The Preferred

FREEDOM of CHOICE

Health Policy

The SD17

Permanent Health Insurance
and Guaranteed Renewable for Life.

80/20 Plan

Southwest Service Life Insurance Company
Fort Worth, Texas
Providing Quality Health Insurance Coverage to fellow Texans for over 55 Years

ADV-1 SD17 80/20

HEALTH LIFE DENTAL insurance.com
Serving families and businesses since 1989
1-800-257-1723

Southwest Service Life Insurance Company

Specified Diseases and Accident Policy Form SD17

80/20 PLAN

Lifetime Policy Aggregate is $3,000,000

$250,000.00 Aggregate Per Person for Each Covered Specified Disease

$250,000.00 Aggregate Per Person for Each Accidental Injury

Vanishing Deductible • $400.00 the 1st policy year, $200.00 the 2nd policy year and Vanishes thereafter

Hospital Expenses subject to daily hospital benefit.

CAN HELP PAY FOR

Hospital Room (Semi-Private)	*Surgical Dressings*	*Intensive Care Unit Facilities*	*Physical Therapy*	*Casts and Splints*
Hypodermics	*Use of Cystoscopic Room*	*Oxygen*	*Hydrotherapy*	*Basal Metabolism Tests*
MRI	*Medicines*	*Iron Lung*	*X-Ray Photographs*	*Encephalograms*
Central Supplies	*Lung Capacity Tests*	*Operating Room*	*Anesthesia*	*Cardiac Conversion*
	Ultrasound Treatment	*Surgical Trays*	*Recovery Room*	*Treatment*
				CAT-Scan

If a covered injury or specified disease shall necessarily require you to be confined as a resident patient within a hospital, under the care and attendance of a licensed physician, the Company will Pay you 100% of the Facility charges up to $2,200.00 Dollars a day for the Facility confinement or $2,700.00 per day for confinement in an Intensive Care Unit. Outpatient Surgery: Facility charges for covered outpatient surgeries are covered the same as one day of confinement is an inpatient Facility.

In-Hospital Physician's Benefits *[Outpatient Surgery paid same as In-Hospital Surgery]*

Physician's Services per Covered Event: Inpatient or Outpatient Surgery. We pay the greater of either: We pay 80% up to $20,000 then 100% up to $80,000 of your Primary Surgeon, Assistant Surgeon, and Anesthesiologist U&C Charges or Physicians calls while Hospital confined: 80% of the U&C Physicians charges up to $75 per visit, one visit per day, up to 60 days.

Outpatient Services Benefits

Pays necessary Outpatient treatment other than Physician's Office visits charges. After a $100 deductible we pay 80% of the U&C Physicians charges. Outpatient services under this benefit include, but are not limited to: laboratory tests, x-rays, casts, splints, MRIs, testing, remediation and Emergency Ambulance Expenses. Outpatient aggregate $2,200 per person per policy year.

Physician's Office Visits

After a $20 co-pay we will pay up to $75 of the remaining U&C Physician's Charges for an office visit in the Physician's Office, Urgent Care Facility or other similar outpatient ambulatory facility. Limit six (6) office visits per person per policy year. NOT subject to any deductible.

Physician's Office Visits for Annual Physical /Well–Care Visits Benefits

After a $20 co-pay we will pay up to $150.00 of the remaining U&C charges when an insured Person has an annual Physical [Well-Care Visit] Limit one Well-Care Visit per person per policy year. Not subject to any deductible.

Other Outpatient Physician's Office Visits Benefits

After a $20.00 co-pay we will pay up to $50 of the remaining U&C Physician's Charges, for a visit to the Physician's office for such things as diagnosis of symptoms or immunizations, etc. Limit six (6) office visits per person per year. Not subject to any deductible. Pays for Physician charges regardless of disease or injury, in lieu of other benefits.

This Is Not Your Policy. This Is A Summary Of The Policy Benefits.

Additional Benefits for the Prevention of Cancer and Cancer Treatment Lifetime Aggregate $20,000.00 per Insured Person

Annual Pap smear screening for detection of human papilloma virus (HPV) and cervical cancer: For each female Insured Person who is 18 years of age or older, we will pay 100% for an annual medically recognized diagnostic examination for the early detection of cervical cancer.
Annual screening for breast cancer with low-dose mammography: For each female Insured Person who is 35 years of age or older, we will pay 100% for an annual screening by low-dose mammography for the presence of occult breast cancer.
Annual screening for detection of prostate cancer: For each male Insured Person who is at least 40 years of age and has family history of prostate cancer or is 50 years old or older. We will pay 100% for an annual medically recognized diagnostic examination for the detection of prostate cancer.
Reconstruction Surgery after Mastectomy: covered like other diseases up to the aggregate amount.
Outpatient Chemotherapy and Radiation benefits: After a $50 co-pay per treatment, we pay 80% of the U&C Physician Charges up to the aggregate.
Orally administered anticancer medications: Orally administered anticancer medications are covered no less favorably than intravenously administered or injected cancer medications that are covered.
Inpatient Mastectomy or Lymph node Dissection due to Breast Cancer: Inpatient care for a minimum of 48 hours following lymph nodes Dissection.

Prosthetic Devices /Orthotic Devices Benefits

We pay for prosthetic devices and orthotic devices and professional services related to the fitting and use of those devices, coverage equals the coverage provided under particular provisions of the Social Security Act: subject to annual Inpatient and Outpatient deductibles, copayments and coinsurance, No Annual dollar limit. $20,000.00 Lifetime Aggregate per insured.

EXTRA Benefits for Critical Illnesses

We will pay an extra $500.00 a day when Hospital Confined for Strokes, Heart Attack or Malignant Cancers of the Breast or Prostate.
One Family-Member Lodging Benefit: $60/ Day up to 60 Days. Once per policy Year
Insured Person Transportation Benefit one Round-Trip per policy year: If by common carrier: We pay the Usual Charges. But if a common carrier is not available, we pay $.60/mile.

Southwest Service Life Insurance Company Policy Form SD17

Your Body is made up of Major Health Systems. Our job is to cover those Major Systems so when one of those Health Systems fails, either by Sickness or Accident, we have you covered. Our Policy is designed to pay in the Hospital, Doctor's Office or Urgent Care Facility. We also pay for your Outpatient Surgeries as if you were in the Hospital, plus, benefits for Emergency Ambulance Expenses. Below are just a few examples of all the Sickness and Accidents our policy covers plus many, many more that are not listed here due to the limited space.....

Heart and Circulatory System Max Benefit $250,000

COVERED:
- Rheumatic fever, rheumatic heart disease
- Hypertension
- Hypertensive kidney disease
- Heart attack
- Pulmonary embolism (lungs)
- Heart valve disorders, mitral, aortic and tricuspid
- Atrial fibrillation, atrial flutter
- Congestive heart failure
- Stroke, cerebral embolism and late effects (speech deficits, hemiplegia)
- Aneurisms, thrombosis, phlebitis, varicose veins

Digestive System Max Benefit $250,000

COVERED:
- Esophageal reflux
- Ulcers, gastritis, appendicitis
- Hernias-Inguinal, incisional, femoral, umbilical, and hiatal
- Enteritis and colitis (inflammation of small intestine, large intestine)
- Diverticulitis
- Constipation
- Liver disease and non-alcoholic cirrhosis
- Disorder of the gallbladder &/or bile ducts, gallstones
- Celiac disease (gluten sensitivity)

Malignant Cancer Max Benefit $250,000

COVERED:
- Carcinoma-in-situ
- Basal cell carcinoma
- Squamous cell carcinoma of any size
- Skin cancer of any size
- Melanomas of any size and/or in-situ
- Lip, mouth, tongue, gums, throat
- Stomach, esophagus
- Lungs
- Bone
- Breast (male or female)
- Genitourinary-cervical, bladder, colon, liver, pancreas, prostate, kidney
- Larynx (voice box)
- Eyes, brain, spinal cord
- Thyroid
- Lymph nodes
- Leukemia, lymphomas

Genitourinary System Max Benefit $250,000

COVERED:
- Kidney disorders, kidney failure, kidney infection
- Kidney stones, urinary bladder stones, bladder infection
- Prostate disorders
- Lump or mass in breast (male or female)
- Endometriosis, uterine disorders
- Menopause

Respiratory System Max Benefit $250,000

COVERED:
- Cold, sinusitis, sore throat, strep throat, tonsillitis, laryngitis, bronchitis
- Allergic rhinitis
- Pneumonia, influenza
- COPD (Chronic obstructive pulmonary disease)
- Emphysema
- Asthma

Endocrine System Max Benefit $250,000

COVERED:
- Thyroid disorders (hyperthyroid & hypothyroid)
- Goiter
- Diabetes
- Disorder of pituitary gland
- Testicular hypofunction
- Ovarian dysfunction
- High cholesterol, hyperlipidemia
- Gout
- Dehydration, fluid overload

Musculoskeletal System Max Benefit $250,000

COVERED:
- Arthritis, osteoarthrosis, osteoporosis, joint disorders
- Rheumatoid arthritis, rheumatism
- Disorders of the knee, disorders of other joints
- Spinal disease processes
- Slipped discs
- Cervical (neck) disorders
- Sciatica
- Ganglions, trigger finger, bursitis
- Pathological fractures (caused by disease, not accidents)
- Curvature of the spine (scoliosis)
- Non-allopathic lesions (usually diagnosed by DO's and chiropractors)

Subject to Policy Limitations, Exclusions and Aggregates, the policy, if issued by the company, will provide benefits resulting from accidents that occur after the date of the Policy, and from sicknesses which manifested more than 30 days from the effective date of the policy.

Southwest Service Life Insurance Company

(A Stipulated Premium Company)
Administrative Office: P.O. Box 982005, Fort Worth, Texas 76182
Customer Service: 1-800-966-7491

INDIVIDUAL INSURANCE POLICY FOR SPECIFIED DISEASES AND ACCIDENTAL INJURIES

Required Outline of Coverage Policy Form SD17 (80/20 PLAN)

Part 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!

Part 2. Specified disease coverage is designed to provide you with coverage paying benefits only when certain losses occur as a result of a specified disease or diseases. Accident only coverage is designed to provide you with coverage for hospital and medical care resulting from a covered accident only. Coverage is provided for the benefits outlined in Part Three. The benefits described in Part Three may be limited by Part Four.

Part 3. Benefits

80/20 Plan

Lifetime Policy Aggregate is $3,000,000

Aggregate Amount for Specified Diseases of Each Covered Bodily System and Injuries Due to any one Accident is $250,000

CATEGORY A

	BENEFITS FOR HOSPITAL CONFINEMENT FOR SPECIFIED DISEASE OR ACCIDENTAL INJURY	
1	Hospital Confinement	We will pay 100% of Hospital Facility charges up to $2,200 per day for Hospital confinement.
2	Additional Hospital Confinement Benefits	We will pay an extra $500 a day when Hospital Confined For Stroke, Heart Attack or Malignant Cancers of the Breast or Prostate
3	Intensive Care Unit Confinement	Plus up to an additional $500 per day for intensive care unit (ICU) confinement.
4	Outpatient Surgery	Facility charges for Ambulatory Surgical Facilities or other covered outpatient surgery facilities are covered the same as one day of confinement in a covered Hospital.
5	Vanishing Deductible	$400 deductible per Period of Confinement during the first Policy Year. $200 deductible per Period of Confinement during the second Policy year. No deductible per Period of Confinement during third Policy Year and thereafter.

CATEGORY B

	BENEFITS FOR SERVICES BY PHYSICIANS FOR SPECIFIED DISEASE OR ACCIDENTAL INJURY	
1	Physician's Services Per Covered Event:	
	Inpatient or Outpatient Surgery	Physician's Services per Covered Event: Inpatient or Outpatient Surgery. We pay the greater of either: We pay 80% up to $20,000 then 100% up to $80,000 of your Primary Surgeon, Assistant Surgeon, and Anesthesiologist U&C Charges or Physicians calls while Hospital confined: 80% of the U&C Physicians charges up to $75 per visit, one visit per day, up to 60 days.
	Pathologist	80% of U&C Pathologist charges, up to $2,000 per surgical event.
	Radiologist	80% of U&C Radiologist charges, up to $2,000 per surgical event.
2	Outpatient Aggregate • Subject to an Outpatient Aggregate of $2,200 per Policy Year, We pay for:	
	Outpatient Services Benefit	(other than Physician's Office Visit or Annual Physical): We pay 80% of outpatient U&C Physicians charges after $100 per policy year deductible. Outpatient services under this benefit include, but not limited to: laboratory test, x-rays, tests, cast, splints, MRI's, CT scans, and Emergency Ambulance Expenses.
	Physician's Office Visits	(other than Annual Physical or Outpatient Service): After a $20 co-pay, We will pay up to $75 of the remaining U&C Physician charges for an Office Visit in a Physician's Office, Urgent Care Facility or other similar outpatient ambulatory facility. Limit six (6) Office Visits per Insured Person per Policy Year. Not subject to any deductible.
3	Annual Physical	(i.e. Well-Care Visit) (other than Outpatient Services or Physician's Office Visit): After a $20 co-pay, We will pay up to $150 of the remaining U&C Physician's charges when an Insured Person has an annual physical (i.e. Well-Care Visit). Limit one (1) Well-Care Visit per Insured Person per Policy Year. Not subject to any deductible.
	Other Outpatient Physician's Office Visits Benefits	After a $20.00 co-pay we will pay up to $50 of the remaining U&C Physician's Charges, for a visit to the Physician's office for such things as diagnosis of symptoms or immunizations, etc. Limit six (6) office visits per person per year. Not subject to any deductible. Pays for Physician charges regardless of disease or injury, in lieu of other benefits.
4	Prosthetic Devices, Orthotic Devices, and Professional Services	For prosthetic devices, orthotic devices, and professional services related to the fitting and use of those devices, coverage equals that provided under particular provisions of the Social Security Act; subject to annual inpatient and outpatient deductibles, copayments, and coinsurance. No annual dollar limit. $20,000 Lifetime Aggregate.
5	Outpatient Back/Neck/Spine Manual or Mechanical Manipulation	Fifty dollars ($50) per Policy Year.

CATEGORY C

	THE FOLLOWING ARE ADDITIONAL BENEFITS FOR CANCER	
	Lifetime Aggregate	$20,000 per person
1	Outpatient Chemotherapy and Radiation Benefits	$50 Co-pay per treatment. 80% of U&C Physician charges.
	Orally Administered Anticancer Medications	No less favorably than intravenously administered or injected cancer medications that are covered, and
	Inpatient Mastectomy or Lymph Node Dissection due to Breast Cancer	Inpatient care for minimum of 48 hours following mastectomy and 24 hours following lymph node dissection, and
	Reconstructive Surgery after Mastectomy	We pay Category A and Category B benefits, in a manner determined to be appropriate in consultation with your Attending Physician, and Medically Necessary Outpatient care, and
	Annual screening for HPV and Cervical Cancer	Pap smear: Each female Insured Person age 18 years or older is covered for an annual medically recognized diagnostic examination for the early detection of human papillomavirus (HPV) and cervical cancer, and
	Annual Screening for Breast Cancer	For each female Insured Person who is 35 years of age or older, We will pay for an annual screening by low-dose mammography for the presence of occult breast cancer, and
	Annual Screening for Prostate Cancer	For each male Insured Person, We will pay for an annual medically recognized diagnostic examination for the detection of prostate cancer.
2	One Family-Member Lodging Benefit	$60/day up to 60 days. One per Policy Year.
3	Insured Person Transportation Benefit	(One round trip per Policy Year): If by common carrier: We pay the usual charge. But if common carrier is not available: We pay $.60/mile.

COVERED SPECIFIED DISEASES

Malignant Cancers. Maximum benefit of $250,000.

DEFINITION: Malignant Neoplasms; abnormal growths or growth, such as tumors or a tumor, characterized by the uncontrolled spread of malignant cells to adjacent tissue. Such Malignant Cancers must be positively diagnosed while this Policy is in force, by a duly licensed Physician operating within the scope of his/her licensure, and either during the Insured Person's lifetime or post-mortem. The following Specified Malignant Cancers are covered:

- ✓ *Malignant Carcinoma-in-situ*
- ✓ *Malignant Basal cell carcinoma*
- ✓ *Malignant Squamous cell carcinoma of any size*
- ✓ *Malignant Skin cancer of any size*
- ✓ *Malignant Melanomas of any size and/ or in-situ*
- ✓ *Malignant Neoplasms of lip, oral cavity, and pharynx*
- ✓ *Malignant Neoplasms of digestive organs*
- ✓ *Malignant Neoplasms of respiratory and intrathoracic organs*
- ✓ *Malignant Neoplasms of bone and articular cartilage*
- ✓ *Melanoma and other malignant neoplasms of skin*
- ✓ *Malignant neoplasms of mesothelial and soft tissue*
- ✓ *Malignant neoplasms of breast [Additional Hospital confinement benefit]*
- ✓ *Malignant neoplasms of female genital organs*
- ✓ *Malignant neoplasms of male genital organs*
- ✓ *Malignant neoplasms of prostate [Additional Hospital confinement benefit]*
- ✓ *Malignant neoplasms of urinary tract*
- ✓ *Malignant neoplasms of eye, brain, and other parts of central nervous system*
- ✓ *Malignant neoplasms of thyroid and other endocrine glands*
- ✓ *Malignant neuroendocrine tumors*
- ✓ *Secondary neuroendocrine tumors*
- ✓ *Malignant neoplasms of ill-defined, other secondary and unspecified sites*
- ✓ *Malignant neoplasms of lymphoid, hematopoietic and related tissue*

Specified Diseases of the Heart and Circulatory System. Maximum benefit of $250,000.

- ✓ *Acute rheumatic fever*
- ✓ *Chronic rheumatic heart diseases*
- ✓ *Hypertensive diseases*
- ✓ *Ischemic heart diseases*
- ✓ *Heart attack/Myocardial infarction [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Pulmonary heart disease and diseases of pulmonary circulation*
- ✓ *Other forms of heart disease*
- ✓ *Cardiac arrest [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Heart Failure [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Cerebrovascular diseases*
- ✓ *Stroke/Cerebrovascular infarction/Intracranial Hemorrhage/Cerebral Emboli [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Diseases of arteries, arterioles and capillaries*
- ✓ *Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified*
- ✓ *Other and unspecified disorders of the circulatory system*

Specified Diseases of the Genitourinary System. Maximum benefit of $250,000.

- ✓ *Glomerular diseases*
- ✓ *Renal tubulo-interstitial diseases*
- ✓ *Acute kidney failure and chronic kidney disease*
- ✓ *Urolithiasis*
- ✓ *Other disorders of kidney and ureter*
- ✓ *Other diseases of the urinary system*
- ✓ *Diseases of male genital organs*
- ✓ *Disorders of breast*
- ✓ *Inflammatory diseases of female pelvic organs*
- ✓ *Non-inflammatory disorders of female genital tract*
- ✓ *Intraoperative and post-procedural complications and disorders of genitourinary system, not elsewhere classified*

Specified Diseases of the Musculoskeletal System and Connective Tissue. Maximum benefit of $250,000.

Osteopathies, Chondropathies, and Acquired Musculoskeletal Deformities:

- ✓ *Infectious arthropathies*
- ✓ *Inflammatory polyarthropathies*
- ✓ *Osteoarthritis*
- ✓ *Other joint disorders*
- ✓ *Dentofacial anomalies (including malocclusion) and other disorders of jaw*
- ✓ *Systemic connective tissue disorders*
- ✓ *Deforming dorsopathies*
- ✓ *Spondylopathies*
- ✓ *Other dorsopathies*
- ✓ *Disorders of muscles*
- ✓ *Disorders of synovium and tendon*
- ✓ *Other soft tissue disorders*
- ✓ *Disorders of bone density and structure*
- ✓ *Other osteopathies*
- ✓ *Chondropathies*
- ✓ *Other disorders of the musculoskeletal system and connective tissue*
- ✓ *Intraoperative and post-procedural complications and disorders of musculoskeletal system, not elsewhere classified*
- ✓ *Biomechanical lesions, not elsewhere classified.*

Specified Diseases of the Endocrine System. Maximum benefit of $250,000.

- ✓ *Disorders of thyroid gland*
- ✓ *Diabetes mellitus*
- ✓ *Other disorders of glucose regulation and pancreatic internal secretion*
- ✓ *Disorders of other endocrine glands*
- ✓ *Intraoperative complications of endocrine system*
- ✓ *Malnutrition*
- ✓ *Other nutritional deficiencies*

Specified Diseases of the Digestive System. Maximum benefit of $250,000.

- ✓ *Diseases of esophagus, stomach and duodenum*
- ✓ *Diseases of appendix*
- ✓ *Hernia*
- ✓ *Non-infective enteritis and colitis*
- ✓ *Other diseases of intestines*
- ✓ *Diseases of peritoneum and retroperitoneum*
- ✓ *Diseases of liver*
- ✓ *Disorders of gallbladder, biliary tract and pancreas*
- ✓ *Other diseases of the digestive system*

Specified Diseases of the Respiratory System. Maximum benefit of $250,000.

- ✓ *Acute upper respiratory infections*
- ✓ *Influenza and pneumonia*
- ✓ *Other acute lower respiratory infections*
- ✓ *Other diseases of upper respiratory tract*
- ✓ *Chronic lower respiratory diseases*
- ✓ *Lung diseases due to external agents*
- ✓ *Other respiratory diseases principally affecting the interstitium*
- ✓ *Suppurative and necrotic conditions of the lower respiratory tract*
- ✓ *Other diseases of the pleura*
- ✓ *Intraoperative and post-procedural complications and disorders of respiratory system, not elsewhere classified*
- ✓ *Other diseases of the respiratory system*

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Specified Diseases and Accident Policy Form SD17

70/30 PLAN

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$250,000.00 Aggregate Per Person for Each Covered Specified Disease

$250,000.00 Aggregate Per Person for Each Accidental Injury

Vanishing Deductible • $200.00 the 1st policy year, $100.00 the 2nd policy year and Vanishes thereafter

Hospital Expenses subject to daily hospital benefit.

CAN HELP PAY FOR

Hospital Room (Semi-Private)
Hypodermics
MRI
Central Supplies
Surgical Dressings
Use of Cystoscopic Room
Medicines
Lung Capacity Tests
Ultrasound Treatment
Intensive Care Unit Facilities
Oxygen
Iron Lung
Operating Room
Surgical Trays
Physical Therapy
Hydrotherapy
X-Ray Photographs
Anesthesia
Recovery Room
Casts and Splints
Basal Metabolism Tests
Encephalograms
Cardiac Conversion Treatment
CAT-Scan

If a covered injury or specified disease shall necessarily require you to be confined as a resident patient within a hospital, under the care and attendance of a licensed physician, the Company will Pay you 100% of the Facility charges up to $1,700.00 Dollars a day for the Facility confinement or $2,200.00 per day for confinement in an Intensive Care Unit. Outpatient Surgery: Facility charges for covered outpatient surgeries are covered the same as one day of confinement is an inpatient Facility.

In-Hospital Physician's Benefits *[Outpatient Surgery paid same as In-Hospital Surgery]*

Physician's Services per Covered Event: Inpatient or Outpatient Surgery. We pay the greater of either: We pay 70% up to $15,000 then 100% up to $70,000 of your Primary Surgeon, Assistant Surgeon, and Anesthesiologist U&C Charges or Physicians calls while Hospital confined: 70% of the U&C Physicians charges up to $75 per visit, one visit per day, up to 60 days.

Outpatient Services Benefits

Pays necessary Outpatient treatment other than Physician's Office visits charges. After a $100 deductible we pay 70% of the U&C Physicians charges. Outpatient services under this benefit include, but are not limited to: laboratory tests, x-rays, casts, splints, MRIs, testing, remediation and Emergency Ambulance Expenses. Outpatient aggregate $1,700 per person per policy year.

Physician's Office Visits

After a $20 co-pay we will pay up to $75 of the remaining U&C Physician's Charges for an office visit in the Physician's Office, Urgent Care Facility or other similar outpatient ambulatory facility. Limit six (6) office visits per person per policy year. NOT subject to any deductible.

Physician's Office Visits for Annual Physical /Well–Care Visits Benefits

After a $20 co-pay we will pay up to $150.00 of the remaining U&C charges when an insured Person has an annual Physical [Well-Care Visit] Limit one Well-Care Visit per person per policy year. Not subject to any deductible.

Other Outpatient Physician's Office Visits Benefits

After a $20.00 co-pay we will pay up to $50 of the remaining U&C Physician's Charges, for a visit to the Physician's office for such things as diagnosis of symptoms or immunizations, etc. Limit six (6) office visits per person per year. Not subject to any deductible. Pays for Physician charges regardless of disease or injury, in lieu of other benefits.

This Is Not Your Policy. This Is A Summary Of The Policy Benefits.

Additional Benefits for the Prevention of Cancer and Cancer Treatment Lifetime Aggregate $15,000.00 per Insured Person

Annual Pap smear screening for detection of human papilloma virus (HPV) and cervical cancer: For each female Insured Person who is 18 years of age or older, we will pay 100% for an annual medically recognized diagnostic examination for the early detection of cervical cancer.
Annual screening for breast cancer with low-dose mammography: For each female Insured Person who is 35 years of age or older, we will pay 100% for an annual screening by low-dose mammography for the presence of occult breast cancer.
Annual screening for detection of prostate cancer: For each male Insured Person who is at least 40 years of age and has family history of prostate cancer or is 50 years old or older. We will pay 100% for an annual medically recognized diagnostic examination for the detection of prostate cancer.
Reconstruction Surgery after Mastectomy: covered like other diseases up to the aggregate amount.
Outpatient Chemotherapy and Radiation benefits: After a $50 co-pay per treatment, we pay 70% of the U&C Physician Charges up to the aggregate.
Orally administered anticancer medications: Orally administered anticancer medications are covered no less favorably than intravenously administered or injected cancer medications that are covered.
Inpatient Mastectomy or Lymph node Dissection due to Breast Cancer: Inpatient care for a minimum of 48 hours following lymph nodes Dissection.

Prosthetic Devices /Orthotic Devices Benefits

We pay for prosthetic devices and orthotic devices and professional services related to the fitting and use of those devices, coverage equals the coverage provided under particular provisions of the Social Security Act: subject to annual Inpatient and Outpatient deductibles, copayments and coinsurance, No Annual dollar limit. $15,000.00 Lifetime Aggregate per insured.

EXTRA Benefits for Critical Illnesses

We will pay an extra $500.00 a day when Hospital Confined for Strokes, Heart Attack or Malignant Cancers of the Breast or Prostate.
One Family-Member Lodging Benefit: $60/ Day up to 60 Days. Once per policy Year
Insured Person Transportation Benefit one Round-Trip per policy year: If by common carrier: We pay the Usual Charges. But if a common carrier is not available, we pay $.60/mile.

Southwest Service Life Insurance Company Policy Form SD17

Your Body is made up of Major Health Systems. Our job is to cover those Major Systems so when one of those Health Systems fails, either by Sickness or Accident, we have you covered. Our Policy is designed to pay in the Hospital, Doctor's Office or Urgent Care Facility. We also pay for your Outpatient Surgeries as if you were in the Hospital, plus, benefits for Emergency Ambulance Expenses. Below are just a few examples of all the Sickness and Accidents our policy covers plus many, many more that are not listed here due to the limited space.....

Heart and Circulatory System Max Benefit $250,000

COVERED:
- Rheumatic fever, rheumatic heart disease
- Hypertension
- Hypertensive kidney disease
- Heart attack
- Pulmonary embolism (lungs)
- Heart valve disorders, mitral, aortic and tricuspid
- Atrial fibrillation, atrial flutter
- Congestive heart failure
- Stroke, cerebral embolism and late effects (speech deficits, hemiplegia)
- Aneurisms, thrombosis, phlebitis, varicose veins

Digestive System Max Benefit $250,000

COVERED:
- Esophageal reflux
- Ulcers, gastritis, appendicitis
- Hernias-Inguinal, incisional, femoral, umbilical, and hiatal
- Enteritis and colitis (inflammation of small intestine, large intestine)
- Diverticulitis
- Constipation
- Liver disease and non-alcoholic cirrhosis
- Disorder of the gallbladder &/or bile ducts, gallstones
- Celiac disease (gluten sensitivity)

Malignant Cancer Max Benefit $250,000

COVERED:
- Carcinoma-in-situ
- Basal cell carcinoma
- Squamous cell carcinoma of any size
- Skin cancer of any size
- Melanomas of any size and/or in-situ
- Lip, mouth, tongue, gums, throat
- Stomach, esophagus
- Lungs
- Bone
- Breast (male or female)
- Genitourinary-cervical, bladder, colon, liver, pancreas, prostate, kidney
- Larynx (voice box)
- Eyes, brain, spinal cord
- Thyroid
- Lymph nodes
- Leukemia, lymphomas

Genitourinary System Max Benefit $250,000

COVERED:
- Kidney disorders, kidney failure, kidney infection
- Kidney stones, urinary bladder stones, bladder infection
- Prostate disorders
- Lump or mass in breast (male or female)
- Endometriosis, uterine disorders
- Menopause

Respiratory System Max Benefit $250,000

COVERED:
- Cold, sinusitis, sore throat, strep throat, tonsillitis, laryngitis, bronchitis
- Allergic rhinitis
- Pneumonia, influenza
- COPD (Chronic obstructive pulmonary disease)
- Emphysema
- Asthma

Endocrine System Max Benefit $250,000

COVERED:
- Thyroid disorders (hyperthyroid & hypothyroid)
- Goiter
- Diabetes
- Disorder of pituitary gland
- Testicular hypofunction
- Ovarian dysfunction
- High cholesterol, hyperlipidemia
- Gout
- Dehydration, fluid overload

Musculoskeletal System Max Benefit $250,000

COVERED:
- Arthritis, osteoarthrosis, osteoporosis, joint disorders
- Rheumatoid arthritis, rheumatism
- Disorders of the knee, disorders of other joints
- Spinal disease processes
- Slipped discs
- Cervical (neck) disorders
- Sciatica
- Ganglions, trigger finger, bursitis
- Pathological fractures (caused by disease, not accidents)
- Curvature of the spine (scoliosis)
- Non-allopathic lesions (usually diagnosed by DO's and chiropractors)

Subject to Policy Limitations, Exclusions and Aggregates, the policy, if issued by the company, will provide benefits resulting from accidents that occur after the date of the Policy, and from sicknesses which manifested more than 30 days from the effective date of the policy.

Southwest Service Life Insurance Company

[A Stipulated Premium Company]
Administrative Office: P.O. Box 982005, Fort Worth, Texas 76182
Customer Service: 1-800-966-7491

INDIVIDUAL INSURANCE POLICY FOR SPECIFIED DISEASES AND ACCIDENTAL INJURIES

Required Outline of Coverage Policy Form SD17 (70/30 PLAN)

Part 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!

Part 2. Specified disease coverage is designed to provide you with coverage paying benefits only when certain losses occur as a result of a specified disease or diseases. Accident only coverage is designed to provide you with coverage for hospital and medical care resulting from a covered accident only. Coverage is provided for the benefits outlined in Part Three. The benefits described in Part Three may be limited by Part Four.

Part 3. Benefits

70/30 Plan

Lifetime Policy Aggregate is $3,000,000

Aggregate Amount for Specified Diseases of Each Covered Bodily System and Injuries Due to any one Accident is $250,000

CATEGORY A

	BENEFITS FOR HOSPITAL CONFINEMENT FOR SPECIFIED DISEASE OR ACCIDENTAL INJURY	
1	Hospital Confinement	We will pay 100% of Hospital Facility charges up to $1,700 per day for Hospital confinement.
2	Additional Hospital Confinement Benefits	We will pay an extra $500 a day when Hospital Confined For Stroke, Heart Attack or Malignant Cancers of the Breast or Prostate
3	Intensive Care Unit Confinement	Plus up to an additional $500 per day for intensive care unit (ICU) confinement.
4	Outpatient Surgery	Facility charges for Ambulatory Surgical Facilities or other covered outpatient surgery facilities are covered the same as one day of confinement in a covered Hospital.
5	Vanishing Deductible	$200 deductible per Period of Confinement during the first Policy Year. $100 deductible per Period of Confinement during the second Policy year. No deductible per Period of Confinement during third Policy Year and thereafter.

CATEGORY B

	BENEFITS FOR SERVICES BY PHYSICIANS FOR SPECIFIED DISEASE OR ACCIDENTAL INJURY	
1	Physician's Services Per Covered Event:	
	Inpatient or Outpatient Surgery	Physician's Services per Covered Event: Inpatient or Outpatient Surgery. We pay the greater of either: We pay 70% up to $15,000 then 100% up to $70,000 of your Primary Surgeon, Assistant Surgeon, and Anesthesiologist U&C Charges or Physicians calls while Hospital confined: 70% of the U&C Physicians charges up to $75 per visit, one visit per day, up to 60 days.
	Pathologist	70% of U&C Pathologist charges, up to $1,500 per surgical event.
	Radiologist	70% of U&C Radiologist charges, up to $1,500 per surgical event.
2	Outpatient Aggregate • Subject to an Outpatient Aggregate of $1,700 per Policy Year, We pay for:	
	Outpatient Services Benefit	(other than Physician's Office Visit or Annual Physical): We pay 70% of outpatient U&C Physicians charges after $100 per policy year deductible. Outpatient services under this benefit include, but not limited to: laboratory test, x-rays, tests, cast, splints, MRI's, CT scans, and Emergency Ambulance Expenses.
	Physician's Office Visits	(other than Annual Physical or Outpatient Service): After a $20 co-pay, We will pay up to $75 of the remaining U&C Physician charges for an Office Visit in a Physician's Office, Urgent Care Facility or other similar outpatient ambulatory facility. Limit six (6) Office Visits per Insured Person per Policy Year. Not subject to any deductible.
3	Annual Physical	(i.e. Well-Care Visit) (other than Outpatient Services or Physician's Office Visit): After a $20 co-pay, We will pay up to $150 of the remaining U&C Physician's charges when an Insured Person has an annual physical (i.e. Well-Care Visit). Limit one (1) Well-Care Visit per Insured Person per Policy Year. Not subject to any deductible.
	Other Outpatient Physician's Office Visits Benefits	After a $20.00 co-pay we will pay up to $50 of the remaining U&C Physician's Charges, for a visit to the Physician's office for such things as diagnosis of symptoms or immunizations, etc. Limit six (6) office visits per person per year. Not subject to any deductible. Pays for Physician charges regardless of disease or injury, in lieu of other benefits.
4	Prosthetic Devices, Orthotic Devices, and Professional Services	For prosthetic devices, orthotic devices, and professional services related to the fitting and use of those devices, coverage equals that provided under particular provisions of the Social Security Act; subject to annual inpatient and outpatient deductibles, copayments, and coinsurance. No annual dollar limit. $15,000 Lifetime Aggregate.
5	Outpatient Back/Neck/Spine Manual or Mechanical Manipulation	Fifty dollars ($50) per Policy Year.

CATEGORY C

	THE FOLLOWING ARE ADDITIONAL BENEFITS FOR CANCER	
	Lifetime Aggregate	$15,000 per person
1	Outpatient Chemotherapy and Radiation Benefits	$50 Co-pay per treatment. 70% of U&C Physician charges.
	Orally Administered Anticancer Medications	No less favorably than intravenously administered or injected cancer medications that are covered, and
	Inpatient Mastectomy or Lymph Node Dissection due to Breast Cancer	Inpatient care for minimum of 48 hours following mastectomy and 24 hours following lymph node dissection, and
	Reconstructive Surgery after Mastectomy	We pay Category A and Category B benefits, in a manner determined to be appropriate in consultation with your Attending Physician, and Medically Necessary Outpatient care, and
	Annual screening for HPV and Cervical Cancer	Pap smear: Each female Insured Person age 18 years or older is covered for an annual medically recognized diagnostic examination for the early detection of human papillomavirus (HPV) and cervical cancer, and
	Annual Screening for Breast Cancer	For each female Insured Person who is 35 years of age or older, We will pay for an annual screening by low-dose mammography for the presence of occult breast cancer, and
	Annual Screening for Prostate Cancer	For each male Insured Person, We will pay for an annual medically recognized diagnostic examination for the detection of prostate cancer.
2	One Family-Member Lodging Benefit	$60/day up to 60 days. One per Policy Year.
3	Insured Person Transportation Benefit	(One round trip per Policy Year): If by common carrier: We pay the usual charge. But if common carrier is not available: We pay $.60/mile.

COVERED SPECIFIED DISEASES

Malignant Cancers. Maximum benefit of $250,000.

DEFINITION: Malignant Neoplasms; abnormal growths or growth, such as tumors or a tumor, characterized by the uncontrolled spread of malignant cells to adjacent tissue. Such Malignant Cancers must be positively diagnosed while this Policy is in force, by a duly licensed Physician operating within the scope of his/her licensure, and either during the Insured Person's lifetime or post-mortem. The following Specified Malignant Cancers are covered:

- ✓ *Malignant Carcinoma-in-situ*
- ✓ *Malignant Basal cell carcinoma*
- ✓ *Malignant Squamous cell carcinoma of any size*
- ✓ *Malignant Skin cancer of any size*
- ✓ *Malignant Melanomas of any size and/ or in-situ*
- ✓ *Malignant Neoplasms of lip, oral cavity, and pharynx*
- ✓ *Malignant Neoplasms of digestive organs*
- ✓ *Malignant Neoplasms of respiratory and intrathoracic organs*
- ✓ *Malignant Neoplasms of bone and articular cartilage*
- ✓ *Melanoma and other malignant neoplasms of skin*
- ✓ *Malignant neoplasms of mesothelial and soft tissue*
- ✓ *Malignant neoplasms of breast [Additional Hospital confinement benefit]*
- ✓ *Malignant neoplasms of female genital organs*
- ✓ *Malignant neoplasms of male genital organs*
- ✓ *Malignant neoplasms of prostate [Additional Hospital confinement benefit]*
- ✓ *Malignant neoplasms of urinary tract*
- ✓ *Malignant neoplasms of eye, brain, and other parts of central nervous system*
- ✓ *Malignant neoplasms of thyroid and other endocrine glands*
- ✓ *Malignant neuroendocrine tumors*
- ✓ *Secondary neuroendocrine tumors*
- ✓ *Malignant neoplasms of ill-defined, other secondary and unspecified sites*
- ✓ *Malignant neoplasms of lymphoid, hematopoietic and related tissue*

Specified Diseases of the Heart and Circulatory System. Maximum benefit of $250,000.

- ✓ *Acute rheumatic fever*
- ✓ *Chronic rheumatic heart diseases*
- ✓ *Hypertensive diseases*
- ✓ *Ischemic heart diseases*
- ✓ *Heart attack/Myocardial infarction [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Pulmonary heart disease and diseases of pulmonary circulation*
- ✓ *Other forms of heart disease*
- ✓ *Cardiac arrest [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Heart Failure [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Cerebrovascular diseases*
- ✓ *Stroke/Cerebrovascular infarction/Intracranial Hemorrhage/Cerebral Emboli [Additional Hospital confinement benefit: see Part 3, Category A, ¶2]*
- ✓ *Diseases of arteries, arterioles and capillaries*
- ✓ *Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified*
- ✓ *Other and unspecified disorders of the circulatory system*

Specified Diseases of the Genitourinary System. Maximum benefit of $250,000.

- ✓ *Glomerular diseases*
- ✓ *Renal tubulo-interstitial diseases*
- ✓ *Acute kidney failure and chronic kidney disease*
- ✓ *Urolithiasis*
- ✓ *Other disorders of kidney and ureter*
- ✓ *Other diseases of the urinary system*
- ✓ *Diseases of male genital organs*
- ✓ *Disorders of breast*
- ✓ *Inflammatory diseases of female pelvic organs*
- ✓ *Non-inflammatory disorders of female genital tract*
- ✓ *Intraoperative and post-procedural complications and disorders of genitourinary system, not elsewhere classified*

Specified Diseases of the Musculoskeletal System and Connective Tissue. Maximum benefit of $250,000.

Osteopathies, Chondropathies, and Acquired Musculoskeletal Deformities:

- ✓ *Infectious arthropathies*
- ✓ *Inflammatory polyarthropathies*
- ✓ *Osteoarthritis*
- ✓ *Other joint disorders*
- ✓ *Dentofacial anomalies (including malocclusion) and other disorders of jaw*
- ✓ *Systemic connective tissue disorders*
- ✓ *Deforming dorsopathies*
- ✓ *Spondylopathies*
- ✓ *Other dorsopathies*
- ✓ *Disorders of muscles*
- ✓ *Disorders of synovium and tendon*
- ✓ *Other soft tissue disorders*
- ✓ *Disorders of bone density and structure*
- ✓ *Other osteopathies*
- ✓ *Chondropathies*
- ✓ *Other disorders of the musculoskeletal system and connective tissue*
- ✓ *Intraoperative and post-procedural complications and disorders of musculoskeletal system, not elsewhere classified*
- ✓ *Biomechanical lesions, not elsewhere classified.*

Specified Diseases of the Endocrine System. Maximum benefit of $250,000.

- ✓ *Disorders of thyroid gland*
- ✓ *Diabetes mellitus*
- ✓ *Other disorders of glucose regulation and pancreatic internal secretion*
- ✓ *Disorders of other endocrine glands*
- ✓ *Intraoperative complications of endocrine system*
- ✓ *Malnutrition*
- ✓ *Other nutritional deficiencies*

Specified Diseases of the Digestive System. Maximum benefit of $250,000.

- ✓ *Diseases of esophagus, stomach and duodenum*
- ✓ *Diseases of appendix*
- ✓ *Hernia*
- ✓ *Non-infective enteritis and colitis*
- ✓ *Other diseases of intestines*
- ✓ *Diseases of peritoneum and retroperitoneum*
- ✓ *Diseases of liver*
- ✓ *Disorders of gallbladder, biliary tract and pancreas*
- ✓ *Other diseases of the digestive system*

Specified Diseases of the Respiratory System. Maximum benefit of $250,000.

- ✓ *Acute upper respiratory infections*
- ✓ *Influenza and pneumonia*
- ✓ *Other acute lower respiratory infections*
- ✓ *Other diseases of upper respiratory tract*
- ✓ *Chronic lower respiratory diseases*
- ✓ *Lung diseases due to external agents*
- ✓ *Other respiratory diseases principally affecting the interstitium*
- ✓ *Suppurative and necrotic conditions of the lower respiratory tract*
- ✓ *Other diseases of the pleura*
- ✓ *Intraoperative and post-procedural complications and disorders of respiratory system, not elsewhere classified*
- ✓ *Other diseases of the respiratory system*