



Dental/Vision/Hearing Expense Insurance



Rising healthcare costs can force you into difficult situations including reduced health benefits, loss of benefits, and price increases.

Basic Medicare does not cover dental, vision or hearing expenses. Medicare supplemental policies may provide some coverage, but not all. From big businesses to self employed and retired individuals, we all feel the effects of rising healthcare costs. Discover the benefits and security you need with Southwest Service Life Insurance Company's Dental, Vision and Hearing Insurance.





Southwest Service Life Insurance Company
Policy Form DVH-101

Dental/Vision/Hearing Expense Insurance

Benefits

After the Annual Deductible is satisfied, we will pay the following percentages directly to you, subject to reasonable and customary, up to the annual

MAXIMUM BENEFIT:

- 60% of covered expenses in the first Policy Year.
- 70% of covered expenses in the second Policy Year.
- 80% of covered expenses in the third Policy Year.
- 90% of covered expenses thereafter.

Choose Your Deductible

You may choose between a \$0 or \$100 per Insured per Policy Year Deductible. This is the amount you are responsible for during each Policy Year before benefits are payable.

Choose Your Maximum Benefit

Per Insured per Policy Year Maximum Benefit is the maximum benefit amount that Policy will pay during any one Policy Year. You may choose \$1,000, \$1,500 or \$2,000.

WHO IS ELIGIBLE?

Anyone ages 18-84.

Covered Expenses

We will pay the applicable percentage for the following services performed by a licensed dentist, physician or audiologist:

DENTAL

- Day one-X-rays, fillings and outpatient dental surgery prescribed as Medically Necessary.
- After a three month waiting period - one annual cleaning up to \$75. (not subject to deductible)
- After a six month waiting period - root canals.
- After a one year waiting period-bridges, crowns, dentures, work relating to replacement of natural teeth missing on the Policy Effective Date, full mouth extractions and fluoride treatments.

VISION

MAXIMUM BENEFIT IS \$150

- Day one-One annual basic eye examination or eye refraction, including the cost of eyeglasses or prescribed contact lenses.

After a six month waiting period-repair or replacement of existing eyeglasses or contact lens. (including the renewal or changing of prescriptions)

HEARING

- Day one - Hearing examinations, including the cost of the hearing aid and any necessary repairs.
- After a one year waiting period - repair or replacement of existing hearing aids.

Guaranteed Renewable for Life

This Policy is renewable as long as you live, provided you continue to pay premiums when due.

No Networks! You Choose the Provider

PAYS IN ADDITION TO ANY OTHER COVERAGE

BENEFITS ARE PAID DIRECTLY TO YOU

No worries about whether or not your doctor or dentist is in a network. No hassles about where you can buy glasses or hearing aids. You decide who to see. We provide the coverage.



THIS IS A LIMITED BENEFIT POLICY WHICH ONLY PROVIDES BENEFITS FOR DENTAL, VISION AND HEARING EXPENSES. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY. THIS POLICY WILL NOT COVER ALL OF YOUR MEDICAL EXPENSES.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Southwest Service Life Insurance Company

Administrative Office: P.O. Box 982005

Fort Worth, Texas 76182

Customer Service: 1-800-966-7491

Dental, Hearing and Vision

Policy Form DVH-101



Part 3 Benefits

A. After the Policy Year Deductible, if any, is satisfied, the following percentages of actual charges, not to exceed Reasonable and Customary Charges for Covered Expenses up to the Policy Year Maximum Benefit:

| | | | |
|---|--|---|--------------------------|
| 60% in the first Policy Year | 70% in the second Policy Year | 80% in the third Policy Year | 90% thereafter |
|---|--|---|--------------------------|

COVERED EXPENSES, SUBJECT TO THE LIMITATIONS AND EXCLUSIONS

B. Dental Benefits

We will pay the applicable percentage for dental services performed by a licensed Dentist, including one annual examination and cleaning, x-rays, fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as Medically Necessary.

After the Policy has been in force three (3) months, the Company will pay the cost of one (1) dental cleaning up to a maximum benefit of \$75 each Policy Year. This benefit is not subject to the Policy Year Deductible; however, it is included in the Policy Year Maximum Benefit.

We will NOT pay any benefits during the first six (6) months following the Policy Effective Date for root canals.

We will NOT pay benefits during the first Policy Year for the following items and/or services: Bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing on the Policy Effective Date, "full mouth" extractions or fluoride treatments;

C. Hearing Benefits

We will pay the applicable percentage for hearing examinations performed by a Physician or Audiologist, including the cost of the hearing aid and any necessary repairs.

We will NOT pay benefits during the first Policy Year for existing hearing aids.

D. Vision Benefits

We will pay the applicable percentage for visits to a Physician for a basic eye examination or eye refraction, including the cost of eyeglasses or contact lenses prescribed by the Physician, up to a maximum benefit of \$150 in any one (1) Policy Year.

We will NOT pay any benefits during the first six (6) months following the Policy Effective Date for existing eyeglasses or contact lens (including the renewal or changing of prescriptions).

Part 4. LIMITATIONS AND EXCLUSIONS - READ CAREFULLY

This Policy has a Policy Year Deductible as shown on the Policy Schedule Page. Once the Policy Year Deductible has been met, benefits are limited to the Policy Year Maximum Benefit as shown on the Policy Schedule Page. Each Insured must satisfy the Policy Year Deductible Amount in full before benefits are payable for that insured.

THE POLICY DOES NOT PROVIDE BENEFITS FOR

We will NOT pay benefits for: 1.) any loss resulting from war, declared or undeclared; or 2.) any intentionally self-inflicted Injury; or 3.) any loss resulting from the commission of or the attempt to commit an assault or felony; or 4.) any loss resulting from engaging in any illegal activity or occupation; or 5.) any services that are not recommended by a Physician or other licensed medical professional; or 6.) any Experimental or Investigational Procedure or Treatment; or 7.) orthodontic treatment; or 8.) any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder [TMJ]; or 9.) expenses incurred for surgical procedures [other than outpatient dental surgery] performed on an inpatient or outpatient basis [including any surgical procedure performed for the treatment of cataracts]; or 10.) charges for radial keratotomy [RK], automated lamellar keratoplasty [ALK], conductive keratoplasty [CK] or other cosmetic procedures; or 11.) prescription drugs; or 12.) charges in excess of Reasonable and Customary Charges; or 13.) treatment or diagnosis received while outside the United States of America or its territories; or 14.) services for which you are not liable or for which no charge normally is made in the absence of insurance; or 15.) loss that occurs while this Policy is not in force.

Part 5. RENEWABILITY - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

PREMIUM CHANGE

We may change the premium rates for the policy. The change will be based on a new table of rates. We can only change the premium if we change it for all policies like yours in your class and in the same state where your policy was issued.

TEN-DAY RIGHT TO EXAMINE AND RETURN POLICY

If for any reason You are not satisfied with your Policy, You may return the Policy within ten [10] days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded.

Policy Year Maximum Benefit: \$1,000 \$1,500 \$2,000

Deductible Options: \$0 or \$100 \$0 or \$100 \$0 or \$100

Monthly Monthly Bank Draft Quarterly - 3 times the monthly rate

Semi-Annual - 6 times the monthly rate Annual - 12 times the monthly rate

DISCLOSURE OF LIMITED AUTHORITY Your application was taken by a soliciting agent whose authority is limited only to providing you with an outline of coverage and an application, assisting you, if necessary, in filling out the application, and then transmitting your application and initial premium to the Home Office. Your agent does not have the authority to waive a complete answer to any question on your application, or to approve insurability nor the authority to make or alter any provisions of the outline of coverage, application, or Certificate. Your agent does not have the authority to waive any rights of the Company and You will not be insured until a Policy is actually issued by the Company. The making of an application and the payment of an initial premium does not guarantee your insurability and does not mean that you are insured by the Company.