



# Select Benefit Services Association

Membership Includes:

- **24 HOUR ACCIDENT COVERAGE**
- **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**
- **LIFESTYLE DISCOUNTS AND SERVICES**
- **MEDICAL DISCOUNTS**

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Select Benefit Services Association

# The Benefits of Having Accident Coverage



An accident can happen when you or one of your family members least expect it! GTL's 24 Hour Accident plan provides you with the comfort and the coverage you need for those unexpected expenses.

Guarantee Trust Life Insurance Company has designed the 24 Hour Accident plan to provide you with the protection you need with several options to choose from.

## Accident Coverage Options: *Issue Ages 18-69*

### OPTION ONE **1** | | | |-------------------|-------------------| | \$40.00<br>FAMILY | \$22.00<br>SINGLE | |-------------------|-------------------|

- \$2,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$2,500 Accidental Death and Dismemberment

### OPTION TWO **2** | | | |-------------------|-------------------| | \$54.00<br>FAMILY | \$28.00<br>SINGLE | |-------------------|-------------------|

- \$5,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$5,000 Accidental Death and Dismemberment

### OPTION THREE **3** | | | |-------------------|-------------------| | \$68.00<br>FAMILY | \$34.00<br>SINGLE | |-------------------|-------------------|

- \$7,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$7,500 Accidental Death and Dismemberment

### OPTION FOUR **4** | | | |-------------------|-------------------| | \$82.00<br>FAMILY | \$40.00<br>SINGLE | |-------------------|-------------------|

- \$10,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$10,000 Accidental Death and Dismemberment

### OPTION FIVE **5** | | | |-------------------|-------------------| | \$87.00<br>FAMILY | \$41.00<br>SINGLE | |-------------------|-------------------|

- \$12,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$12,500 Accidental Death and Dismemberment

### OPTION SIX **6** | | | |-------------------|-------------------| | \$90.00<br>FAMILY | \$42.00<br>SINGLE | |-------------------|-------------------|

- \$15,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$15,000 Accidental Death and Dismemberment

### OPTION SEVEN **7** | | | |-------------------|-------------------| | \$97.00<br>FAMILY | \$45.00<br>SINGLE | |-------------------|-------------------|

- \$20,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$20,000 Accidental Death and Dismemberment

### OPTION EIGHT **8** | | | |--------------------|-------------------| | \$104.00<br>FAMILY | \$48.00<br>SINGLE | |--------------------|-------------------|

- \$25,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance
- \$25,000 Accidental Death and Dismemberment

*Your Monthly Rate Includes \$10.95 Membership Dues & Discount Medical Plan Option Costs*

# Benefit Descriptions by Guarantee Trust Life Insurance Company

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## Accident Medical Coverage

### **ANY DOCTOR, EMERGENCY ROOM, CLINIC OR HOSPITAL**

Medical Services means the cost for: medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work for injury to sound and natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by a licensed medical professional and the rental of durable medical equipment. Benefits are excess of other coverage. Total medical expense benefits for a single accident shall not exceed the maximum benefit amount per injury shown in your certificate.

## \$4,000 Emergency Air Ambulance

Most medical plans only cover ground ambulance. In the event a member suffers from a covered injury that requires emergency air ambulance service we will reimburse the member up to the maximum amount of \$4,000.

## Accidental Death & Dismemberment

If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, we will pay benefits as described in your certificate of coverage for loss of life. Benefits for loss of limb and sight are also shown in the schedule of benefits.

*AD&D benefits reduce by 50% on a covered person's 70th birthday.*

# Select Benefit Services Association

The following Discount Medical Plans are included with all eight options:

## ■ Teladoc: Speak with a live Board Certified Physician

With Teladoc, you can speak with a physician anytime, anywhere, 24 hours a day, 7 days a week, 365 days a year. Call Teladoc and you can speak to a physician in most cases in less than 30 minutes, but within 3 hours guaranteed. Please note that there is a \$38 per consultation charge for this service.

## ■ Pharmacy Discount Plan: APS

The Prescription Drug Program links most of the largest pharmacy chains into a common and consistent discount program. Through an exclusive agreement with one of the nation's premier drug management organizations, members can obtain discounts of up to 30% on drug prices through a national network of more than 50,000 pharmacies. The network includes pharmacy chains such as CVS, Rite Aid, Medicine Shoppe, Walgreens, Wal-Mart, as well as thousands of independent pharmacies throughout the country. Mail order is available also!

## ■ Dental Discounts: UNI-CARE Network

Members may take advantage of savings through the UNI-CARE Dental Network, one of the largest and most recognized discount dental networks in the nation. Members save 10% to 50% on everything from general dentistry to root canals, crowns and orthodontia at over 29,000 available dental practices nationwide.

### Examples of Discounts:

PRODUCT/SERVICE	AVG. PRICE	YOU PAY	SAVINGS	% SAVED
Dental exam/cleaning (adult)	\$148.00	\$101.00	<b>\$47.00</b>	32%
Dental exam/cleaning (child)	\$127.50	\$87.67	<b>\$39.83</b>	31%
Complete X-rays	\$107.00	\$66.00	<b>\$41.00</b>	38%
Root Canal (One Canal)	\$610.50	\$519.00	<b>\$91.50</b>	15%
Complete Upper Denture	\$1,401.50	\$1,191.28	<b>\$210.22</b>	15%

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](http://www.selectbenefitservicesassociation.com).

Teladoc does not replace the primary care physician. Teladoc is not available in Oklahoma. Teladoc does not guarantee that a prescription will be written and operates subject to state regulations. Teladoc does not prescribe DEA controlled substances. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc, Inc. © 2002-2010.

**Disclosures:** (a) The discount medical card program is NOT health insurance. (b) The plan provides discounts at certain health care providers for medical services. (c) The plan does not make payments directly to the providers of medical services. (d) The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received. (e) The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization.

**Managed and Administered by: VantageAmerica Solutions, Inc.**

**1275 Milwaukee Avenue Glenview, IL 60025 • [www.vantageamericasolutions.com](http://www.vantageamericasolutions.com)**

This discount plan is not "A Medicare Prescription Drug Plan". (1) Membership in the discount drug plan entitles members to discounts for certain pharmaceutical supplies, prescription drugs, or medical equipment and supplies offered by providers who have agreed to participate in the discount drug plan; (2) The discount drug plan organization does not pay providers of pharmaceutical supplies, prescription drugs, and medical equipment and supplies provided to plan members. (3) The discount drug plan member is required to pay for all pharmaceutical supplies.

# Other Discounts and Services

For a list of providers please visit [www.selectbenefitservicesassociation.com](http://www.selectbenefitservicesassociation.com)

- **CAR PRICING:** Car leasing, purchasing and referral service — This service is available for new and late model used cars
- **CAR RENTAL:** Includes USA, Canada and Europe
- **LONG DISTANCE:** Great Savings — 24 hours per day/7 days per week
- **SHOPPING SPREE:** Over 120 gift items to choose from — Up to \$1,000 in merchandise and services
- **GIFT BASKETS:** Includes flowers, gourmet baskets, sweet treats and more
- **TRAVEL:** Includes car rentals, cruises and more
- **HOTEL/MOTEL:** Hotel, motel and resort chains nationwide
- **RENTAL & SALES:** Save on motor homes — Members can also purchase new and used brand name motor homes
- **GROCERY COUPONS:** Stretch your grocery dollars — Enjoy savings with coupons for goods nationwide
- **MOVING SERVICES:** Trained planner will help members with their residential, business or office move
- **FITNESS HEALTH:** Save on national brand exercise equipment — Includes stair climbers, exercise bikes, rowing machines and more



The policy does not provide benefits for:

- Treatment, services or supplies which:
    - Are not Medically Necessary;
    - Are not prescribed by a Doctor as necessary to treat an Injury;
    - Are determined to be Experimental/Investigational in nature;
    - Are received without charge or legal obligation to pay;
    - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
    - Are not specifically listed as Covered Charges in the Policy.
  - Injury by acts of war, whether declared or not.
  - Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
  - Injury covered by Worker's Compensation, Employer Liability Law or Occupational Disease Act or Law.
  - Dental treatment, except as specifically stated.
  - Injury sustained while committing or attempting to commit a felony.
  - Prescription Drugs except as specifically stated.
  - Suicide or attempted suicide while sane or insane.
  - Intentionally self-inflicted Injury.
  - Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
  - Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
  - Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
  - Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
  - Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
  - Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
  - Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
  - Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
  - Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
  - Covered Charges incurred outside of the United States or its possessions.
  - Competing in motor sports races or competitions.
  - Competing in water sports races or competitions.
  - Testing cars/trucks on any racetrack or speedway.
  - Handling, storing or transporting explosives.
  - Scaling up cliffs or mountain walls.
  - Spelunking (exploring caves).
  - Handling or working with dangerous animals.
  - Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific injury.
- The following treatments, services or supplies are limited to the following charges:
- Doctor's visits (inpatient and outpatient) per visit limited to \$100
  - Ambulance expense limited to \$400 per Accident
  - Dental treatment for Injury to Sound Natural Teeth per visit limited to \$250
  - Chiropractic per visit limited to \$20

**CLAIM PROVISIONS:** Notice of Claim: Written notice of claim must be given to the Company or its authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

*Insurance Underwritten by Guarantee Trust Life Insurance Company: Policy Form MP-1300 This brochure is an illustration, not a contract. For complete details of all provisions, please read your certificate carefully. Not all benefits may be available in every state.*

Plan membership may be cancelled within 30 days and any premium paid will be fully refunded.

**24 Hour Accident Coverage** • This product is not available in AK, CT, KS, MA, ME, MD, MN, MT, NC, NH, NY, OR, UT, VT, WA

G•T•L

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