



# AHCP

America's Health Care Plan

## CATASTROPHIC CARE SERIES

*from American National Life Insurance Company of Texas (ANTEX)*

Individually Underwritten Association Group  
Catastrophic Hospital Insurance Coverage  
Exclusively for NCAA Members and Their Families





## RATINGS YOU CAN RELY ON

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 April 2008.

**A.M. Best**

**A (Excellent)**

**3rd highest of 13 active company ratings<sup>1</sup>**

**Standard & Poor's**

**AA (Very Strong)**

**3rd highest of 20 active company ratings<sup>2</sup>**

### National Consumer's Advantage Association (NCAA) Association Group Health Insurance

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

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Ratings may be changed, suspended, or withdrawn at any time.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](http://www.ambest.com) and Standard & Poor's at [www2.standardandpoors.com](http://www2.standardandpoors.com).

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

<sup>2</sup>Standard & 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.

# 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
- **Child ID Card Services**

**Membership Service Office: 16467 Chesterfield Airport Road, Chesterfield, MO 63017**  
**Phone: .800.992.8044 [email@www.egroupmanager.com](mailto:email@www.egroupmanager.com)**





# NON-HSA CATASTROPHIC HOSPITAL INSURANCE COVERAGE FEATURES

## Design A Plan That Fits Your Needs

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### Plan Design

Indemnity or PPO

### Issue Ages

0 - 63 1/2

### Cash Deductible

\$750; \$1,500; \$2,000; \$2,500; \$5,000; \$10,000 or \$15,000  
\$20,000 & \$25,000 deductibles available in certain states  
(3 deductible maximum per family)

### Stop Loss Amount

\$5,000 or \$10,000

### Maximum Benefit Payment

- \$1,000,000 for **each** injury or sickness;
- \$2,000,000; \$5,000,000 or \$7,000,000 for **all** injuries or sicknesses

### Coinsurance Amount

- 100% In Network (80% Out of Network); or
- 80% In Network (60% Out of Network) up to Stop Loss, 100% thereafter; or
- 50% In Network (30% Out of Network) up to Stop Loss, 100% thereafter

### Optional Accident Expense Benefit Rider

*ANL-ACCEX06- Available for additional premium*  
Maximum Benefit per Injury: \$400; \$800 or \$1,200. Not subject to Deductible or Coinsurance

### Optional Outpatient Doctor Rider

*ANL-OPB06- Available for additional premium*

Outpatient Services paid at 80% coinsurance rate once \$1,000 deductible is met. Maximum benefit per Calendar Year is \$10,000

### Outpatient Prescription Drug Rider

*ANL-PDR06- Available for additional premium*

#### Participating Pharmacy

- Individual Calendar Year Deductible: \$500 or \$1,000
- Family Calendar Year Deductible: \$1,000 or \$2,000
- Copay: \$10 Generic; \$25 Brand Name; \$30 Mail Order Generic; \$75 Mail Order Brand Name
- Coinsurance Amount for Generic: 100% after Deductible and Copay
- Coinsurance Amount for BrandName: 50% after Deductible and Copay
- Coinsurance Amount for Brand Name when Generic is available: Insured pays copay + 100% of the difference between the cost of the generic and brand name

#### Non-Participating Pharmacy

- Individual Calendar Year Deductible: \$1,000 or \$2,000
- Family Calendar Year Deductible: \$2,000 or \$4,000
- Copay: \$10 Generic; \$25 Brand Name; No Mail Order available
- Coinsurance Amount for Generic: 100% after Deductible and Copay
- Coinsurance Amount for Brand Name: 50% after Deductible and Copay
- Coinsurance Amount for Brand Name when Generic is available: Insured pays copay + 100% of the difference between the cost of the generic and brand name



# HSA COMPATIBLE CATASTROPHIC HOSPITAL INSURANCE COVERAGE FEATURES

## Design A Plan That Fits Your Needs

### Plan Design

Indemnity or PPO

### Issue Ages

0 - 63 1/2

### Plan Deductible

- Individual: \$1,500; \$2,000 or \$2,500
- Family: \$3,000; \$4,000 or \$5,000

### Rate of Payment

100%, 80% or 50% (20% reduction of otherwise payable expenses for Out of Network charges)

### Unpaid Medical Services Maximum

*Including deductible*

- Individual: 100%; 80% (\$3,500; \$4,000 or \$4,500) or 50% (\$4,000; \$4,500 or \$5,000)
- Family: 100%; 80% (\$7,000; \$8,000 or \$9,000) or 50% (\$8,000; \$9,000 or \$10,000)

### Maximum Benefit Payment

\$2,000,000; \$5,000,000 or \$7,000,000

## Coverage Summary

*Available on both HSA and non-HSA plan designs*

- |                     |  |                              |                                       |
|---------------------|--|------------------------------|---------------------------------------|
| • Hospital Stay     | • Pathology, Physiotherapy & Radiology | • Home Health                | • Foreign Emergency Treatment Benefit |
| • Surgery           | • Post Confinement Therapy             | • Mammogram                  | • Waiver of Premium                   |
| • Assistant Surgeon | • Same Day Surgery                     | • Ambulance Service          |                                       |
| • Second Opinion    | • Organ Transplants                    | • Complications of Pregnancy |                                       |
| • Anesthesia        | • Hospice Care                         |                              |                                       |
| • Doctor Visits     |  |                              |                                       |

## 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 **Catastrophic 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](http://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.*



# CATASTROPHIC HOSPITAL INSURANCE COVERAGE

## ELIGIBLE EXPENSES/MEDICAL SERVICES

Subject to the Deductible Amounts, the Group Policy includes the listed Eligible Expenses/Medical Services, paid at the Reasonable and Customary charge maximum. 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.

**HOSPITAL STAY:** Reasonable and Customary Charges made by the Hospital for each day a Covered Person is Hospital Confined. Such charges will include (a) Room accommodations (up to the average semi-private room rate). The average semi-private room rate includes any separate charges such as room, nursing services, maintenance, utilities and similar items. If a Hospital has only private rooms, eligible charges will be limited to 90% of the private room charge. (b) Charges for an Intensive Care Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement up to three times the average semi-private room rate. (c) Hospital charges for miscellaneous medical services and supplies that are necessary for the treatment of the Covered Person while Hospital Confined. These charges include: operating room, recovery room, anesthesia, surgical dressings, central supplies, casts and splints, Medicines or Drugs, x-ray photographs, laboratory service and oxygen, equipment and services, blood plasma, whole blood and blood derivatives. All charges must be incurred while a Covered Person is Hospital Confined. Eligible charges **do not** include: charges for take-home Medicines or Drugs (unless otherwise specifically provided by the Group Policy), personal and convenience items, or items that are not intended primarily for use while Hospital Confined.

**SURGERY:** Reasonable and Customary Charges by a Doctor for the primary surgery performed on a Covered Person while Hospital Confined or in a Same Day Surgery Facility. This benefit includes routine care after the surgery. ANTEX will pay other surgical procedures, done during this same session, at 50% of the Reasonable and Customary allowance. A surgical procedure involving TMJ (Temporomandibular Joint Disorder) is limited to a Lifetime Maximum of \$2,500 per Covered Person.

**ASSISTANT SURGEON:** Reasonable and Customary Charges for surgical assistance performed on a Covered Person while hospital confined or in a Same Day Surgery Facility. Eligible Assistant Surgeon expense is limited to 25% of the eligible charges allowance for the primary surgeon, when the assistance is rendered by a Doctor. This benefit reduces to 20% when a Physician Assistant assists and to 15% if the assistance is by a Registered Nurse.

**SECOND SURGICAL OPINION:** Reasonable and Customary Charges for a Doctor providing a second surgical opinion regarding the advisability of surgery. If the initial and second surgical opinions conflict, ANTEX will pay benefits for a third surgical opinion. ANTEX does not subject charges for a second and third opinion to the Deductible Amount.

**ANESTHESIA AND ADMINISTRATION:** Reasonable and Customary Charges by an anesthesiologist for the administration of anesthesia to a Covered Person who is undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to render the anesthesia service. ANTEX will reduce eligible benefits by 50% if a nurse anesthetist, operating surgeon or assistant surgeon administers the anesthesia and any incidental fluids as part of a covered surgical procedure. 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).

**DOCTOR'S VISITS:** Reasonable and Customary Charges by the primary attending Doctor for one visit per day while Hospital Confined.

**PATHOLOGY:** Reasonable and Customary Charges by a pathologist for the interpretation of diagnostic tests or studies while Hospital Confined or in a Same Day Surgery Facility.

**PHYSIOTHERAPY:** Reasonable and Customary Charges for physical, speech or inhalation therapist services while Hospital Confined or in a Same Day Surgery Facility.

**POST CONFINEMENT THERAPY:** Reasonable and Customary charges that a Hospital, or Hospital-based clinic, bills for the services and supplies it furnishes to a covered person who is not Hospital Confined. The Covered Person must require Post Confinement Therapy for a Sickness or Injury that caused a Hospital Stay, or following surgery performed in a Hospital or Same Day Surgery Facility, that is normally covered by the Group Policy. The following types of Therapy are eligible under this provision: Radiation therapy, including treatment planning; Chemotherapy, including treatment planning; Physical therapy; Speech therapy; and Occupational therapy.

**RADIOLOGY:** Reasonable and Customary Charges by a radiologist for the interpretation of diagnostic tests or studies while Hospital Confined or in a Same Day Surgery Facility.

**SAME DAY SURGERY FACILITY:** Reasonable and Customary Charges for care received in a Same Day Surgery Facility. Eligible charges 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 charges 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.

# CATASTROPHIC HOSPITAL INSURANCE COVERAGE ELIGIBLE EXPENSES/MEDICAL SERVICES

CONTINUED

**ORGAN TRANSPLANTS:** Maximum Benefit for Organ Transplants per Covered Person is \$1,000,000. The organ being transplanted must be the organ of primary disease and must be one of the following organs: heart, lung, liver, cornea, pancreas, kidney or bone marrow and/or stem cells harvested from bone marrow or peripheral blood. (Stem cell or bone marrow transplants do not have to be the organ of primary disease). We will pay benefits for the Eligible Expenses that result from charges related to, caused by, contributed to or resulting from an Organ Transplant. The Covered Person must incur the charges during the Transplant Period. We will not pay for charges the Covered Person incurs outside the Transplant Period, except for anti-rejection Drug charges. We will pay donor benefits: (a) Up to \$15,000 in eligible charges; and (b) When You or a Covered Person is legally responsible for the charges.

**TRANSPLANT CENTERS:** We have 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 Maximum 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. You or a Covered Person may send a written request to ANTEX's Case Management Department for a copy of the maximums.

**HOSPICE CARE BENEFIT:** Reasonable and Customary Charges for Hospice Care provided by a Hospice agency (Non-HSA only: up to the Maximum Benefit for Hospice Care shown in the Certificate Schedule). We will not pay benefits under this provision and under another benefit provision of the Group Policy. We only pay benefits for Hospice Care when: (a) The Hospice Care is provided to reduce or abate pain and not for cure; and (b) The Covered Person's Doctor certifies that the Covered Person's life expectancy is less than six months. HSA only: This benefit is not subject to the Deductible Amount or any Rate of Payment that is less than 100%.

**HOME HEALTH CARE:** Reasonable and Customary Charges for Home Health Care up to \$40 per visit. There is a limit of one visit per day and 60 Home Health Care visits in each Calendar Year. We count the following as one Home Health Care Visit: (a) When a Home Health Care provider visits the home to evaluate the need for developing a Home Health Care plan; or (b) Up to four consecutive hours of Home Health Care. The home Health Care must begin within 7 days of a prior Hospital Stay of at least 3 days. The Home Health Care must be provided in lieu of a Hospital Stay. The Home Health Care must be for treatment of the same Sickness or Injury for which the Covered Person was Hospital Confined. Home Health Care includes the following eligible charges: Registered Professional Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) services/supplies; Qualified physiotherapist, speech therapist or inhalation therapist services/supplies; Medical social services worker services/supplies. The services/supplies must be Medically Necessary to understand the emotional, social and environmental factors affecting the Covered Person's Sickness; Home health aide services/supplies when under a R.N.'s direct supervision; Nutritional guidance when Medically Necessary; Oxygen and its administration. HSA only: This benefit is not subject to the Deductible Amount or any Rate of Payment that is less than 100%.

**MAMMOGRAM:** Reasonable and Customary Charges in excess of \$25 for one annual screening mammogram per Calendar Year. We pay the benefit whether or not the Covered Person is Hospital Confined. We do not apply charges to the Deductible Amount or to any Co-Insurance Amount that is less than 100% .

**PROFESSIONAL AMBULANCE SERVICE:** Reasonable and Customary Charges for transportation to the nearest Hospital qualified to treat Injuries or medical Emergencies.

**COMPLICATIONS OF PREGNANCY:** If a Covered Person suffers Complications of Pregnancy while covered under the Group Policy, eligible charges incurred for treatment of such Complications of Pregnancy will be considered for payment as if they had resulted from Sickness. If an expense does not result **solely** from the treatment of the Complications of Pregnancy, then it will be deemed due to normal pregnancy and not covered under the Group Policy.

**FOREIGN EMERGENCY TREATMENT:** We will pay for benefits for eligible charges resulting from charges for Emergency treatment that a Covered Person receives in a foreign country. Benefits payable will be the lesser of: (a) the actual charges for the services; or (b) the eligible charges that We would have paid if the Covered Person had received the Emergency treatment where the Covered Person resides.



# OUTPATIENT PRESCRIPTION DRUGS

FOR NON-HSA PLAN DESIGN ONLY

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.

## **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. 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:**

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.

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 or (d) treatment of an injury or sickness that the Group Policy does not cover.

Prescription Drugs used for the purpose of: (a) weight loss, (b) treating Acne (including Accutane); (c) promoting growth (for example: growth hormone); (d) treating sexual dysfunction or inadequacy; or (e) facilitating smoking cessation (including any Prescription Drug containing nicotine or its derivatives).

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.

# CATASTROPHIC HOSPITAL INSURANCE COVERAGE EXCEPTIONS

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

1. 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.
2. Injury or Sickness that results from war or an act of war, whether war is declared or not.
3. Care or supplies that a Covered Person receives in a Hospital or other facility that a government agency runs. However, ANTEX will not apply this Exception 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.
4. Eligible Expenses/Medical Service charges relating to the diagnosis and/or treatment of the adenoids, tonsils, gallbladder, reproductive organs, and hernia for the first six months of coverage. However, if ANTEX has excluded any one of these conditions by rider, ANTEX does not pay any benefit for the condition, regardless of when the treatment takes place; or if such condition is a Preexisting Condition, any benefit consideration will be in accordance with the Preexisting Conditions provisions.
5. Eligible Expenses/Medical Service charges resulting from procedures or treatments that are Experimental or Investigational Medicine.
6. Organ Transplants, except as otherwise provided under the section titled Organ Transplants.
7. Pregnancy and childbirth, except for Complications of Pregnancy.
8. Mental or Nervous Disorders.
9. Plastic, cosmetic or reconstructive surgery. This Exception includes breast reduction and surgery to repair, replace or remove breast implants. This Exception does not apply when surgery is required: (a) To correct damage for a covered Injury or Sickness; (b) To repair a birth defect of a child born to You and continuously covered under the Group Policy from its birth; or (c) For reconstructive surgery following a covered mastectomy.
10. Dental Treatment unless due to Injury to a Covered Person's natural teeth.
11. Eligible Expenses/Medical Service charges for a Pre-Existing Condition for the first 12 months of coverage.
12. Any attempt at suicide or any intentionally self-inflicted Injury.\*
13. A Covered Person's commission of or an attempt to commit a felony, or an illegal act or being engaged in an illegal occupation.
14. 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.
15. Charges relating to radial keratotomy, laser surgery, or any type of surgery or procedure, for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
16. Charges relating to treatment of obesity, including exogenous, endogenous, morbid obesity, or weight reduction.
17. Mandibular or maxillofacial surgery to: (a) Correct growth defects; (b) Correct jaw disproportions or malocclusions; (c) Increase vertical dimension; or (d) Reconstruct occlusion after one year from a child's date of birth or a child's date of adoption. We do not apply this Exception for the repair of a congenital anomaly or birth defect of a child born to You or a child that You adopt. The Group Policy must continuously cover the child from birth, adoption or placement for adoption.
18. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment.

*\*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.*





## CATASTROPHIC HOSPITAL INSURANCE COVERAGE EXCEPTIONS

CONTINUED

19. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; transsexual surgery.
20. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
21. 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.
22. Routine newborn care, unless otherwise stated in the Group Policy.
23. Care in a nursing home, custodial institution or domiciliary care or rest cures.
24. Eligible Expenses/Medical Service charges for charges that You or a Covered Person is not legally obligated to pay.
25. Benefits that Medicare pays.
26. Charges for which benefits are not specifically provided in the Group Policy.
27. Medicines or Drugs, treatment or procedure that either promotes or prevents contraception or prevents childbirth including and relating to, but not limited to: (a) artificial insemination; (b) in-vitro fertilization or any other diagnosis or treatment for the control, promotion or enhancement of fertility; (c) treatment for impotency, including Viagra; (d) sterilization or reversal of prior sterilization; or (e) elective or non-Medically Necessary and therapeutic abortion, including the Drug RU-486, unless the life of the mother would be endangered if the fetus were carried to term.
28. Medicines or Drugs or medicinal supplies when a Covered Person is not Hospital Confined.
29. Treatment of alcoholism.

*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 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 Policies, as amended per state law, will apply. **NCAA Association and Group Certificate language for ANL-C06-P and ANL-C06H-P do not apply in the state of Kansas and Georgia.***



## PRE-EXISTING CONDITIONS

### How is a Pre-Existing Condition Defined?

Pre-Existing Condition means a condition not otherwise excluded by name or specific description: (a) for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Doctor within twelve months before the Certificate Date; or (b) that would have caused a reasonably intelligent person to seek medical diagnosis or treatment within twelve months before the Certificate Date. A pregnancy existing on the Certificate Date is a Pre-Existing Condition. ANTEX does not cover Pre-Existing Conditions for the first twelve months of coverage.

### 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) We are ceasing to offer coverage in the association market in accordance with applicable state law; or (d) We are discontinuing all health benefit plans offered to associations.\* If We refuse to renew coverage under reasons (a)-(b) above, We will give You 30 days notice prior to the non-renewal effective date. If We refuse to renew coverage under reason (c) above, We will: within 90 days prior to discontinuation, (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 (d) 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.





## GENERAL INFORMATION

### **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.

### **Automatic Coverage of Newborn and Adopted Children:**

The Group Policy provides coverage for the following children when they live with You; A child born to You; A child You adopt; or A child who is placed for adoption with You. Coverage for the child continues through the 31st day following the child's date of birth, date of adoption or placement for adoption. Coverage for the child will be for Sickness or Injury as provided by the Group Policy.

In order to continue the child's coverage beyond this 31-day period, You must do the following: Send ANTEX notice of the child within 31 days of the child's date of birth, date of adoption, or date of placement; and Send ANTEX the additional premium for the child within 62 days of the child's date of birth, date of adoption, or date of placement. As long as You pay the extra premium, the child will remain a Covered Person, subject to the sections titled **TERMINATION OF COVERAGE** and **LOSS OF ELIGIBILITY**.

### **IMPORTANT NOTICE**

*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) 800.899.6805 or [www.anico.com](http://www.anico.com)*



## CONSUMER NOTICES

### 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.

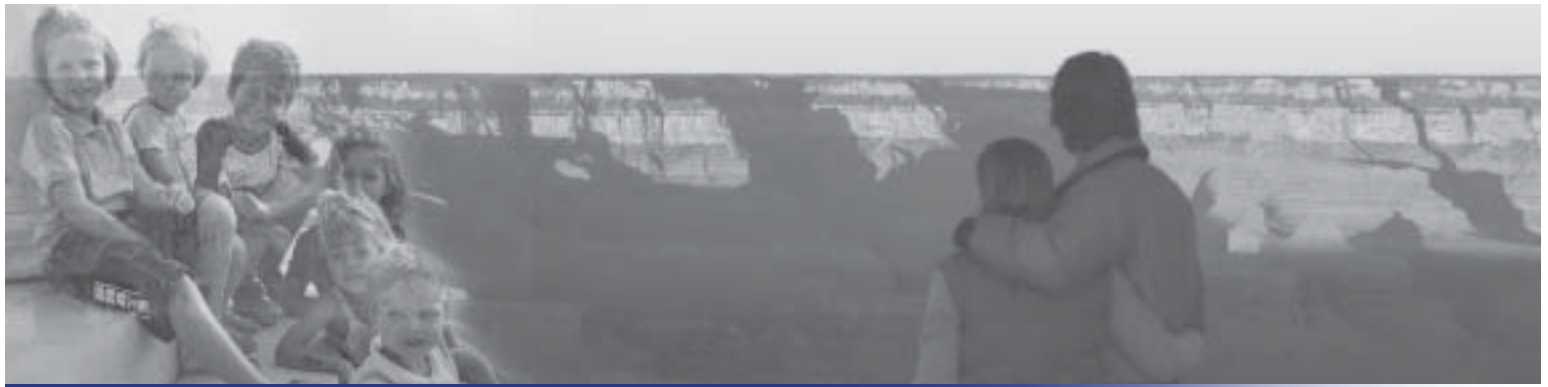
#### **Fair Credit Reporting Act (FCRA) Pre-Notification**

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.

American National Life Insurance Company of Texas • One Moody Plaza • Galveston, Texas Mail Correspondence To: P.O. Box 1998 Galveston, Texas 77553-1998





## PRIVACY PRACTICES

**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.

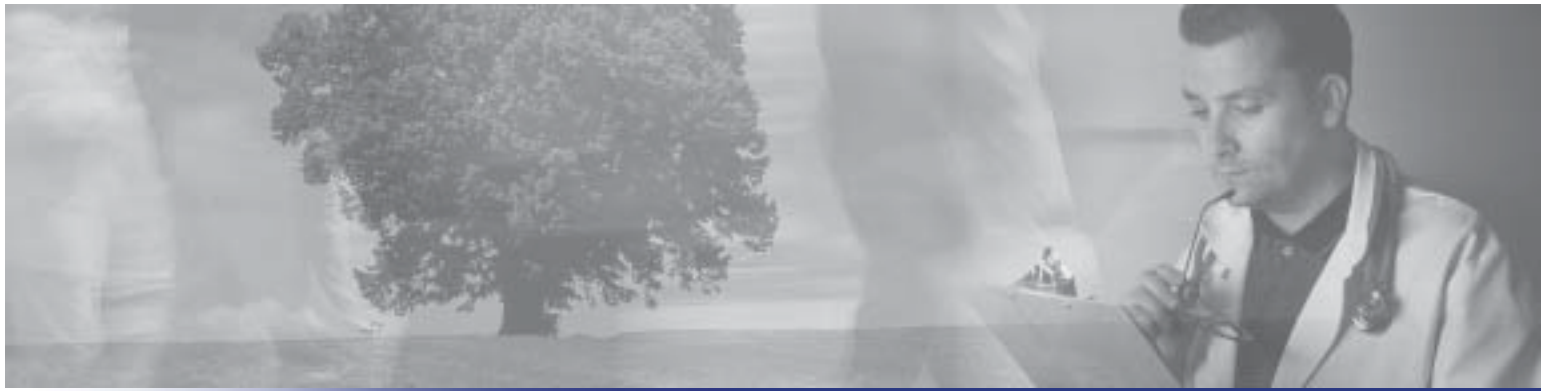
- **Any other uses or disclosures** of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

- **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.



## PRIVACY PRACTICES

CONTINUED

• **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](mailto: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.





**American National Life  
Insurance Company of Texas**

1 Moody Plaza, Galveston, TX 77550  
800.899.6805 tel 409.766.6673 fax  
[www.anico.com](http://www.anico.com)

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