



Southwest Service Life Insurance Company

[A Stipulated Premium Co.]
Fort Worth, TX 76180

The Freedom of Choice Preferred Health Plan SD17 Rates For Specified Diseases and Accidental Injury Policy

FORM SD17 WITH PHYSICIAN'S CO-INSURANCE

First Premium Payment: Collect one-time \$25.00 Initial Application Fee to be paid in addition to Mode Premium. Initial premiums are based on age at last birthday of applicant. Family rate includes parent(s) and up to four eligible family members under age 26 and based on oldest family member.

**Pays Daily Hospital Benefit / ICU + Medical Benefits – In-Hospital & Out Patient Surgery
Plus Outpatient Physicians Calls**

Coinsurance Plan	60%	70%	80%
Decreasing & Vanishing Deductible	\$100/\$0	\$200/\$100/\$0	\$400/\$200/\$0
Daily Room Benefit	\$1,200	\$1,700	\$2,200

Non Tobacco Users

Ages	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.
Dependent Child	57	51	67	60	75	67
19-30						
Individual	112	102	132	119	148	133
Husband & Wife	212	191	251	225	281	253
Family Group	269	243	318	286	355	319
31-45						
Individual	150	136	180	163	200	180
Husband & Wife	287	259	342	308	380	342
Family Group	342	308	408	367	454	409
46-55						
Individual	185	167	220	199	245	221
Husband & Wife	353	318	417	376	466	419
Family Group	408	367	484	436	540	487
56-64						
Individual	202	183	242	217	269	243
Husband & Wife	385	347	459	414	511	460
Family Group	442	398	524	472	585	527

Tobacco Users Rates

Ages	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.
Dependent Child	62	57	73	67	82	75
19-30						
Individual	124	112	147	132	164	148
Husband & Wife	236	212	279	251	312	281
Family Group	298	269	353	318	394	355
31-45						
Individual	168	150	200	180	223	200
Husband & Wife	319	287	380	342	423	380
Family Group	381	342	453	408	505	454
46-55						
Individual	206	185	244	220	272	245
Husband & Wife	391	353	464	417	518	466
Family Group	453	408	538	484	600	540
56-64						
Individual	225	202	268	242	298	269
Husband & Wife	428	385	510	459	568	511
Family Group	490	442	583	524	651	585



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A Stipulated Premium Company • Administrative Office: Fort Worth, Texas

ACCIDENT ONLY POLICY - FORM AO REQUIRED OUTLINE OF COVERAGE

1. READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY!
2. Accident only coverage is designed to provide you with coverage for death, dismemberment and hospital and medical care resulting from a covered accident only. Coverage is provided for the benefits outlined in Paragraph [3]. The benefits described in Paragraph [3] may be limited to Paragraph [4].

3. HOSPITAL AND MEDICAL EXPENSE INCURRED DUE TO INJURY

Benefits for the hospital and physician's charges incurred for treatment and service received due to an injury. To be covered, treatment must commence within 90 days of the date of the injury. Hospital confinement is not required for payment of benefits. Your choice of benefits are:

- \$300 \$500 \$1,000 \$1,500 \$2,000 \$2,500.

ACCIDENTAL DEATH

\$5,000.00 Accidental Death Benefit if death is due to an injury. To be covered, death must occur within 90 days after the date the injury was sustained and while this policy is in force.

SPECIFIC LOSSES DUE TO INJURY

\$2,500.00 Specific Loss Benefit for specific losses, shown below due to injury, if injury does not result in accidental death.

1. Loss of a hand
2. Loss of a foot.
3. Loss of an eye.

With respect to a hand or foot, loss means dismemberment by severance through or above the wrist or ankle joint. With respect to an eye, loss means the entire and irrecoverable loss of sight in the eye. If the injury results in two or more of the specific losses shown above, benefits will be paid for not more than two specific losses due to an injury.

4. LIMITATIONS AND EXCLUSIONS

Benefits are not payable under this policy for:

Expenses due to loss beginning while this policy is not in force; or
Any expense incurred in excess of the usual, customary and regular charges for any service or materials in the geographic area where furnished; and

Injuries resulting from an act of declared or undeclared war and sustained while a member of an armed service (upon notice to the Company or entry into service, the pro-rata premium will be refunded); or

Injuries resulting from air travel, other than as a passenger on a scheduled airline; or

Suicide, attempted suicide or intentionally self inflicted injuries, while sane or insane; or

Any loss incurred while engaged in an illegal occupation.

Any benefits payable under this policy for expense incurred that is paid for by the Texas Department of Human Resources will be paid to the Department.

5. RENEWABILITY

This policy is guaranteed renewable for life, subject to the Company's right to change premium rates for all policies of the same class. This policy has a 31-day grace period.

PREMIUMS					
	Annual	Semi-Annual	Quarterly	Monthly	MBD
\$300 PLAN					
Individual, Age 0-64	\$59.00	\$31.25	\$16.50	\$5.90	\$5.30
Family Group	118.00	62.50	33.00	11.80	10.60
\$500 PLAN					
Individual, Age 0-64	\$94.00	\$49.75	\$26.30	\$9.40	\$8.45
Family Group	187.00	89.50	52.60	19.20	16.90
\$1,000 PLAN					
Individual, Age 0-64	\$175.00	\$92.75	\$49.00	\$17.50	\$15.75
Family Group	350.00	185.50	98.00	35.00	31.50
\$1,500 PLAN					
Individual, Age 0-64	\$191.32	\$106.29	\$59.05	\$ 21.87	\$20.77
Family Group	382.64	212.58	118.10	43.74	41.54
\$2,000 PLAN					
Individual, Age 0-64	\$239.00	\$132.82	\$73.79	\$27.33	\$25.96
Family Group	478.00	265.64	147.58	54.66	51.92
\$2,500 PLAN					
Individual, Age 0-64	\$298.82	\$166.01	\$92.23	\$34.16	\$32.45
Family Group	597.64	332.02	184.46	68.32	64.90