



Southwest Service Life Insurance Company

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

The Freedom of Choice Preferred Plus Health Plan SD18 Rates For Specified Diseases and Accidental Injury Policy

FORM SD18 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	\$1,300	\$1,800	\$2,300

Non Tobacco Users

Ages	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.
Dependent Child	62	56	73	65	82	73
19-30						
Individual	122	111	144	130	161	145
Husband & Wife	231	208	274	245	306	276
Family Group	293	265	347	312	387	348
31-45						
Individual	164	148	196	178	218	196
Husband & Wife	313	282	373	336	414	373
Family Group	373	336	445	400	495	446
46-55						
Individual	202	182	240	217	267	241
Husband & Wife	385	347	455	410	508	457
Family Group	445	400	528	475	589	531
56-64						
Individual	220	199	264	237	293	265
Husband & Wife	420	378	500	451	557	501
Family Group	482	434	571	514	638	574

Tobacco Users Rates

Ages	Monthly	M.B.D.	Monthly	M.B.D.	Monthly	M.B.D.
Dependent Child	68	62	80	73	89	82
19-30						
Individual	135	122	160	144	179	161
Husband & Wife	257	231	304	274	340	306
Family Group	325	293	385	347	429	387
31-45						
Individual	183	164	218	196	243	218
Husband & Wife	348	313	414	373	461	414
Family Group	415	373	494	445	550	495
46-55						
Individual	225	202	266	240	296	267
Husband & Wife	426	385	506	455	565	508
Family Group	494	445	586	528	654	589
56-64						
Individual	245	220	292	264	325	293
Husband & Wife	467	420	556	500	619	557
Family Group	534	482	635	571	710	638



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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