

OLD SURETY LIFE INSURANCE COMPANY

P.O. Box 54407
Oklahoma City, Oklahoma 73154

OUTLINE OF COVERAGE LIMITED BENEFIT POLICY HEARING, DENTAL AND VISION EXPENSES

**RETAIN THIS OUTLINE FOR YOUR RECORDS
THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY**

READ YOUR POLICY CAREFULLY: This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy 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**.

Limited Benefit Coverage: Policies of this type are designed to provide, to persons insured, limited or supplemental coverage. This policy does not provide any benefits other than the coverage described below.

BENEFITS

After satisfaction of the \$ 100 Policy Year Deductible per person, the policy will pay the following percentages of Covered Expenses up to a maximum benefit of \$ 1,000.00 per person in anyone Policy Year:

- 60% - First Policy Year
- 70% - Second Policy Year
- 80% - Third Policy Year and thereafter

Covered Expenses, subject to the limitations described in the Exceptions and Limitations section are:

- (1) Hearing examinations performed by a Physician or audiologist, the purchase of hearing aids prescribed as medically necessary by a physician or audiologist, including the cost of the hearing aid and any necessary repairs.
- (2) Dental services, performed by a licensed dentist including semi-annual examinations and cleanings, x-rays, the cost of fillings, bridges, crowns, dentures and outpatient dental surgery prescribed as medically necessary.
- (3) 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 Policy Year.

After the policy has been in force three months, the policy will pay 100% of the cost of one dental cleaning up to a Maximum Benefit of \$ 50 per insured each policy year. This benefit is not subject to the deductible however it is included in the \$1,000.00 Maximum Benefit per Policy Year.

The maximum benefits payable under this policy for all covered expenses incurred in the same Policy Year will be \$1,000.00 per insured individual. Reasonable and Customary charges are the normal and prevailing charges, fees or expenses for the service rendered or for the material furnished in the geographic area where rendered or furnished.

EXCEPTIONS AND LIMITATIONS

Benefits will not be payable for the following items and/or services **during the first Policy Year**:

- (1) Bridges, Crowns, Full Dentures or Partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, Root Canals, "Full Mouth" Extractions or Fluoride Treatments;
- (2) Existing eyeglasses or contact lenses (including the renewal or changing of prescriptions) or;
- (3) Existing hearing aids.

Claims will not be paid under this policy for: (1) any loss resulting from war, declared or undeclared; (2) any intentionally self-inflicted injury; (3) any loss resulting from an Insured Person's involvement in a felonious occupation or activity; (4) any expense for which payment is provided under Medicare; (5) any Experimental or Investigational procedure or treatment; (6) orthodontic treatment; (7) any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; (8) expenses incurred for surgical procedures (other than outpatient dental surgery) performed on an inpatient or outpatient basis (inclusive of any surgical procedure performed in the treatment of cataracts); (9) charges for radial keratotomy (RK) or automated lamellar keratoplasty (ALK); (10) prescription drugs; (11) charges in excess of Reasonable and Customary.

RENEWABILITY

You may renew this policy for additional periods of coverage by paying the premium when due or within the 31 day grace period. We reserve the right to change premiums. Any such change will be made according to the table of premium rates which will apply to all policies with the same form and class in your state. All future premiums will be based on your original issue age. We will notify you of any premium rate increase at least 30 days in advance. We cannot cancel this policy as long as you continue to pay premiums.

PREMIUMS

MONTHLY BANK DRAFT	QUARTERLY	SEMI-ANNUALLY	ANNUALLY