

Major Med Light™

(ANL-2003-PN)

Plan Design	PPO Only
Issue Ages	0-63 1/2
Maximum Lifetime Benefit	\$3 or \$7 Million
Plan Deductible <i>(Per Calendar year)</i>	Individual: \$1,000; \$1,500; \$2,000; \$2,500; or \$5,000 Family: Two (2) times the individual plan deductible
Rate of Payment	50/50 In Network; 30/70 Out of Network
In Network Out-of-Pocket Limit <i>(Per Calendar year)</i>	Individual: \$1,250 or \$2,500 + Individual Plan Deductible Amount Family: \$2,500 or \$5,000 + Family Plan Deductible Amount
Out of Network Deductible <i>(Per Calendar year)</i>	Individual: \$1,000 Family: \$2,000 The Out of Network Deductible is in addition to the Plan Deductible
Out of Network Out-of-Pocket Limit <i>(Per Calendar year)</i>	Individual: \$10,000 + Individual Plan Deductible Amount Family: \$20,000 + Family Plan Deductible Amount
24 Hour Coverage	Included in base plan
Emergency Room Deductible	\$100; Waived if admitted within 48 hours
Restoration of Benefit	The lesser of (A) the used portion of the Maximum Lifetime benefit or (B) \$100,000
Human Organ Transplant Benefits	Provides coverage up to \$1,000,000
Access Fees <i>(Not Applied to any Deductible or Out-of-Pocket Limit)</i>	Hospital Confinement (each admission): \$500 Ambulatory Surgical Center (each admission): \$250
Wellness Benefit	Included in base plan; subject to deductible and coinsurance 1st year: No Benefit; 2nd year and thereafter: \$100
Outpatient Prescription Drugs <i>(Available for additional premium)</i>	Individual Deductible: \$500 or \$1,000; Family Deductible: \$1,000 or \$2,000 Generic: \$10 Copay after Deductible Brand Name When Generic Is Not Available: \$25 Copay + 50% of the remaining cost; Brand Name When Generic Is Available: \$25 Copay + 100% of the cost of the Generic equivalent <i>(Form#ANL-PRES03NE)</i>

Form #ANL2003NOR 07/05 Policy Form Series ANL-2003-PN This form contains a brief description of the coverage available from American National Life Insurance Company of Texas. Plans are marketed in multiple states so coverage and options vary depending on your state of residence. Refer to the certificate of coverage for the actual terms and conditions. Should inconsistencies occur with the information provided in this brochure, the terms and conditions of the Group Policy, as amended per state law, will apply. NCAA Association and Group Certificate language does not apply in the state of Kansas.

Subject to Plan Deductible Amount and Access Fee, the Group Policy includes the listed Eligible Expenses, paid at the Reasonable and Customary or negotiated rate. Should inconsistencies occur with the information provided in this form, the terms and conditions of the Group Policy, as amended per state law, will apply.

HOSPITAL ROOM AND BOARD: Reasonable and Customary Charges up to the average semi-private room rate charged by the Hospital, including nursing services, maintenance, utilities, etc. If a Hospital has only private rooms, ANTEX pays 90% of the private room rate.

HOSPITAL MISCELLANEOUS: Reasonable and Customary Charges made by a Hospital for miscellaneous medical services and supplies.

OPERATING SURGEON: Reasonable and Customary Charges for a primary procedure performed during a surgical session. We will pay other surgical procedures done during the same session at 50% of the Reasonable and Customary allowance. This benefit includes routine care after surgery.

ANESTHESIA AND ADMINISTRATION: Reasonable and Customary Charges by a Doctor for the administration of anesthesia and any fluids as part of a covered surgical procedure. This benefit is reduced by 50% if services are rendered by the surgeon, assistant surgeon or nurse anesthetist. [Charges include the reasonable cost of hospitalization and general anesthesia in order for a Covered Person to safely receive dental care if he or she is under 8 years of age or is developmentally disabled. This benefit does not apply to treatment rendered for temporal mandibular joint disorders (TMJ)].

DIAGNOSTIC X-RAY AND LAB EXAMS; BLOOD, BLOOD DERIVATIVES, AND OXYGEN; INITIAL PROSTHETIC APPLIANCES; MEDICAL SUPPLIES AND DURABLE EQUIPMENT: Reasonable and Customary Charges when these types of services or supplies are rendered or provided by other than a Hospital.

SECOND SURGICAL OPINION: Reasonable and Customary Charges incurred for a second surgical opinion.

CONVALESCENT AND SKILLED NURSING CARE: Reasonable and Customary Charges for miscellaneous medical services and supply charges for Convalescent Care and Skilled Nursing Care. This includes daily room and board charges and general nursing care for each day confined in a Convalescent Care Facility. ANTEX pays charges up to one-half of the daily room benefit paid for the Hospital where the Covered Person was confined. ANTEX limits confinement to 60 days per Calendar Year and (a) Confinement must begin within 14 days following a covered Hospital stay of at least 3 days; and (b) Confinement must be due to the same Injury or Sickness that caused the initial Hospitalization; it must extend that care.

HOME HEALTH CARE: Reasonable and Customary Charges for Home Health Care provided by a licensed Home Health Care Agency, up to \$40 each visit, with a maximum of 1 visit per day and up to 60 visits per Calendar Year.

ASSISTANT SURGEON: 25% of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when the Assistant Surgeon renders covered services during a surgical procedure. 20% of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when a Physician's Assistant renders covered services during a surgical procedure. 15% of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when a Registered Nurse renders covered services during a surgical procedure.

AMBULANCE SERVICES: Reasonable and Customary Charges for transport to the nearest Hospital qualified to treat the accidental Injuries or medical Emergencies.

HOSPICE CARE: Reasonable and Customary Charges up to \$125 per day, with a \$2,000 maximum benefit for each Insured diagnosed as terminally ill and receiving Hospice Care. This benefit also includes Bereavement Counseling for the immediate family.

POST-MASTECTOMY BENEFIT: Reasonable and Customary Charges for reconstruction of the breast on which a Doctor performed a covered mastectomy, which was performed as a result of Sickness or Injury of the breast; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complication of all stages of mastectomy, including lymphedemas.

DOCTOR SERVICES: Reasonable and Customary Charges for diagnosis and treatment of a Sickness or Injury (other than surgery).

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OUTPATIENT THERAPY: Reasonable and Customary Charges up to \$500 per Calendar Year per Covered Person. Outpatient Therapy includes, but is not limited to: rehabilitative speech; language pathology; physical, occupational and cognitive therapies; biofeedback; sports medicine; cardiac exercise programs; adjustments; and manipulations. A Covered Person must receive Outpatient Therapy while he is **not** Hospital confined or in a Convalescent Care Facility. This limit does not apply to a Covered Person who requires therapy as a result of a Hospital confinement or as the result of an outpatient surgical procedure.

TMJ TREATMENT: Reasonable and Customary Charges for diagnostic or surgical procedure involving any bone or joint of the face, neck, or head, limited to a Lifetime Maximum of \$2,500.

MAMMOGRAPHY: Reasonable and Customary Charges in excess of a \$25 Co-Pay for one annual screening mammogram per Calendar Year. Charges are not applied to any Deductible Amount or Out-of-Pocket Limit. Benefit is paid whether or not Covered Person is Hospital confined.

AMBULATORY SURGERY BENEFIT: Reasonable and Customary Charges will be payable for Eligible Expenses incurred which result from care received in an Ambulatory Surgical Center. Eligible Expenses will be the fees for the use of the facility and other miscellaneous charges made by the facility. If the Covered Person stays in the Ambulatory Surgical Center for 18 or more hours, ANTEX will pay Eligible Expenses up to the average semi-private room rate for the use of the facility. The semi-private room rate will be consistent with Hospital charges in the area where the Ambulatory Surgical Center is located. Subject to the applicable \$250 Access Fee indicated on the Certificate Schedule

COMPLICATIONS OF PREGNANCY: Reasonable and Customary Charges for Complications of Pregnancy as any other Sickness. The expense must result **solely** from the treatment of the Complications of Pregnancy. If the expense does not result solely from the Complication of Pregnancy, We will consider the expense due to a normal pregnancy. If We consider the expense due to a normal pregnancy, the Group Policy does not cover the expense.

We provide for at least 96 hours of inpatient Hospital care after a Cesarean section. We provide this coverage in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics or other established medical associations. The Doctor, in consultation with the mother, will decide the length of the Hospital stay.

HUMAN ORGAN TRANSPLANT BENEFIT: Reasonable and Customary Charges up to \$1,000,000 Lifetime Maximum per Covered Person for all Organ Transplants combined. A single In-Network transplant is paid at the lesser of the negotiated rate or \$1,000,000; a single Out of Network transplant is paid at the lesser of the lowest negotiated PPO rate or \$1,000,000. This benefit includes donor charges up to \$15,000 for which you are legally responsible. **Benefits for Organ Transplants are subject to Pre-Certification guidelines. Refer to your Certificate for complete details.**

FOREIGN EMERGENCY TREATMENT BENEFIT: Reasonable and Customary Charges for Medically Necessary Emergency Treatment in a foreign country shall be paid at the lesser of the actual charges for such services or the benefits otherwise payable had the Medically Necessary treatment been received in the place where the insured resides.

INTENSIVE CARE, CORONARY CARE AND NEONATAL INTENSIVE CARE UNIT: Reasonable and Customary Charges up to three (3) times the semi-private room rate. If a Hospital only has private rooms, ANTEX will pay three (3) times 90% of the private room rate. This is in lieu of Hospital Room and Board.

CHILDHOOD IMMUNIZATIONS: Reasonable and Customary Charges for a Covered Person under the age of six for immunization against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenzae type B. Charges are not subject to any Deductible Amount.

ALCOHOLISM TREATMENT: Reasonable and Customary Charges for Primary Treatment and Outpatient Treatment of alcoholism consisting of not less than: (1) thirty days of inpatient coverage for the Primary Treatment of alcoholism in any three-hundred-sixty-five-day benefit period with a Lifetime Maximum of at least two such inpatient Primary Treatment periods per Covered Person; and (2) a Lifetime Maximum of sixty Outpatient Treatment visits per Covered Person.

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OUTPATIENT PRESCRIPTION DRUGS: Benefits are payable under the Group Policy, subject to the Deductible Amount(s) for charges resulting from the cost of Prescription Drugs prescribed by a Doctor for a Covered Person's use outside of a Hospital or Ambulatory Surgical Center. Although some benefit amount may be payable regardless of the Pharmacy used, maximum benefits are available only if a Participating Pharmacy is used and the Covered Person is identified as a participant in this preferred price prescription program. If the Covered Person is not identified as a participant or uses a Pharmacy other than a Participating Pharmacy, reimbursement for the cost of a prescription may be less than the charge made. Benefits payable under this provision are subject to all of the Group Policy provisions. **Note:** The ANL-2003-PN plan covers outpatient Prescription Drugs when the Outpatient Prescription Drug Rider (Form ANL-PRES03NE) is purchased. After You meet the Prescription Drug Calendar Year Deductible Amount and pay the applicable Copayment Amount, We pay remaining Prescription Drug charges at the Rate of Payment. *ANTEX does not cover Outpatient Prescription Drugs unless the optional Outpatient Drug Rider is in effect. ANTEX does not pay benefits under this Rider for drugs obtained from a non-Participating Pharmacy.*

ANTEX considers a Prescription Drug charge as an Eligible Expense when:

1. A Doctor prescribes the drug for treatment of Injury or Sickness;
2. The Group Policy does not exclude the Injury or Sickness for which the Doctor has prescribed the drug;
3. The Outpatient Prescription Drug Rider does not exclude the drug; and
4. A Pharmacy, which is not part of a Hospital or Ambulatory Surgical Center, dispenses the Prescription Drug.

ANTEX does not cover prescription drugs that we have excluded by name or specific description. Payment for a prescription drug does not mean we have any liability under Eligible Expenses. Prescription by a Doctor does not automatically make treatment Medically Necessary. Eligible Expenses for Outpatient Prescription Drugs DO NOT include:

Any Ancillary Drug Charge included in the cost of the Prescription Drug.

The cost of any Prescription Drug dispensed in a quantity which exceeds a 31 day supply unless the manufacturer's packaging or the prescription requires a greater quantity. Insulin is limited to the lesser of three vials and one hundred disposable syringes or a 31 day supply of each.

DDAVP (desmopressin acetate) or other Prescription Drugs used in the treatment of primary nocturnal enuresis (bedwetting) for a Covered Person under the age of six.

Retin-A (tretinoin) for a Covered Person age 26 or older.

Contraceptives, including oral Prescription Drugs, implant Prescription Drugs or devices that are prophylactic or preventative in nature unless their use is Medically Necessary for the treatment of an existing Sickness that the Group Policy would otherwise cover.

RU-486, which is taken to end pregnancy.

Devices or appliances including, but not limited to, blood glucose testing devices and support garments and bandages, except when Doctor prescribed.

Over-the-Counter (OTC) medications (those medications which can be legally obtained without a Doctor's prescription), compounded drugs, unless they contain one 'legend' ingredient, unit dose drugs, dietary supplements, herbs and vitamins. We will not apply this Exception to prenatal vitamins a Doctor prescribes for pregnancy.

Prescription refills in excess of the number specified in the prescription provided by the Doctor or refills dispensed more than one year after the date of the original prescription.

Prescription Drugs that a Doctor administers or dispenses while in his office or while a covered Person is in a facility that provides medical care, including unit dose Prescription Drugs and any supply.

Prescription Drugs prescribed for (a) cosmetic purposes (b) treatment of hair loss; (c) Care, services or treatment that the Group Policy does not cover.

Prescription Drugs used for the purpose of: (a) weight loss, (b) Treating Acne (including Accutane); (c) Facilitating smoking cessation (including any Prescription Drug containing nicotine or its derivatives).

Prescription Drugs used for the purpose of: (a) promoting growth (growth hormone); (b) treating sexual dysfunction or inadequacy; or (c) the Prescription Drug Viagra.

Prescription Drugs that a Doctor prescribes for the treatment of mental illness, chronic fatigue syndrome or fibromyalgia.

Any Prescription Drug that is not consistent with the diagnosis and treatment of the Covered Person's Injury or Sickness because: (a) the Prescription Drug is excessive in terms of the scope, duration or intensity of scope; (b) the duration or intensity of Prescription Drug therapy is excessive in terms of what is needed to provide safe, adequate and appropriate care; or (c) the Prescription Drug is solely for the Covered Person's family or Doctor's convenience;

Prescription Drugs prescribed for the replacement of lost or stolen prescriptions.

Treatment of an Injury or Sickness that the Group Policy does not cover.

The Group Policy does not cover an Injury or Sickness that is excluded by name or description. The Group Policies do not provide coverage for loss caused by, contributed to, or resulting from:

Elective or non-Medically Necessary abortion and therapeutic abortion.

Eligible Expenses related to diagnosis and treatment of sleep apnea.

Charges for, or relating to, any loss that results from: (a) a Covered Person, voluntarily or involuntarily administering, taking or injecting any drug, sedative or narcotic unless taken as a Doctor prescribes; or (b) Injuries to a Covered Person while the person was operating a motor vehicle and his blood alcohol content exceeded 0.08% by weight, whether or not the Covered Person's use of alcohol causes or contributes to the Injury.

Genetic testing, counseling and services.

Treatment for enuresis.

Mental illness or counseling. Counseling includes marriage or family counseling.

Eligible Expenses for charges that You or a Covered Person are not legally obligated to pay.

Benefits that Medicare pays.

Treatment used to improve memory, cognitive enhancement or slow the normal process of aging.

Expenses incurred to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Group Policy.

Outpatient Prescription Drugs, unless the optional Outpatient Drug Rider is in effect.

Injury or Sickness if the loss is covered under these or similar laws: Worker's Compensation Law; Employer's Liability Law; or Occupational Disease Law.

Injury or Sickness that results from war or an act of war, whether war is declared or not.

Care or supplies that a Covered Person receives in a Hospital or other facility that a government agency runs. However, the Exception does not apply if: (a) The Covered Person receives a charge that he has to pay by law; and (b) The Hospital or facility would have made the charge even if no insurance existed.

Eligible Expenses relating to the diagnosis and/or treatment of the gallbladder, reproductive organs, tonsils and hernia for the first six months of the date of coverage. However, if ANTEX has excluded any one of these conditions by rider, benefits are not payable for the condition, regardless of when diagnosis and/or treatment take place.

Eligible Expenses resulting from procedures or treatments that are Experimental or Investigational Medicine.

Organ Transplants, except as otherwise provided under the Group Policy.

Plastic, cosmetic or reconstructive surgery. This exception includes breast reduction and surgery to repair, replace or remove breast implants. This exception does not apply if required: (a) to correct damage for a covered Injury; (b) to repair a birth defect of a child born to You and continuously covered under the Group Policy from birth; or (c) for reconstructive surgery following a covered mastectomy.

Dental treatment, unless due to Injury to Covered Person's sound, natural teeth (teeth without any prior restoration work.) The Injury must occur while the Covered Person has coverage under the Group Policy.

Any attempt at suicide, or any intentionally self-inflicted injury. **Missouri Residents Only: Any attempt at suicide or any intentionally self-inflicted Injury resulting from an attempted suicide, while sane. An intentionally self-inflicted Injury that is obviously not an attempted suicide, while sane.*

A Covered Person's commission of, or attempt to commit a felony or an illegal act or being engaged in an illegal occupation.

Charges relating to radial keratotomy, eye refraction or the purchase or fitting of vision or hearing aids.

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The Group Policy does not cover an Injury or Sickness that is excluded by name or description. The Group Policies do not provide coverage for loss caused by, contributed to, or resulting from:

Charges relating to laser surgery for refractive corrections and Cochlear Implants and related devices.

Elective sterilizations; in vitro fertilization; or any other diagnosis or treatment for the control, promotion or enhancement of fertility, including reversal of prior sterilizations.

Charges relating to exogenous obesity (i.e. obesity due to excessive food intake).

Charges relating to endogenous or morbid obesity or weight reduction, including but not limited to: surgery, treatment at diet centers or similar facilities and medication.

Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under the definition of Emergency.

Treatment for developmental delay learning disabilities or adjustment reaction; educational testing or training.

Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; transsexual surgery.

Sclerotherapy for veins of the extremities or laser surgery to minimize veins.

Corrective shoes; routine foot care including orthotics; the cutting or removal of corns or calluses; trimming of nails; routine hygienic care and any service rendered in the absence of localized Sickness or Injury involving the feet.

Care received in a rehabilitation facility, including services of this type rendered in a separate section of a building that houses an acute care facility.

The treatment of Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS Related Complex (ARC) and/or Human Immunodeficiency Virus (HIV), except as otherwise provided under the Group Policy.

Normal pregnancy and childbirth.

Eligible Expenses for a Pre-Existing Condition during the first 12 months of coverage for a Covered Person. ANTEX may give credit for previous coverage. Refer to your Certificate for complete details.