

# Guarantee Trust Life Insurance Company

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## Applicable to Arizona Residents

### **Covered Expenses**

#### *Spinal Manipulation and Other Manipulative Therapy*

The per calendar year maximum does not apply to the medically necessary covered treatments.

## Applicable to Arkansas Residents

### **Routine Preventive Care Benefits**

*Child Health Supervision* - This benefit is extended to cover dependent children through age 18. Benefits for appropriate immunization services are not subject to the co-payment, calendar year deductible and coinsurance requirements.

*Colorectal Cancer Screening* - This benefit is amended to include colorectal cancer examinations and laboratory tests for covered persons who are fifty (50) years of age or older, covered persons who are less than fifty (50) years of age and at high risk for colorectal cancer or covered persons experiencing bleeding from the rectum or blood in the stool; or change in bowel habits such as diarrhea, constipation or narrowing of the stool that lasts more than 5 days.

### **Physician Office Visit Copayment**

If elected under the "Non-HSA" qualified plan, the NonPPO copayment is changed from \$50 to \$30, then balance of a Physician Office Visit Charge subject to selected calendar year deductible and selected NonPPO coinsurance.

## Applicable to Florida Residents

### **Covered Expenses**

This section is amended to include:

- Diagnostic or surgical procedure involving the bones or joints of the jaw and facial region caused by congenital or developmental deformity, disease, or injury.

### **Routine Preventive Care Benefits**

*Mammograms* - This benefit is amended to include one or more mammograms a year based on a physician's recommendation for any woman who is at risk for breast cancer or because a woman has not given birth before age 30.

*Child Health Supervision* - This benefit is extended to cover dependent children to age 16. This benefit is not subject to the calendar year deductible.

### **General Information**

#### *Eligibility*

Eligible persons shall include children born to a covered dependent child while covered under the policy.

#### *Termination of Insurance*

This subsection is amended by the addition of the following:

"Insurance for a newborn child of a covered dependent child will terminate when the newborn is 18 months old."

### **Exclusions and Limitations**

The exclusion pertaining to the treatment for jaw joint problems, including temporomandibular joint dysfunction, is deleted in its entirety.

### **Pre-Existing Conditions - Definition and Limitation**

The Pre-Existing Conditions Limitation is amended to include the following:

"Routine followup care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice or treatment for purposes of determining a pre-existing condition unless evidence of breast cancer is found during or as a result of the followup care."

## Applicable to Illinois Residents

### **Covered Expenses**

#### *Inpatient Psychiatric Care*

The calendar year benefit maximum does not apply to treatment for Alcohol Rehabilitation. Inpatient treatment for alcoholism and alcohol rehabilitation are covered on the same basis as other covered illnesses.

### **Routine Preventive Care Expenses**

*Colorectal Cancer Screening* - This benefit is deleted in its entirety and replaced with the following: Colorectal cancer examination and laboratory tests for colorectal cancer as prescribed by a physician.

## Applicable to Indiana Residents

### **Routine Preventive Care Benefits**

*Prostate Cancer Screening (PSA Tests)* - This benefit is amended to include one PSA test each year for male insureds under age 40 who are high risk for prostate cancer.

*Colorectal Cancer Screening (PSA Tests)* - This benefit is deleted in its entirety and replaced with the following: Colorectal cancer examinations and laboratory tests for cancer for any non symptomatic covered person who is at least fifty (50) years of age or less than 50 years of age and at high risk for colorectal cancer.

### **Pre-Existing Conditions - Definition and Limitation**

The pre-existing condition definition and limitation is changed as follows:

- An illness or injury of a covered person for which the covered person has received medical advice, diagnosis, care or treatment during the twelve (12) months immediately preceding the covered person's effective date of coverage under the policy;
- An illness or injury that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the twelve (12) months immediately preceding the covered person's effective date of coverage under the policy; or
- A pregnancy existing on the effective date of coverage under the policy.

Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy, or excluded by endorsement or rider attached to the policy or certificate, at the end of the twelve (12) month period commencing on the effective date of the covered person's coverage. The twelve (12) month period will be reduced by the amount of time the covered person continuously served under a preexisting condition clause for a small employer policy of accident and sickness insurance issued under IN Code Chapter 27-8-15 if the application for coverage was submitted not more than thirty (30) days after coverage under the small employer policy expired.

## Applicable to Michigan Residents

### **Pre-existing Conditions - Definition and Limitation**

The definition and limitation of a Pre-existing Condition is deleted in its entirety and replaced with the following:

An illness or injury of a covered person for which the covered person has received medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended during the six (6) months prior to the covered person's effective date of coverage under the policy. Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy or excluded by endorsement or rider attached to the policy or certificate, at the end of the twelve (12) month period commencing on the effective date of the covered person's coverage.

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### Applicable to Mississippi Residents

#### **Pre-existing Conditions - Definition and Limitation**

The definition and limitation of a Pre-existing Condition is deleted in its entirety and replaced with the following:

An illness or injury of a covered person that is not otherwise excluded from the covered person's coverage by name or specific description on the date of the person's loss, and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the covered person's effective date under the policy. Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy or excluded by endorsement or rider attached to the policy or certificate, if at the end of a continuous period of 12 months commencing on or after the effective date of the covered person's coverage, the person has not received medical advice, diagnosis, care or treatment in connection with such illness or injury; or at the end of the 12 month period commencing on the effective date of the covered person's coverage, the person has been covered under the policy.

#### **Spinal Manipulation and Other Manipulative Therapy**

The per calendar year maximum does not apply to the medically necessary covered treatments.

*The following are additional benefits which may be purchased in connection with the coverage shown in the GTL plan marketing brochures. Complete benefit descriptions for each option are outlined in the applicable Amendment Rider For Residents of the State of Mississippi Only. (The premium for these benefits is shown below and is not included on the software quote or rate sheet. If any option is elected, the applicable premium must be included with the total premium submitted with the application.)*

#### **Temporomandibular Joint and Craniomandibular Disorders**

This benefit provides diagnostic services and surgery for the treatment of temporomandibular joint disorder and craniomandibular disorder, subject to a lifetime maximum benefit of \$5,000 per covered person. If this option is not elected, there are no benefits for treatment by any method for jaw joint problems. **If elected, the monthly premium per certificate for this optional benefit will be \$12.00.**

#### **Diabetes Treatment Including Equipment, Supplies and Self-Management Training/Education**

This benefit provides treatment prescribed by a physician for all forms of diabetes. Such treatment includes, but is not limited to, self-management training/education and medical nutrition therapy, up to a maximum benefit of \$250 per calendar year. If not elected, benefits for outpatient self-management training and education, equipment and supplies for the treatment of type 1 and type 2 diabetes and gestational diabetes mellitus are payable in accordance with the Policy's provision. **If elected, the monthly premium per certificate for this optional benefit will be \$20.00.**

#### **Routine Mammograms**

This benefit provides coverage for an annual mammogram for covered females age 35 and over. If not elected, benefits for mammograms are payable in accordance with the Policy's provision. **If elected, the monthly premium per certificate for this optional benefit will be \$10.00.**

#### **Anesthesia Benefits for Certain Dental Procedures**

This benefit provides coverage for anesthesia and associated facility charges when the mental or physical condition of a covered dependent child or mentally handicapped adult covered person requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting, ambulatory surgical center or dental office. If not elected, anesthesia benefits are not payable for dental treatments not covered under the Policy. **If elected, the monthly premium per certificate for this optional benefit will be \$119.00.**

Each of the above options must be elected or rejected on the application. **If not initially elected on the application, they cannot be elected at a later date. If elected, they can be dropped at any time with prior written request, however, they cannot be re-elected.**

### Applicable to Missouri Residents

#### **Psychiatric Care - Inpatient and Outpatient**

Both sections are deleted. Benefits are payable for the treatment of certain mental illnesses, as outlined in the policy, on the same basis as other covered illnesses.

Treatment of alcohol and drug abuse is limited to a maximum of 30 days inpatient treatment each year covered under the policy with a lifetime limit of four times the annual limit. Outpatient treatment is limited to 20 visits for year of coverage.

#### **Child Health Supervision**

Covered expenses for immunizations are not subject to the calendar year deductibles, copayments and service deductibles.

#### **Exclusions and Limitations**

- The exclusion pertaining to outpatient treatment of alcoholism is deleted in its entirety.
- The exclusion pertaining to outpatient treatment of chemical dependency is deleted in its entirety.
- The exclusion pertaining to expenses resulting from self-inflicted injury is amended by deleting the language "or insane".

#### **Rx Copay Drug Card**

- Coverage for contraceptive drugs and devices is included under the Rx benefit (if Rx benefit is elected).
- The member/applicant has the right to exclude coverage for contraceptive drugs and devices if such coverage is contrary to the applicant's moral, ethical or religious beliefs. Written request must be sent to IAC with the applicant's application. (Note: no difference in premium.)

#### **Precertification of Care**

This section is deleted in its entirety.

### Applicable to Nebraska Residents

#### **Routine Preventive Care Benefits**

*Child Health Supervision* - Benefits for appropriate immunization services are not subject to the calendar year deductible.

### Applicable to Ohio Residents

The following notice is added:

**WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.**

#### **Covered Expenses**

This section is amended to include:

- Outpatient, inpatient and intermediate primary care benefits for alcoholism payable at 50% coinsurance, up to a maximum benefit of \$550 per person per calendar year.
- HSA Qualified Plans: Outpatient, inpatient and intermediate primary care benefits for alcoholism payable at selected coinsurance; up to a maximum of \$550 per person per calendar year.

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## Applicable to Ohio Residents (continued)

**Inpatient Psychiatric Care, Chemical Dependency, Substance Abuse, Alcohol and Drug Rehabilitation** - This benefit is amended to delete references to alcohol and alcohol rehabilitation.

### **Routine Preventive Care**

*Child Health Supervision* - This benefit is extended to cover dependent children to age 9. The maximum benefit from birth to age one will not exceed \$500, including hearing screening. The maximum benefit for hearing screening from birth to age one will not exceed \$75. The maximum benefit for each calendar year thereafter will not exceed \$150.

### **Exclusions and Limitations**

- The exclusion pertaining to outpatient treatment of alcoholism is deleted in its entirety.

## Applicable to Oklahoma Residents

### **Covered Expenses**

#### **Chemotherapy and Radiation Therapy**

This benefit is amended to include charges for wigs or other scalp prostheses necessary for the comfort and dignity of the covered person up to a maximum per calendar year of \$150.

#### **Dental Treatment to Sound Natural Teeth**

This benefit is amended to include charges for anesthesia expenses, anesthesia practitioner expenses for the administration of anesthesia, hospital and ambulatory surgical expenses associated with any medically necessary dental procedure provided to a covered person who is severely disabled or a minor 8 years of age or under and who has a medical or emotional condition which requires hospitalization or dental care.

#### **Routine Preventive Care Expenses**

*Child Health Supervision* - This benefit is extended to cover dependent children through age 18. Benefits for covered immunization services are not subject to the calendar year deductible, co-payments, service deductibles or coinsurance requirements.

*Mammograms* - This benefit is amended as follows: this benefit is limited to \$115 and is not subject to the calendar year deductible, co-payments, service deductibles or coinsurance requirements.

*Prostate Cancer Screening* - This benefit is deleted in its entirety and replaced with the following: one digital rectal examination and a prostate cancer screening known as Prostate Specific Antigen (PSA) test per calendar year for male insureds over the age of 50 and in men over the age of 40 who are at increased risk of developing prostate cancer as determined by the physician. This benefit is not subject to the calendar year deductible and shall not exceed the actual cost of the screening up to a maximum of \$65 per screening.

### **Exclusions and Limitations**

- The exclusion pertaining to government institutions is amended to add the following: this will not apply to a State owned and/or controlled hospital in Oklahoma provided and to the extent that such State hospital is duly authorized to admit paying patients for hospital, surgical and/or medical services or any of such services.
- The exclusion pertaining to active duty in the armed services is deleted in its entirety and replaced with the following: expenses resulting from war or act of war declared or undeclared while serving in the military service or any auxiliary unit.
- The exclusion pertaining to war is deleted in its entirety and replaced with the following: expenses resulting from voluntary participation in a riot or insurrection; while engaged in an illegal occupation or the commission, or the attempted commission of a felony.
- The exclusion pertaining to the commission of a felony is deleted in its entirety.

- The exclusion pertaining to routine hearing exams is amended by adding the following: this exclusion does not apply to dependent children under the age of 18.

### **Pre-existing Condition - Limitation**

The Pre-existing Conditions Limitation is deleted and replaced with the following. Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy, or excluded by endorsement or rider attached to the certificate after the covered person has been covered under the policy for 12 consecutive months.

## Applicable to Pennsylvania Residents

### **Routine Preventive Care Benefits**

*Child Health Supervision* - Immunizations are not subject to the calendar year deductible or any applicable service deductibles.

## Applicable to South Carolina Residents

### **Pre-existing Condition - Limitation**

The Pre-existing Conditions Limitation is changed as follows: Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy or excluded by endorsement or rider attached to the policy or certificate, if at the end of a continuous 12-month period ending after the effective date of the covered person's coverage, the person has not received medical advice, treatment, services, diagnostic tests, consultation or medication in connection with such illness or injury; or, at the end of the 12 month period commencing on the effective date of the covered person's coverage, the person has been covered under the policy; whichever occurs first.

### **Exclusions and Limitations**

The exclusion pertaining to charges incurred prior to the date the covered person has been covered for six consecutive calendar months for the care or treatment of hernia, tonsils, adenoiditis, any disease or disorder of the reproductive system, any rectal disease or disorder, gall bladder, varicose veins, or laminectomy, discectomy or spinal fusion does not apply.

## Applicable to Tennessee Residents

### **Covered Expenses**

#### *Spinal Manipulation and Other Manipulative Therapy*

The per calendar year maximum does not apply to the medically necessary covered treatments.

### **Routine Preventive Care Benefits**

*Prostate Cancer Screening (PSA) Tests* - This benefit is amended by adding and other male insureds if a physician determines that the early detection of prostate cancer is medically necessary.

### **Exclusions and Limitations**

- The exclusion pertaining to the treatment for jaw joint problems, including temporomandibular joint dysfunction, is deleted in its entirety.
- The exclusion pertaining to the treatment of autism is deleted or the exclusion pertaining to the treatment of autism, developmental delays, etc. is amended to delete the reference to autism.

### **General Information**

#### **Eligibility**

Eligible age requirements are changed as follows:

- Eligible dependents must be unmarried and under 25 years of age.

## Applicable to Texas Residents

### **Plan Benefits and Features**

This section is amended to include:

- Treatment of serious mental illness is covered up to a calendar year maximum of 45 days inpatient and 60 outpatient visits.
- Treatment of chemical dependency, substance abuse, alcohol and drug rehabilitation is covered; subject to a lifetime benefit of three separate series of treatments.

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## Applicable to Texas Residents (continued)

- Diagnostic or surgical treatment of conditions affecting the temporomandibular joint; for including the jaw and the craniomandibular joint as a result of an accident, a trauma, a congenital defect, a developmental defect, or a pathology. Coverage also includes benefits for reconstructive surgery for craniofacial abnormalities for covered dependent children under 18 years of age.
- Medically accepted bone mass measurement, provided to a qualified individual, for the detection of low bone mass and to determine the person's risk of osteoporosis and fractures associated with osteoporosis.

### **Routine Preventive Care Benefits**

*Child Health Supervision* - Covered immunizations are not subject to the calendar year deductibles, co-payments or coinsurance requirements.

*Mammograms* - This benefit is amended to remove the age requirements and replace them to specify that an annual low dose mammography will be provided for females age 35 and older.

*Routine Physical Exams* are deleted in their entirety and replaced with the following for all plans:

Benefits are limited to \$150 per examination for each covered person per benefit period. For each benefit period there is a maximum of 2 routine physical exams covered per family. Benefit period is defined as every 2 years. This benefit is subject to the coinsurance requirements.

### **Rx Copay Drug Card**

In the 5th paragraph "Prescription Copay Drug Card benefits are not payable for" Contraceptive drugs and devices is deleted.

**Precertification of Care** is deleted in its entirety and replaced with the following:

**Preauthorization of Care** - Hospital admissions and certain outpatient procedures, services or supplies, as outlined in the policy, require preauthorization before a covered person receives them. **Preauthorization is not a verification of covered expenses.**

**Non- Preauthorization Penalty** - Failure to preauthorize when required will result in a \$500 non- preauthorization penalty.

## **General Information**

### **Eligibility**

Eligible persons shall include:

- The eligible member's grandchild provided that the grandchild is a dependent of the eligible member regardless of whether the eligible member treats the grandchild as a dependent for federal income tax purposes.

Eligible age requirements are changed as follows:

- Eligible dependents must be unmarried and under 25 years of age.

### **Exclusions and Limitations**

- The exclusion pertaining to charges incurred for certain conditions during the first six consecutive months of coverage under the policy is deleted in its entirety.
- The exclusion pertaining to expenses the covered person is not required to pay, is amended to delete the following language: "which are covered by other insurance except Medicaid, or which would not have been billed if no insurance existed."
- The exclusion pertaining to outpatient treatment of alcoholism, is deleted in its entirety.
- The exclusion pertaining to outpatient treatment of chemical dependency, is deleted in its entirety.
- The exclusion pertaining to treatment for jaw joint problems, is deleted in its entirety.

## Applicable to West Virginia Residents

### **Routine Preventive Care Benefits**

*Child Health Supervision* - This benefit is amended by adding the following: Required child immunizations and their administration are covered for covered dependent children from birth through age 16 years. Benefits for the child immunizations and their administration are not subject to the calendar year deductibles, coinsurance, copayments or service deductibles.

### **Covered Expenses**

*Inpatient Psychiatric Care* - This benefit is amended to a maximum of \$200 per day to a maximum of \$10,000 per calendar year.

### **Outpatient Psychiatric Care**

The maximum benefit is amended to \$50 per visit and the maximum number of visits is amended to 26.