not to exceed the Maximum Annual Benefit Amount.

If A Covered Person has a covered Accident, which results in a Quadriplegia, Hemiplegia or Paraplegia

diagnosis by a Doctor within ninety (90) days after the covered Accident, We will pay the appropriate Benefit amount shown.

We will pay the appropriate Accidental Death And Dismemberment And Plegia Benefit shown if a Covered Person suffers total and irrecoverable loss of eyesight or limbs solely as the result of an Injury. The dismemberment must occur while this Certificate is in force for the Covered Person and within ninety (90) days after the date of the covered Accident, which caused the Injuries.

For the purpose of this benefit, Loss also includes 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.

Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Certificate. If a Covered Person sustains more than one such Loss as the result of the same covered Accident, We will pay only one amount, the largest to which You are entitled.

Accidental Death and Dismemberment and Plegia Benefit

Benefit Amount based on selected Maximum Annual Benefit Amount	Benefit Amount	Benefit Amount	Benefit Amount
Loss of Life	\$10,000.00	\$15,000.00	\$20,000.00
Quadriplegia	\$10,000.00	\$15,000.00	\$20,000.00
Loss of Both Hands or Both Feet	\$5,000.00	\$7,500.00	\$10,000.00
Loss of the Entire Sight of Both Eyes	\$5,000.00	\$7,500.00	\$10,000.00
Loss of One Hand and One Foot	\$5,000.00	\$7,500.00	\$10,000.00
Loss of Speech and Hearing in Both Ears	\$5,000.00	\$7,500.00	\$10,000.00
Loss of One Hand and Entire Sight of One Eye	\$5,000.00	\$7,500.00	\$10,000.00
Hemiplegia or Paraplegia	\$5,000.00	\$7,500.00	\$10,000.00
Loss of One Hand or One Foot	\$2,500.00	\$3,750.00	\$5,000.00
Loss of One Foot and Entire Sight of One Eye	\$2,500.00	\$3,750.00	\$5,000.00
Loss of Speech or Hearing in Both Ears	\$2,500.00	\$3,750.00	\$5,000.00
Loss of Hearing in One Ear	\$500.00	\$750.00	\$1,000.00
Loss of Finger or Toe	\$500.00	\$750.00	\$1,000.00
Loss of Entire Sight of One Eye	\$500.00	\$750.00	\$1,000.00
Partial Amputation of Finger or Toe	\$200.00	\$300.00	\$400.00

TELEHEALTH CARE SERVICE BENEFIT

This Certificate provides a Covered Person with access to a Telehealth Care service of Our choice. Telehealth Care is a service which provides clinical health care consultations for non-emergency medical issues and disease management. This service provides access to an independent board-certified doctor through the use of telecommunication technologies such as the telephone or online video. Information about the Telehealth Care service provided to you as part of your coverage is included with your Certificate fulfillment materials. In the event a Covered Person receives a Telehealth Care service where an additional fee for service is charged, the Covered Person will be responsible for such additional cost.

PREMIUMS SUBJECT TO CHANGE

We may change Your premium rates for this Certificate. We will give You at least forty-five (45) days prior written notice of any change in renewal premium. We can change the premium this way only if We change it on a class basis.

OPTIONAL ACCIDENT HOSPITALIZATION BENEFIT RIDER, GRG15AH

We will pay an Accident Hospitalization Benefit for a loss incurred as a result of a covered Injury, which was initially treated for in an Emergency Room or Outpatient Facility within 48 hours after the covered Injury occurred, and the Covered Person is admitted to a Hospital immediately following. Benefits are payable only when the loss is:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. Incurred for a covered Injury; and
3. Not otherwise excluded from coverage under this Certificate and Rider.

Unless specified otherwise, benefits and their limits are per Covered Person for a covered Accident.

The first Hospital Confinement Day for the Accident Hospitalization Benefit Amount is payable once a Covered Person is Hospital Confined for at least 24 consecutive hours by reason of a covered Injury, for which benefits are payable and there is a charge for room and board.

We will pay the Accident Hospitalization Benefit Amount for each day a Covered Person is Hospital Confined for a covered Injury. Benefits are not payable beyond the Maximum Benefit Period of

Hospital Confinement for any One Period of Hospital Confinement. The Accident Hospitalization Benefit Amount and Maximum Benefit Period are shown in the Rider Benefit Schedule.

Any one continuous period of hospitalization which begins while this Certificate is in force won't be affected by the Certificate ending.

OPTIONAL ACCIDENT AND SICKNESS HOSPITALIZATION BENEFIT RIDER, GRG15ASH

We will pay an Accident and Sickness Hospitalization Benefit as indicated below for a loss incurred as a result of a covered Injury, which was initially treated for in an Emergency Room or Outpatient Facility within forty-eight (48) hours after the covered Injury occurred, and the Covered Person is admitted to a Hospital immediately following. We will also pay the Accident and Sickness Hospitalization Benefit when a Covered Person is admitted for a covered Sickness. Benefits are payable only when:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. The Waiting Period, if any, has been satisfied; and
3. Not otherwise excluded from coverage under this Certificate and Rider.

Unless specified otherwise, benefits and their limits are per Covered Person for a covered Accident or Sickness.

We will pay the Accident and Sickness Hospitalization Benefit Amount for each day a Covered Person is Hospital Confined for a covered Accident or Sickness. Benefits are not payable beyond the Maximum Benefit Period of Hospital Confinement for any One Period of Hospital Confinement. The Accident and Sickness Hospitalization Benefit Amount and Maximum Benefit Period are shown in the Rider Benefit Schedule.

The first Hospital Confinement Day for the Accident and Sickness Hospitalization Benefit Amount is payable once a Covered Person is Hospital Confined for at least 24 consecutive hours by reason of a covered Injury or Sickness, for which benefits are payable and there is a charge for room and board.

Any one continuous period of hospitalization which begins while this Rider, and the Certificate it is attached to is in force, won't be affected by the Certificate or Rider terminating.

Waiting Period For Covered Sickness: 30 Days.

RIDER EXCLUSIONS:

The following Rider Exclusions are in addition to the exclusions contained in the Certificate to which this Rider is attached. We won't pay benefits under this Rider for:

1. Cosmetic surgery other than:
 - a. Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; or
 - b. Reconstructive surgery because of a congenital disease or anomaly.
2. Pregnancy, except for Complications of Pregnancy; any pregnancy of a covered Dependent child, including Hospital Confinement rendered to her child after birth; or Hospital Confinement due to any Covered Person giving birth within the first nine (9) months after the Effective Date of this Certificate as a result of a normal pregnancy, including Cesarean.

OPTIONAL ACCIDENT FOLLOW-UP BENEFIT RIDER, GRG15AF

We will pay an Accident Follow-Up Benefit Amount for an Injury, when the Doctor Visit is:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. Incurred for an Injury, which was initially treated for in an Emergency Room or Outpatient Facility within forty-eight (48) hours after the covered Accident occurred; and
3. Not otherwise excluded from coverage under this Certificate.

Unless specified otherwise, benefits and their limits are per Covered Person, per covered Accident, subject to the Maximum Benefit Period and Annual Maximum Limit for any covered Accident.

- Maximum Benefit Period: 3 Doctor Visits
- Annual Maximum Limit: 6 Doctor Visits

OPTIONAL SICKNESS EMERGENCY ROOM BENEFIT RIDER, GRG15SER

We will pay Sickness Emergency Room Benefits when a Covered Person is treated in an Emergency Room or Outpatient Facility for a covered Sickness. Benefits are payable only when:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. The Waiting Period, if any, has been satisfied; and
3. Not otherwise excluded from coverage under this Certificate or Rider.

Unless specified otherwise, benefits and their limits are per Covered Person, per covered Sickness, payable up to a combined total not to exceed the Rider Maximum Annual Benefit Amount or Rider Lifetime Maximum Amount, which are shown in the Rider Schedule.

Waiting Period: 30 Days.

A. AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount for Ambulance service when needed to transport a Covered Person to the nearest available Emergency Room or Outpatient Facility due to a covered Sickness. The Ambulance Benefit is limited to one (1) transport per covered Sickness.

B. EMERGENCY ROOM BENEFIT

We will pay the Emergency Room Benefit for a Covered Person in a Hospital Emergency Room or Hospital affiliated emergency care facility as a result of a covered Sickness. Emergency treatment must be sought within forty-eight (48) hours of the covered Sickness. The Emergency Room Benefit is limited to one (1) Emergency Room service per covered Sickness.

RIDER EXCLUSIONS & LIMITATIONS:

The following Rider Exclusions and Limitations are in addition to the exclusions and limitations contained in the Certificate to which this Rider is attached. We won't pay benefits under this Rider for:

1. In the event We have paid benefits for other Emergency Room or Ambulance Benefits available under the Certificate for the same date of service.
2. Cosmetic surgery other than:
 - a. Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; or
 - b. Reconstructive surgery because of a congenital disease or anomaly.

3. Pregnancy, except for Complications of Pregnancy; any pregnancy of a covered Dependent child, including Hospital Confinement rendered to her child after birth; or Hospital Confinement due to any Covered Person giving birth within the first nine (9) months after the Effective Date of this Certificate as a result of a normal pregnancy, including Cesarean.

OPTIONAL OUTPATIENT SURGERY BENEFIT RIDER, GRG150S

We will pay an Outpatient Surgery Benefit Amount per surgery performed in an Ambulatory Surgical Center or Outpatient Facility of a Hospital due to a covered Injury or Sickness. The Outpatient Surgery Rider Benefits and Rider Maximum Limits are shown in the Rider Benefit Schedule. Benefits are payable only when:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. Incurred for a covered Injury or Sickness;
3. The Waiting Period, if any, has been satisfied; and
4. Not otherwise excluded from coverage under this Certificate and Rider.

Unless specified otherwise, benefits and their limits are per Covered Person, per covered Injury or Sickness.

We will pay the Outpatient Surgery 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 for a covered Injury or Sickness. Surgical procedures and the services and supplies related to the surgical procedures are limited to two (2) occurrences per Calendar Year, subject to the Outpatient Surgery Rider Maximum Limits.

We won't pay for multiple surgical procedures when such procedures are performed through the same incision or in immediate succession.

RIDER EXCLUSIONS & LIMITATIONS

The following Rider Exclusions and Limitations are in addition to the exclusions and limitations contained in the Certificate to which this Rider is attached. We won't pay benefits under this Rider for:

1. In the event We have paid benefits for other Emergency Room or Ambulance Benefits available under the Certificate for the same date of service.
2. Surgical procedures performed in a Doctor's office or when Hospital Confined.



3. Surgery for corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof unless due to injury occurring while coverage is in force.
4. Surgery for removal of breast implants. This exclusion shall not apply to the removal of breast implants for treatment of a covered Injury or Sickness, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from a covered Injury or Sickness.
5. Surgery for non-malignant warts, moles, boils and lesions.
6. Dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth.
7. Surgery to Sound Natural Teeth made necessary by Injury.
8. Surgery for refractive anomalies.
9. Elective surgery not required to treat a covered Injury or Sickness.
10. Routine diagnostic and preventive screenings. This exclusion does not apply where a surgical procedure is performed as a direct result of such diagnostic or preventive screening.
11. Surgical procedure performed for surgery other than:
 - a. Reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; or
 - b. Reconstructive surgery because of a congenital disease or anomaly.
12. Surgical procedure associated with childbirth or pregnancy, except for Complications of Pregnancy; any pregnancy of a covered Dependent child, including Hospital Confinement rendered to her child after birth; or Hospital Confinement due to any Covered Person giving birth within the first nine (9) months after the Effective Date of this Certificate as a result of a normal pregnancy, including Cesarean.
13. Surgical procedure for cataracts.

OPTIONAL DENTAL AND VISION BENEFIT RIDER, GRG16DV

We will pay up to the Rider Maximum Amount for visits for dental and vision treatment for the services and supplies shown below. After You satisfy the Rider Deductible Amount, We will pay the Insured Percent of covered expenses up to the Rider Maximum Amount per Calendar Year. The Rider Deductible, Insured Percent and the Rider Maximum Amounts are shown below.

Rider Deductible Amount: \$ 100.00

Rider Maximum Amount:

1st Calendar Year: 80% Up To \$200, \$400, or \$600*

2nd Calendar Year and Thereafter: 80% Up To \$400, \$800, or \$1200*

Unless specified otherwise, benefits and their limits are per Covered Person.

*Dependent on the amount selected on the application.

Dental

We will pay up to the Rider Maximum Amount for services of a licensed Dentist including one annual examination and cleaning, x-rays, the cost of fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as necessary by a Dentist, according to the timeframes below.

- After this Rider has been in force three (3) months, we will pay the cost of one (1) dental cleaning, occurring after such three (3) month period, up to the Dental Cleaning Maximum each Calendar Year as shown. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.
- After this Rider has been in force three (3) months, we will pay the cost of one (1) annual exam and x-rays, occurring after such three (3) month period, subject to the Rider Deductible Amount and Rider Maximum Amount per Calendar Year.
- After this Rider has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for the following:

- Bridges, crowns, full dentures or partials, any services or treatment relating to the replacement

of natural teeth which were missing on this rider's Effective Date, out-patient dental surgery, "full mouth" extractions or fluoride treatments occurring after such twelve (12) month period and subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for the following:

- Any replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

Dental Preventative Exam and Cleaning Maximum: Up To \$75.

Vision

We will pay up to the Rider Maximum Amount for visits to a licensed ophthalmologist or optometrist for the purpose of eye refractions and examinations, including the cost of eyeglasses or contact lenses as prescribed by such doctor, according to the timeframes below.

- After this Rider has been in force three (3) months, we will pay the cost of one (1) eye exam or one (1) eye refraction, occurring after such three (3) month period, up to the Eye Exam Maximum each Calendar Year as shown. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, we will pay benefits for the following:

- Eyeglasses or contact lenses purchased after such six (6) month period, not to exceed the Prescription Eyewear maximum of \$200 per Calendar year as listed. If eyeglasses or contact lenses are needed as the result of Injury, the six (6) month period is not applicable.
- Eye Exam/Refraction Maximum: Up To \$50

Prescription Eyewear (Eyeglasses or Contacts): Up To \$200.

RIDER EXCLUSIONS:

The following Rider Exclusions are in addition to the exclusions contained in the Certificate to which this Rider is attached. We won't pay benefits under this Rider for:

1. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist; and
 - b. X-rays ordered by a Dentist.
2. Treatment, services or supplies which:
 - a. Are not Dental Treatment, except as provided herein;
 - b. Are Experimental/Investigational in nature;
 - c. Conditions covered by Workers Compensation Services; or
 - d. Treatment by a Family Member.
3. Services or supplies for which there would be no charge in the absence of insurance.
4. A service furnished to You for:
 - a. 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
 - b. Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Rider Benefit Schedule).
5. Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, precision or semi-precision attachments; denture duplication; or sealants.
6. Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride.
7. Overdentures and associated procedures.
8. Services not completed by the end of the month in which insurance terminates.
9. Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - a. Are Experimental/Investigational in nature;
 - b. Are received without charge or legal obligation to pay; or
 - c. Treatment by any Family Member;
2. Conditions covered by Worker's Compensation Services;
3. Services and supplies in connection with special procedures such as: orthotics or vision training and subnormal vision aids;

4. Non-prescription (Plano) eyewear;
5. Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
6. Eye examinations required by an employer as a condition of employment.

OPTIONAL ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER, GRG15ADD

We will pay the Additional Accidental Death and Dismemberment Benefit for a Loss incurred as a result of an Injury. Benefits are payable only when Loss is:

1. Incurred by a Covered Person while his or her coverage under this Certificate and Rider is in force;
2. Incurred for an Injury; and
3. Not otherwise excluded from coverage under this Certificate and Rider.

Unless specified otherwise, benefits and their limits are per Covered Person, per covered Accident.

We will pay the Loss of Life Benefit if a Covered Person should die solely as a result of Injuries. Accidental death must occur while this Certificate is in force for the Covered Person and within ninety (90) days after the date of the covered Accident, which caused the Injuries.

If A Covered Person has a covered Injury, which results in a Quadriplegia, Hemiplegia or Paraplegia diagnosis by a Doctor within ninety (90) days after the covered Accident occurred, We will pay the appropriate Additional Accidental Death and Dismemberment Benefit.

We will pay the appropriate Additional Accidental Death and Dismemberment Benefit if a Covered Person suffers total and irrecoverable loss of eyesight or limbs solely as the result of a covered Injury. The dismemberment must occur while this Certificate is in force for the Covered Person and within ninety (90) days after the date of the covered Accident, which caused the covered Injuries.

For the purpose of this benefit, Loss also includes 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 a Covered Person sustains more than one such Loss as the result of the same covered Accident, We will pay only one amount, the largest to which You are entitled.



Loss of Life	100% *
Quadriplegia	100% *
Loss of Both Hands or Both Feet	50% *
Loss of the Entire Sight of Both Eyes	50% *
Loss of One Hand and One Foot	50% *
Loss of Speech and Hearing in Both Ears	50% *
Loss of One Hand and Entire Sight of One Eye	50% *
Hemiplegia or Paraplegia	50% *
Loss of One Hand or One Foot	25% *
Loss of One Foot and Entire Sight of One Eye	25% *
Loss of Speech or Hearing in Both Ears	25% *
Loss of Hearing in One Ear	5% *
Loss of Finger or Toe	5% *
Loss of Entire Sight of One Eye	5% *
Partial Amputation of Finger or Toe	2% *

*Benefits reflect the percentage of the selected Rider Maximum Annual Benefit Amount.

+ EXCLUSIONS

This Certificate does not provide benefits for:

1. Treatment, services or supplies which: a. Are not prescribed by a Doctor to treat an Injury; b. Are determined to be Experimental/Investigational in nature; c. Are received without charge or legal obligation to pay; d. Are received from persons employed or retained by any Family Member; or e. Are provided outside of an Emergency Room or Outpatient Facility, unless otherwise specified.
2. Injury sustained while committing or attempting to commit a felony, or while being engaged in an illegal occupation.
3. Injury being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority.
4. Injury received while traveling or operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those, which are not motor-driven.
5. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
6. Dental treatment.
7. Prescription Drugs except as specifically stated.
8. Treatment of Sickness, disease or infections, bodily or mental or generative process, including degenerative joint disease and/ or non-traumatic arthritis, except pyogenic infections or bacterial infections, which result from the accidental ingestion of contaminated substances or an open wound. We also will not pay benefits for any related medical treatments or diagnostic procedures.
9. Injury to the spine, or the cervical, thoracic spinal, dorsal, sacroiliac, or lumbar regions unless loss begins not less than 6 months after the Covered Person's effective date of coverage.
10. Repetitive motion Injuries, strains, all types of hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.
11. Injury resulting from testing cars/trucks on any racetrack or speedway.
12. Participating in any sporting event for pay or prize money.
13. Injuries incurred and resulting from hazardous occupations such as circus workers, commercial fishermen, crop dusters, farm laborers, firefighters, lumberjacks, oil field workers, police, quarry workers, rodeo riders, security guards, underground miners, or window washers.
14. Injuries incurred more than 40 miles outside the territorial limits of the United States or Canada, unless such loss is incurred while the Covered Person is on a trip of not more than 60 days.

Guaranteed Renewable

Your Accident Choice Preferred benefits are guaranteed renewable by the timely payment of premiums. That means your certificate can never be canceled because of failing health or the number of claims you have had.

Guarantee Trust Life Insurance Company, Penn Global Marketing and Select Benefit Services Association are separate legal entities and have sole financial responsibility for their own products. Accident Choice Preferred, Group Accident Only Insurance, is issued on Form Series GP1561/GC1561 with Rider Form Series GRG15ADD, GRG15AF, GRG15AH GRG15ASH, GRG15OS, GRG15SER and GRG16DV by Guarantee Trust Life Insurance Company, Glenview, IL. This product, its riders and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For cost and complete details of coverage, please refer to the certificate.



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GUARANTEE TRUST LIFE INSURANCE COMPANY

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 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.