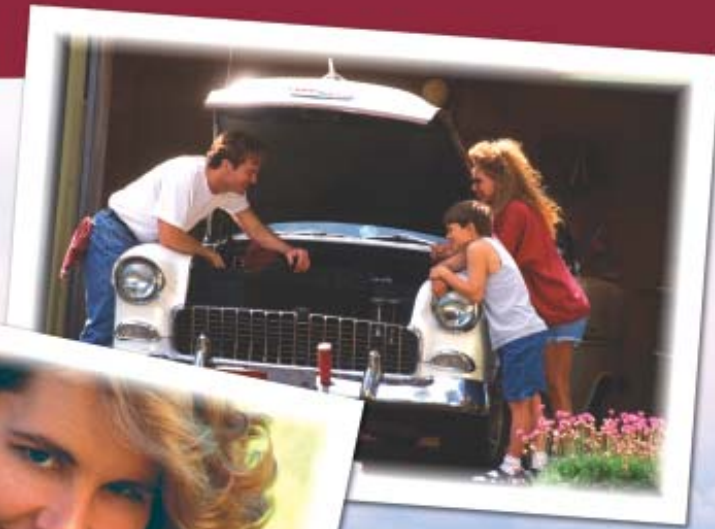


ANTEX Health Plans

Generic Brochure

from American National Life Insurance Company of Texas



Customized major medical insurance to fit your needs.

**Individually Underwritten Association Group
Major Medical Coverage Exclusively for
NCAA Members and Their Families**



American National Life Insurance Company of Texas (ANTEX) Galveston, Texas

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This brochure contains a brief description of the plans and 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. Please check software for availability and 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. PPO and Out of Network language for ANL-2003-PN and ANL-2004-P does not apply in the state of Wyoming.

NCAA members enjoy a number of health, travel, consumer and business-related benefits for a nominal monthly membership fee.

National Consumer's Advantage Association (NCAA) was formed in 1993 to educate and benefit members by providing information, resources and access to savings on products and services. Association rates and benefits are subject to change without notice. NCAA offers two levels of membership to fit the needs of prospective members.

- **SILVER** level membership dues are \$2.50 per month and provides a basic benefit package.
- **GOLD** level membership dues are \$4.50 per month and provides Silver Membership benefits plus access to additional privileges and services.

Silver Membership Benefits

- **Med Script Discount Pharmacy Service-** Managed Care mail order service providing up to 50% savings on prescriptions.
- **Lens Crafters Vision Club-** 20% discount on purchases; 10% discount on eye exams and contact lenses at some outlets
- **Hearing Services-** Up to 60% discount on quality hearing aids
- **Vitamin and Nutrition Supplement Discounts-** 15% discount on a wide range of products
- **Car Rental Discounts-** Special savings at Alamo, Avis, Hertz or National
- **North American Van Lines Moving Discounts-** Substantial discounts on interstate relocation services, including up to 58% on transportation charges
- **Penny Wise Office Supplies Discounts-** Up to 36% off already discounted prices on a large selection of items
- **Powernet Global-** Long distance rate of 5.4 cents per minute state-to-state, 24 hours a day, 7 days a week
- **Customized Web Sites-** 20% discount on full-service web site development and maintenance
- **Internet Access Services-** Discounts on unlimited dial-up access to the Internet
- **Emergency Medical Info Card-** Wallet-size card provides personal medical profile in case of emergencies

Gold Membership Benefits

In addition to receiving all Silver Membership Benefits, Gold Membership Benefits include:

- **Medical Air Travel Assist**
- **Crisp Publications**
- **American Leasing Exchange**
- **File Solutions**
- **Pre-Employment Background Reports**
- **Payroll Processing Service**
- **Travel Club**
- **Quest Travel Plan**
- **Roadside Assistance**
- **Theme Park and Floral Service Discounts**
- **Magazine Subscription Discounts**
- **AD&D Coverage**
- **Global Fitness Program**
- **HopTheShop.com-** Cybermall featuring over 100 high quality e-tailers and stores with special discounts and features

Membership Service Office: 16467 Chesterfield Airport Road, Chesterfield, MO 63017
Phone: 1.800.992.8044 email@www.egroupmanager.com

NCAA's Association Group Health Insurance plans are underwritten by American National Life Insurance Company of Texas (ANTEX) Galveston, TX.



American National Life Insurance Company of Texas (ANTEX) has been evaluated and assigned the following ratings by nationally recognized, independent rating agencies. The ratings are current as of August 2006.

A.M. Best A (Excellent) 3rd highest of 13 active company ratings¹
Standard & Poor's AA (Very Strong) 3rd highest of 20 active company ratings²

Ratings reflect current independent opinions of the financial capacity of an insurance organization to meet the obligations of its insurance policies and contracts in accordance with their terms. They are based on comprehensive quantitative and qualitative evaluations of the company and its management strategy. The rating agencies do not provide ratings as a recommendation to purchase insurance or annuities. The ratings are **not a warranty** of any insurer's current or future ability to meet its contractual obligations.

Ratings may be changed, suspended, or withdrawn at any time. For the most current ratings visit A.M. Best at www.ambest.com and Standard & Poor's at www2.standardandpoors.com.

¹A.M. Best's active company rating scale ranges from A++ (Superior) to D (Poor).

²Standard & Poor's active company rating scale ranges from AAA (Extremely Strong) to CCC (Extremely Weak). Plus (+) or Minus (-) modifiers show the relative standing within the categories from AA to CCC.

Notice: The insurance plans described in this brochure are available to members of the National Consumer's Advantage Association (NCAA). The coverage is individually underwritten and is *not* intended to be an employer sponsored health insurance plan.

Feature

HSA Complete™

(ANL-2004-P)

Plan Design	Indemnity or PPO
Issue Ages	0-63 1/2
Maximum Lifetime Benefit	\$3, \$5 or \$7 Million
Plan Deductible* <i>(Per Calendar year)</i>	Individual: \$1,500; \$1,750; \$2,050; \$2,250; or \$2,550 Family: \$3,000; \$3,500; \$4,100; \$4,500; or \$5,100
Rate of Payment	100%; 80%; or 50% Out of Network Penalty: 20% reduction in otherwise eligible medical services charges
Unpaid Medical Services Maximum* <i>(Maximum Out of Pocket Limit per Calendar year)</i>	Individual: 100%: \$1,500; \$1,750; \$2,050; \$2,250; or \$2,550 80% or 50%: \$3,450 (includes deductible) Family: 100%: \$3,000; \$3,500; \$4,100; \$4,500; or \$5,100 80% or 50%: \$6,300 (includes deductible) Note: 80% or 50%: For the \$2,550 Individual deductible the unpaid medical services maximum is \$5,000 (includes deductible). For the \$5,100 Family deductible the unpaid medical services maximum is \$10,000 (includes deductible)
24 Hour Coverage	Included in base plan
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 the full policy maximum when performed at a Transplant Center; provides coverage up to \$1,000,000 In Network
Wellness Care	Included in base plan; covered after the first 12 months; subject to deductible and rate of payment
Outpatient Prescription Drugs	Subject to deductible and rate of payment. ANTEX provides a discount prescription drug card at no additional cost

* Plan Deductible and Unpaid Medical Services Maximum will change in accordance with Federal Requirements.

Maximize Your Insurance Dollars With A HSA Account From



American National Life Insurance Company of Texas (ANTEX) suggests you consider **First Horizon Msaver** for your HSA administration services. **First Horizon Msaver** was an industry leader in administering MSAs, the forerunner to today's HSAs. Find out how **First Horizon Msaver** can provide you with the opportunity to maximize your savings. When you combine a **First Horizon Msaver HSA** with ANTEX's **HSA Complete™** plan, you are eligible to take advantage of the following:

- **No HSA Account Set-up Fee**
- **Low Monthly Administration Fee**
- Convenient **Debit Card** and **Checks** for Easy Account Withdrawals
- **First Dollar Interest** on All HSA Funds
- User-Friendly **Website (www.americannationalhsa.com)** and Professional **Toll-Free Customer Service Line (866-495-9051)**

ANTEX is not engaged in rendering tax, investment or legal advice. Federal and state tax regulations are subject to change. If tax, investment or legal advice is required, seek the services of a licensed professional.

Feature

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>

Additional Features Include:

- Initial 12 Month Rate Guarantee
 - Ten Day Free Look Period
 - Family Premium Discount
 - Tobacco Non-User Discount
 - Automatic Coverage for Newborn and Adopted Children*
- (*refer to Certificate for complete details)*
- Preferred Rating Discount

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Subject to any applicable Deductible Amounts and any Access Fee, the Group Policies include the listed Eligible Expenses, paid at the Reasonable and Customary or negotiated rate. 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.

ELIGIBLE EXPENSES FOR MAJOR MED LIGHT (ANL-2003-PN)

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).

Subject to any applicable Deductible Amounts and any Access Fee, the Group Policies include the listed Eligible Expenses, paid at the Reasonable and Customary or negotiated rate. 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.

ELIGIBLE EXPENSES FOR MAJOR MED LIGHT (ANL-2003-PN) continued

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.

Subject to any applicable Deductible Amounts and any Access Fee, the Group Policies include the listed Eligible Medical Services, paid at the Reasonable and Customary or negotiated rate. 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.

ELIGIBLE MEDICAL SERVICES FOR HSA COMPLETE (ANL-2004-P)

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 45 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: Services provided by a Home Health Care Agency up to 170 hours per Calendar Year. Home Health Care charges are not subject to any Deductible Amount or Rate of Payment.

ASSISTANT SURGEON: 25% of Eligible Medical Services for the Primary Surgeon for a covered surgical procedure, when the Assistant Surgeon renders covered services during a surgical procedure. 20% of Eligible Medical Services 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. Hospice must provide the care to a Covered Person whom a Doctor has diagnosed as terminally ill. A person is "terminally ill" when he has 6 months or less to live. Hospice Care is not subject to any Deductible Amount or Rate of Payment.

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.

OUTPATIENT PRESCRIPTION DRUGS: Reasonable and Customary Charges for Outpatient Prescription Drugs that must be dispensed by a licensed pharmacist and are approved for general use by the United States Food and Drug Administration. The quantity is limited to a 31-day supply. ANTEX provides a discount prescription drug card at no additional cost.

Subject to any applicable Deductible Amounts and any Access Fee, the Group Policies include the listed Eligible Medical Services, paid at the Reasonable and Customary or negotiated rate. 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.

ELIGIBLE MEDICAL SERVICES FOR HSA COMPLETE (ANL-2004-P) continued

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

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 for mammography as follows: (a) one baseline mammogram for women between thirty-five and forty years of age; (b) one mammogram every two years or more frequently based on the Doctor's recommendation for women who are forty years of age and older but younger than fifty years of age; and (c) one mammogram every year for women who are fifty years of age or older.

AMBULATORY SURGERY BENEFIT: Reasonable and Customary Charges will be payable for Eligible Medical Services incurred which result from care received in an Ambulatory Surgical Center. Eligible Medical Services 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 Medical Services 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.

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: ANTEX has contracted with certain specified transplant centers to provide Organ Transplants at a negotiated rate. If a Covered Person utilizes a specified transplant center, ANTEX will waive the \$1,000,000 Maximim Benefit for an Organ Transplant and the charges will instead be applied towards the Group Policy Maximum. All other provisions of the Group Policy will continue to apply. **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.

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 charge 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. (ANL-2003-PN only) 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 charges. Prescription by a Doctor does not automatically make treatment Medically Necessary. Eligible charges for Outpatient Prescription Drugs DO NOT include:

EXCEPTIONS

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.

ANL-2003-PN Only: 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.

ANL-2003-PN Only: 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.

ANL-2003-PN Only: 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.

ANL-2003-PN Only: 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.

ANL-2003-PN Only: Prescription Drugs prescribed for (a) cosmetic purposes (b) treatment of hair loss; (c) Care, services or treatment that the Group Policy does not cover.



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 charges. Prescription by a Doctor does not automatically make treatment Medically Necessary. Eligible charges for Outpatient Prescription Drugs DO NOT include:

EXCEPTIONS continued

ANL-2003-PN Only: 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.

ANL-2003-PN Only: Prescription Drugs that a Doctor prescribes for the treatment of mental illness, chronic fatigue syndrome or fibromyalgia.

ANL-2003-PN Only: 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.

ANL-2003-PN Only: The part of the cost of a Brand Name Drug which exceeds the benefit payable for its Generic Drug equivalent unless no Generic Drug equivalent exists.

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

This brochure contains a brief description of the plans and 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. Please check software for availability and 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. PPO and Out of Network language for ANL-2003-PN and ANL-2004-P does not apply in the state of Wyoming.

The Group Policies do 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:

EXCEPTIONS

Elective or non-Medically Necessary abortion and therapeutic abortion.

ANL-2003-PN Only: 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 charges 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.

ANL-2003-PN Only: 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 charges 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 charges 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.

The Group Policies do 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:

EXCEPTIONS continued

Any attempt at suicide, or any intentionally self-inflicted injury.*

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.

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, it's 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 charges 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.

**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.*

Oklahoma Residents Only: Any suicide (while sane or insane), attempted suicide or any intentionally self-inflicted Injury.

Pre-Certification/Health Service Review

What is Pre-Certification/Health Service Review and How Does It Work? ANTEX has contracted with a Representative to work with your Doctor, facility or supplier to help ensure the Medical Necessity of proposed treatment and services. This process is designed to help identify and control unnecessary medical costs. Because claim expenses ultimately determine the price that ANTEX must charge for coverage under the Group Policy, this process also benefits Covered Persons by helping to control premium costs.

The Covered Person or his health care provider must contact the Representative (named on the Covered Person's I.D. card) before any non-Emergency Hospital admission or outpatient surgery. Contact must be made within 24 hours, or as soon as

reasonably possible, following an Emergency Hospital admission. We will apply a reduction in payment if:

- 1) The Designated Utilization Representative is not contacted within the required time frame;
- 2) The admitting Doctor, facility, type of treatment or service differs from that authorized;
- 3) The service or treatment is performed more than 60 days after the date of authorization; or
- 4) Any portion of a confinement exceeds the number of days authorized;

We will deduct \$1,000 from eligible charges that we would have considered for payment had you followed the Pre-Certification process. If the amount is less than \$1,000, we will not pay any benefits.

**ANL-2004-P: Benefits otherwise payable will be reduced by 25% up to a maximum reduction of \$1,000.*

Pre-Existing Conditions

How is a Pre-Existing Condition Defined?

A physical or mental condition, not disclosed on the Enrollment Application, and: (a) for which medical advice, testing, care, treatment or medication was received within 12 months before the Certificate Date; (b) that produced symptoms, within 12 months prior to the Certificate Date, that would have allowed a Doctor to make a diagnosis of the condition producing the symptoms; or (c) that would have caused a Prudent Layperson to seek medical diagnosis or treatment within the 12 months prior to the Certificate Date. A pregnancy that exists on the Certificate Date is a Pre-Existing Condition.

Are Pre-Existing Conditions Ever Covered?

ANTEX does not cover Pre-Existing Conditions during the first 12 months of coverage.

Are There Any Circumstances When a Condition That Existed Prior to the Effective Date Is Covered?

Yes. If a condition is disclosed on the application and no underwriting action is taken (i.e., Exclusion waiver), the condition is covered from day one, subject to the terms and conditions of the Group policy. **Certain other conditions (not pre-existing) may not be Covered for the first 6 months of coverage.**

Under What Conditions Can My Coverage Be Changed or Terminated?

We or the Group Policyholder can terminate or non-renew coverage under the Group Policy as of any premium due date under any of the following conditions: (a) You have failed to pay premiums or contributions in accordance with the terms of the Group Policy or We have not received timely premium payments; (b) You or a Covered Person has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in applying for coverage or under the terms of the Group Policy; (c) You have ceased to be a member of the association to which coverage is offered, but only if such

coverage is terminated uniformly and without regard to any health-status related factor; (d) We are ceasing to offer coverage in the association market in accordance with applicable state law; or (e) We are discontinuing all health benefit plans offered to associations.* If We refuse to renew coverage under reasons (a)-(c) above, We will give You 30 days notice prior to the non-renewal effective date. If We refuse to renew coverage under reason (e) above, We will: (a) provide notice to each association member covered under the Group Policy; (b) offer to each member the option of any other health benefit plan currently being offered by Us in the association market; and (c) act uniformly without regard to any health status-related factor of covered members or dependents or new members or dependents who may become eligible for coverage. If We discontinue offering all health insurance coverage in this market under reason (e) above, We will give 180 days notice to the Commissioner of Insurance, the association, and each association member covered under the Group Policy. At the time of coverage renewal, We may modify coverage under the Group Policy. However, the modification must be consistent with State law and effective on a uniform basis among all individuals that We cover under the Group Policy. Subject to the conditions listed above, We cannot refuse to renew coverage: (a) just because of a change in a Covered Person's health or the type of work the Covered Person performs; or (b) just because of the claims filed by or on behalf of a Covered Person, unless the claims are fraudulent.

This brochure must be left with the proposed insured and is not complete without the appropriate forms packet. If you have any questions about the contents of this brochure, please call your agent/broker or American National Life Insurance Company of Texas (ANTEX) 1-800-899-6805 or www.anico.com

Commencement of Coverage: We require evidence of insurability before coverage can be provided. The applicant and all dependents listed on the application must meet the ANTEX underwriting requirements. If approved, coverage will begin on the Effective Date as indicated on the Certificate Schedule Page. The Effective Date will be either the date requested on the application, if no more than 45 days in the future or the date approved by the Home Office Underwriter.

Paramed Exam and Blood Testing: A Paramed Exam and Blood test are not routinely required, but may be ordered at ANTEX's discretion.

Attending Physician's Statements: ANTEX reserves the right to obtain medical history after reviewing the application.

Waivers and Exclusions: Certain conditions can be waived or excluded for a temporary or permanent period of time. ANTEX reserves the right to decline any applicant whose Certificate would otherwise be issued with more than three waivers.

Rate-Ups: By adding additional Premium for certain conditions (including height and weight), the coverage may be issued to an Individual who might otherwise be uninsurable.

Reversal of Exclusion Waivers: Exclusion waivers may be reconsidered when there has been an improvement in health status. The Rider may be reviewed after the first Certificate anniversary with a written request from the Covered Person and a current report from the attending Doctor, without cost to ANTEX. In some situations, a reconsideration date can be offered at the time of initial underwriting. If possible, the Covered Person will be notified.



Initial Premium: The full modal Premium must be paid with the application in most cases.

Claim Submission: Claims are submitted per instructions on the back of the Identification card issued with the Certificate. Claim forms are not necessary, unless requested by the Company.

Existing Pregnancy: ANTEX's underwriting guidelines preclude acceptance of any application where a member of the applicant's immediate family is currently pregnant, and for the first 30 days following delivery.

Thank you for considering American National Life Insurance Company of Texas as your insurance carrier.

One of the prime objectives of our Company is to provide insurance at the lowest possible cost. The underwriting process (evaluation of risks) is necessary not only to assure the lowest cost possible, but also to assure that each certificate holder contributes their fair share of the cost. In considering your application, information from various sources must therefore be considered. These include the results of your physical examination, if required, and any reports we may receive from doctors and hospitals who have attended you.

Medical Information Bureau (MIB)

Pre-Notification Information regarding your insurability will be treated as confidential. American National Life Insurance Company of Texas, or its reinsurers may, however, make a brief report thereon to the MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB upon request, will supply such company with information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address to MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

American National Life Insurance Company of Texas, or its reinsurers, may also release information on its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Fair Credit Reporting Act (FCRA)

Pre-Notification Federal and state laws require notification that, in connection with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage.



Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such a report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing proper identification, you may inspect or receive a copy of such report. Typically, the report will contain information as to character, general reputation, personal characteristics and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs, if any, living conditions and type of community.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

• This Notice of Privacy Practices

describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

• We are required by law to protect the privacy of your information, provide this notice about our information practices, and abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You can request a copy of our notice at any time.

• Uses and Disclosures of Protected Health Information: We use protected health information about you for health care operations, underwriting, claims processing and policyholder service. For example, we would use or disclose protected health information to MIB, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members.

• Any other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

• We may use or disclose identifiable health information about you without your authorization for other reasons. Subject to certain requirements, we may disclose protected health information without your consent or authorization as for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide protected health information when otherwise required by law, or for law enforcement purposes, legal proceedings, military activity and national security, to a coroner, funeral director or medical examiner, and when required by the Secretary of the Department of Health and Human Services.



• Your Rights:

Although your health record is the physical property of American National Insurance Company of Texas, the information belongs to you.

• You have the right to request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, obtain a paper copy of the notice of privacy practices upon request, inspect and obtain a copy of your health record as provided for in 45 CFR 164.524, amend your health record as provided in 45 CFR 164.528, obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528, request communications of your health information by alternative means or at alternative locations and revoke your authorization to use or disclose protected health information except to the extent that action has already been taken.

American National's HIPAA Privacy Officer
 One Moody Plaza Galveston, TX 77550
 Phone: 1.409.766.6420
 Email: hipaa.compliance.officer@anico.com

• **You have the right** to inspect and copy your protected health information for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have questions about access to your records.

• **You have the right** to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction. You may request a restriction by submitting a letter to the Health Underwriting Department, P.O. Box 1991, Galveston, Texas 77550.

• **You have the right** to amend your protected health information. This means you may request an amendment of protected health information about you in a record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your records.

• **You have the right** to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.



• **You have the right** to request receipt of confidential communications by alternative means or at alternative locations if you clearly state that such disclosure could endanger you. You have the right to have this request reasonably accommodated.

• **You have the right** to obtain a paper copy of this notice from us. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact American National's HIPAA Privacy Officer, American National Life Insurance Company of Texas, One Moody Plaza, Galveston, Texas 77550, hipaa.compliance.officer@anico.com, 409.766.6420 for further information about the complaint process. This notice was published and becomes effective on April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

This brochure contains a brief description of the plans and 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. Please check software for availability and 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. PPO and Out of Network language for ANL-2001-P, ANL-2003-PN and ANL-2004-P does not apply in the state of Wyoming.



American National Life Insurance Company of Texas (ANTEX) is a member of the American National family of companies. The American National family has seen its share of growth and change. But no matter what today holds, or what tomorrow brings, we want to be there with you, and there for you. We want to be a part of your present and part of your future.



American National Life Insurance Company of Texas
One Moody Plaza, Galveston, Texas 77550
www.anico.com