



Generations

from American National Life Insurance Company of Texas (ANTEX)

Catastrophic Hospital Insurance Coverage

Individually Underwritten Association Group
Exclusively for NCAA Members and Their Families





Ratings You Can Rely On from a Company You Can Depend 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 January 1, 2009.

A.M. Best

A (Excellent)

3rd highest of 13 active company ratings¹

Standard & Poor's

AA- (Very Strong)

4th 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Ratings may be changed, suspended, or withdrawn at any time.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.

American National Life Insurance Company of Texas

Physical Location:

One Moody Plaza
Galveston, Texas

Mail Correspondence To:

P.O. Box 1998
Galveston, Texas 77553-1998

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) at 800.899.6805.

Consumer Notices

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, Inc., formerly known as Medical Information Bureau, 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 the 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 a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American National Life Insurance Company of Texas, or its reinsurers, may also release information in 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. Information for consumers about MIB may be obtained on its website at www.mib.com.

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.



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

NCAA's Catastrophic 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). Membership is not available in all States. The coverage is individually underwritten and is not intended to be an employer sponsored health insurance plan.

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 membership rates and benefits are subject to change without notice. NCAA offers two levels of membership to fit the needs of prospective members.

SILVER PLUS level membership dues are \$4.00 per month and provides the following basic benefit package:

- **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 stores
- **Hearing Services-** Up to 60% discount on quality hearing aids
- **Vitamin and Nutrition Supplement Discounts**
- **Car Rental Discounts-**Special savings at Alamo, Avis, Hertz or National
- **North American Van Lines Moving Discounts-**Substantial discounts on relocation services
- **Penny Wise Office Supply Discounts-** Up to 36% off already discounted prices on a large selection of items
- **Powernet Global-** Long distance rate of 4.9 cents per minute state-to-state, 24/ 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 Card-** Provides personal medical profile in case of an emergency
- **GlobalFit-** Discounts up to 60% at national fitness centers
- **GymAmerica-** Interactive exercise and diet programs
- **CarPerks-** Discount on auto purchases
- **Travel Club-** Discounts

GOLD PLUS level membership dues are \$6.00 per month and provides Silver Membership benefits plus access to the following additional privileges and services.

- **Crisp Learning**
- **Pre-Employment Background Reports**
- **Payroll Processing Services**
- **Roadside Assistance**
- **Theme Park and Floral Service Discounts**
- **Magazine Subscription**
- **AD&D Coverage**
- **HopTheShop.com-** Cybermall featuring over 100 high quality e-tailers and stores with special discounts and features.
- **Medical Air Transport Services**
- **Child ID Card Services**
- **Hewlett-Packard-** Discounts on computer and digital equipment
- **DHL Express-** Discounts on most classes of delivery. Pinnacle special rates and services on credit card processing
- **ITC-** 50 Hotel discounts of 50% at over 4,000 hotels

NCAA Membership Services Office
16467 Wild Horse Creek Road
Chesterfield, MO 63017
1-800-992-8044
emailed@egroupmanager.com



Generations Association Group Catastrophic Hospital Insurance

with Outpatient Riders and PPO option. Includes a Decreasing Term Insurance Option
Choose from Generations One, Generations Plus, or Generations HSA

Generations One

(Certificate ANL-C08-C)

Individual or Family Indemnity or PPO *

Rate of Payment

In-Network*
100%
80%
50%

Deductible Amounts

Individual

\$750; \$1,500; \$2,000; \$2,500; \$5,000;
\$10,000; \$15,000; \$20,000; \$25,000

Family

Three times the deductible amount

Stop Loss Amount

\$5,000 or \$10,000

Maximum Benefit per Injury or Sickness/Covered Person

\$1,000,000 or \$2,000,000

Critical Illness Benefit/Covered Person

\$5,000

Cash Confinement Benefit

\$100 per day beginning the 3rd day of Hospital Confinement

Optional Outpatient Riders Available

Accident Rider
Outpatient Prescription Drug Rider
Outpatient Doctor Rider OR
Outpatient Diagnostic Imaging Rider
(Select either the Outpatient Doctor Rider or the
Outpatient Diagnostic Rider, but not both.)

GENERATIONS ONE- Benefits are payable under the Group Policy after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of his/her Deductible Amount. Benefits will be paid at the selected Rate of Payment and the Rate of Payment will be reduced by 20% for Out-of-Network charges. If Your selected Rate of Payment is less than 100%, once charges for Medical Services exceed the Stop-Loss Amount shown in the Certificate Schedule during a Calendar Year, the Rate of Payment for the remainder of the Calendar Year is 100%.

WHAT WE PAY – Benefits are payable under the Group Policy in accordance with the selected plan. Each Certificateholder's selected Benefit Option is shown in Your Certificate Schedule. The Benefit Option in effect on January 1st of each year will remain in effect for the remainder of the same Calendar Year. Benefits will not be paid under more than one benefit option during a Calendar Year. All benefits payable under the Group Policy are subject to the Group Policy's Maximum Policy Benefit for each Injury or Sickness per Covered Person. A Covered Person's selected Deductible Amount, Rate of Payment, and Stop Loss Amount (*Generations One only*) are each shown in his/her Certificate Schedule.

***For detailed PPO Rider Information see page 11.**

* Generations One Benefits will be paid at the Rate of Payment and the Rate of Payment will be reduced by 20% for Out-of-Network charges.

**Use of an Out-Of-Network provider with Generations Plus coverage results in a 20% reduction of any otherwise eligible Medical Service Charge that we do not pay due to a Covered Person's voluntary use of an Out-Of-Network provider.

Generations Plus

(ANL-C08-P)

Family Only Indemnity or PPO *

Rate of Payment

In-Network**
100%
80%
50%

Deductible Amounts

\$3,000; \$4,000; \$5,000; \$10,000

Unpaid Medical Service Charge Maximum (including Deductible)

100% Plan: \$3,000; \$4,000; \$5,000; \$10,000
80% Plan: \$7,000; \$8,000; \$9,000; \$14,000
50% Plan: \$8,000; \$9,000; \$10,000; \$15,000

Maximum Benefit per Injury or Sickness/Covered Person

\$1,000,000 or \$2,000,000

Critical Illness Benefit/Covered Person

\$5,000

Cash Confinement Benefit

\$100 per day beginning the 3rd day of Hospital Confinement

Optional Outpatient Riders Available

Accident Rider
Outpatient Prescription Drug Rider
Outpatient Doctor Rider OR
Outpatient Diagnostic Imaging Rider
(Select either the Outpatient Doctor Rider or the
Outpatient Diagnostic Rider, but not both.)

GENERATIONS PLUS - Benefits are payable under the Group Policy after combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Deductible Amount. Benefits will be paid at the selected Rate of Payment and Eligible Medical Services are reduced by 20% for Out-of-Network charges. If Your selected Rate of Payment is less than 100%, once combined charges for Medical Services incurred by one or more Covered Persons during a Calendar Year exceed the Unpaid Medical Service Charge Maximum shown in Your Certificate Schedule, the Rate of Payment for the remainder of the Calendar Year is 100%.

Generations Association Group Catastrophic Hospital Insurance

Generations HSA

(ANL-HQA08)

Individual or Family Indemnity or PPO *

Rate of Payment

In-Network**	
100%	
80%	
50%	

Deductible Amounts

Individual	\$1,500; \$2,000; \$2,500; \$5,000
Family	\$3,000; \$4,000; \$5,000; \$10,000

Unpaid Medical Service Charge Maximum (including Deductible)

Individual	100% Plan: \$1,500; \$2,000; \$2,500; \$5,000
	80% Plan: \$3,500; \$4,000; \$4,500
	50% Plan: \$4,000; \$4,500; \$5,000
Family	100% Plan: \$3,000; \$4,000; \$5,000; \$10,000
	80% Plan: \$7,000; \$8,000; \$9,000
	50% Plan: \$8,000; \$9,000; \$10,000

Maximum Benefit per Injury or Sickness/Covered Person

\$1,000,000 or \$2,000,000

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.

Unpaid Medical Services Maximum - (applicable to Plans with a Rate of Payment less than 100%) This is the maximum dollar amount that You pay each Calendar Year comprised of charges for Medical Services applied to the deductible Amount and the Rate of Payment for Medical Services before We pay 100% of Medical Services charges. Once Covered Persons have met the Family Unpaid Medical Service Maximum, individually or collectively, We will pay 100% of charges for Medical Services for all Covered Persons for the remainder of the Calendar Year. We do not apply the following toward the Unpaid Medical Services Maximum: any non-Medical Service charge, or any reduction in payment based on Your choice to use an Out-Of-Network Provider.

Additional Benefits Included in All Generations Plans

Waiver of Premium - If Primary Covered Person dies, upon receipt of Due Proof of Death occurring while coverage under the Group Policy is in effect, if coverage is then in effect for other Covered Persons, the Company will waive future premiums due after such receipt for a period of twelve months. During this period, coverage for other Covered Persons will remain as it was on the date of Your death, unless the Group Policy is terminated.

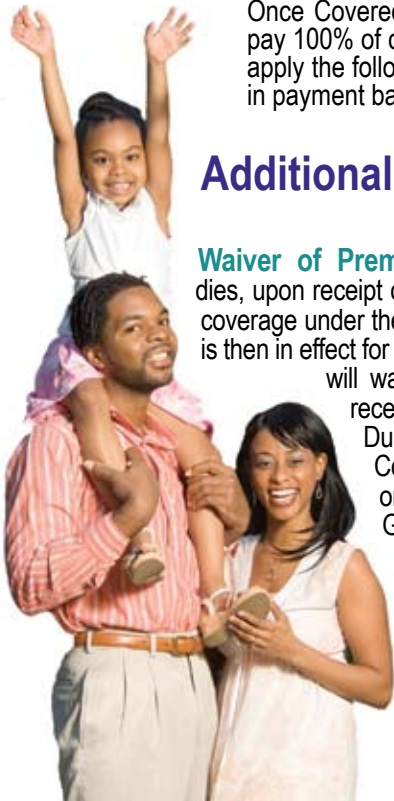
Automatic Restoration of Benefits - Each January 1st, We will restore the lesser of (a) the used portion of the Maximum Benefit per Covered Person or (b) \$100k.

GENERATIONS HSA - ANTEX will pay benefits at the Rate of Payment after a Covered Person incurs charges during a Calendar Year for Medical Services in excess of the Deductible Amount. If the selected Rate of Payment is less than 100%, the Covered Person must meet the Unpaid Medical Services Maximum before ANTEX begins to pay at the 100% Rate of Payment for the remainder of the Calendar Year. The Unpaid Medical Services Maximum is shown on the Certificate Schedule. All benefits payable under the Group Policy are subject to the Policy Maximum Benefit Payments. There is a 20% reduction of benefits for Medical Service charges in the event that an out of Network Provider is used.

First Horizon Msaver

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
Debit Card & Checks for Easy Withdrawals
First Dollar Interest on All HSA Funds
User Friendly Website
www.americannationalhsa.com
Customer Service 866.495.9051



Optional Outpatient Riders

Available with Generations One and Generations Plus

Optional Outpatient Riders are available for additional premium.



The Generations Rider benefits will not duplicate any similar benefits provided under the Group Policy. Benefits payable under these Riders are not subject to the Group Policy's Deductible Amount or Coinsurance Amount. The total benefits paid under the Group Policy, and any Rider, will not be greater than the actual expense incurred.

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

Coverage under these Riders expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify ANTEX in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by ANTEX or the Group Policyholder in accordance with the terms of the Group Policy.

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.

OUTPATIENT PRESCRIPTION RIDER

ANL-OPRx608 *Benefit details available on page 7.*

Participating Pharmacy
Individual Deductible
\$500 or \$1,000
Family Deductible
Two Times Deductible Amount

Non-Participating Pharmacy
Individual Deductible
\$1,000 or \$2,000
Family Deductible
Two Times Deductible Amount

Rate-of-Payment
Generic: 100%
Brand Name: 50%
Brand Name when Generic Exists:
Difference between cost of generic and brand.

Copay
Generic: \$10
Brand Name: \$25
Mail Order Generic: \$30
Mail Order Brand Name: \$75
(No Mail Order with Non-Participating Pharmacy.)

OUTPATIENT DOCTOR RIDER

ANL-OPD608 *Benefit details available on page 9.*
(Not Available if Outpatient Diagnostic Imaging Rider is Selected.)

Outpatient Diagnostic Imaging Rider benefits are included with the selection of the Outpatient Doctor Rider.

Deductible Amount: \$750; \$1,000; \$1,500

Rider Maximum: \$25,000 or \$100,000

Rate-of-Payment: 80%

OUTPATIENT DIAGNOSTIC IMAGING RIDER

ANL-DIR608 *Benefit details available on page 9.*
(Not Available if Outpatient Doctor Rider is Selected.)

Deductible Amount: \$750; \$1,000; \$1,500

Rider Maximum: \$25,000

Rate-of-Payment: 80%

OUTPATIENT ACCIDENT EXPENSE RIDER

ANL-ACC608 *Benefit details available on page 10.*

Deductible Amount	Maximum Benefit Per Injury
\$100	\$500
\$250	\$1,000 or \$1,500
\$500	\$2,500

Optional Decreasing Term Life Insurance (ANL-DT08-P)

Available with Generations One, Generations Plus and Generations HSA

Optional Decreasing Term Life Insurance available for additional premium.

The Death Benefit payable upon Your death or Your Spouse's death will be based upon the Your Attained Age on the date either such death occurs. The Death Benefit for Your child will be based upon its Attained Age. The Death Benefits for all Covered Persons are shown in Your Certificate Schedule.

Proceeds payable at death of a Covered Person will be paid upon the Company's receipt of Proof of Death of the Covered Person. Such proceeds will be paid to the designated beneficiary, if living on the Covered Person's date of death. If the designated beneficiary is deceased, such proceeds will be paid to the deceased Covered Person's estate. If proceeds are not paid within 30 days from the date of Our receipt of due Proof of Death, then such proceeds, including both the Death Benefit and any refund of premiums at death, will include interest from the date of death to the date of payment. Interest will be calculated at an interest rate equal to the statutory rate in effect in the state where the deceased Covered Person legally resided on his/her date of death. Any proceeds payable under the terms of the Group Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions.

SCHEDULE OF LIFE INSURANCE BENEFITS

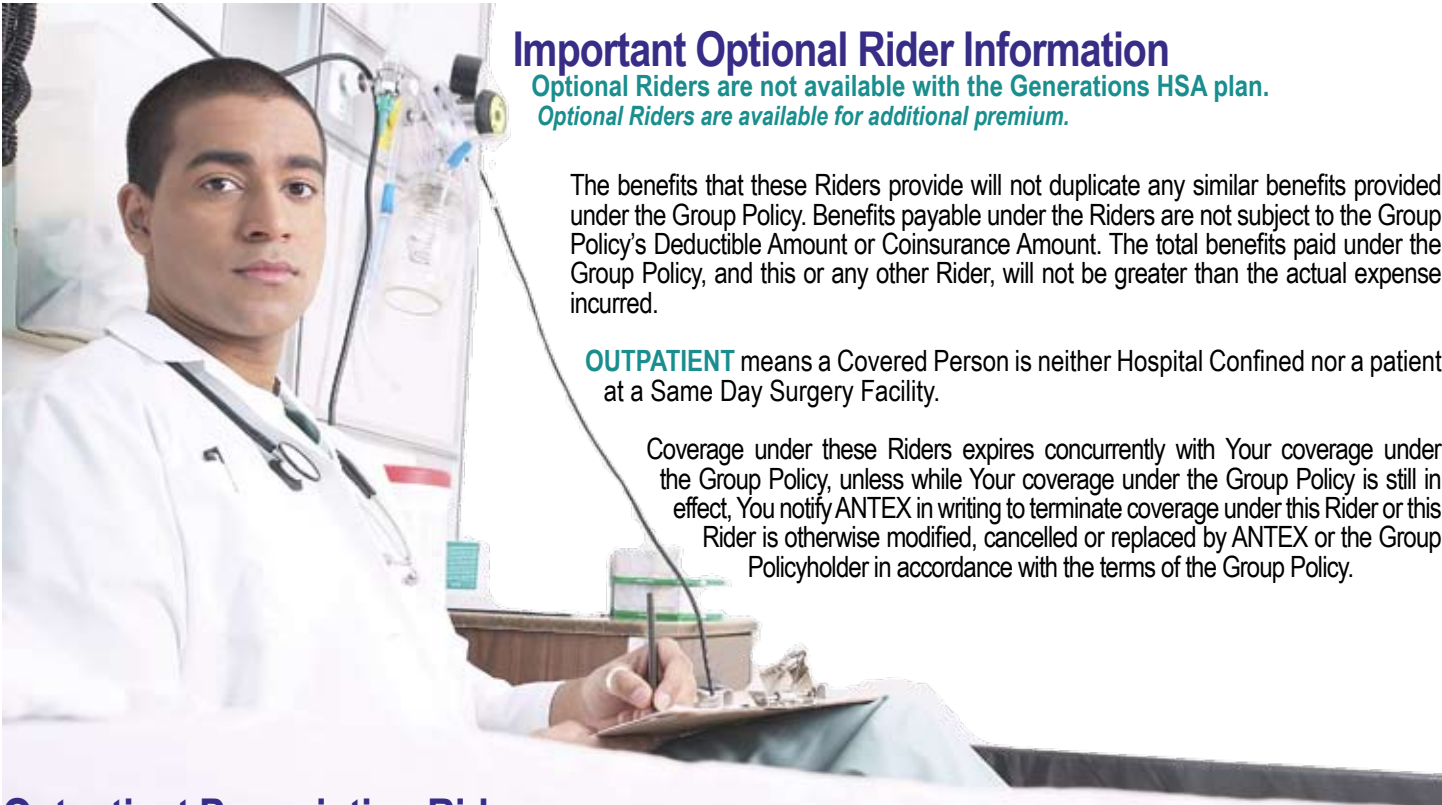
YOUR ATTAINED AGE	YOUR DEATH BENEFIT	YOUR SPOUSE'S DEATH BENEFIT*
0 - 29	\$50,000	\$10,000
30 - 34	\$40,000	\$10,000
35 - 39	\$30,000	\$10,000
40 - 44	\$20,000	\$10,000
45 - 49	\$15,000	\$7,500
50 - 54	\$10,000	\$5,000
55 - 59	\$7,500	\$3,750
60 - 69	\$5,000	\$2,500
69+	-0-	-0-

CHILD'S ATTAINED AGE AT DEATH	CHILD'S DEATH BENEFIT*
0 - 14 DAYS	-0-
15 DAYS - 6 MONTHS	\$500
OVER 6 MONTHS	\$2,000

***BENEFITS FOR YOUR SPOUSE AND CHILDREN ARE PROVIDED ONLY IF DEPENDENT COVERAGE HAS BEEN APPLIED FOR, APPROVED BY THE COMPANY, AND THE APPROPRIATE PREMIUM PAID.**

****This Decreasing Term Life Insurance policy is written by American National Life Insurance Company of Texas (ANTEX) and is issued independent of Generations Health Plans. The Decreasing Term Life Policy may be kept in force as long as the premium is paid, regardless if Generations Health Plan policy is cancelled.**





Important Optional Rider Information

Optional Riders are not available with the Generations HSA plan.

Optional Riders are available for additional premium.

The benefits that these Riders provide will not duplicate any similar benefits provided under the Group Policy. Benefits payable under the Riders are not subject to the Group Policy's Deductible Amount or Coinsurance Amount. The total benefits paid under the Group Policy, and this or any other Rider, will not be greater than the actual expense incurred.

OUTPATIENT means a Covered Person is neither Hospital Confined nor a patient at a Same Day Surgery Facility.

Coverage under these Riders expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify ANTEX in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by ANTEX or the Group Policyholder in accordance with the terms of the Group Policy.

Outpatient Prescription Rider

ANL-OPRx608 Available with Generations One and Generations Plus

Optional Outpatient Prescription Rider available for additional premium.

This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

BENEFITS are payable in accordance with all the terms and conditions of the Group Policy and this Rider for:

1. Prescription Drugs used for treatment of a Covered Person's Injury or Sickness;
2. When the Injury, Sickness, or Prescription Drug is not excluded; and
3. A Pharmacy dispenses the Prescription Drug.

PAYMENT OF BENEFITS - Once a Covered Person's Prescription Drug charges exceed this Rider's applicable Deductible Amount in a Calendar Year and the appropriate Copayment Amount has been paid, We will pay any additional Prescription Drug charges for the same Covered Person during the remainder of the Calendar Year at the applicable Rate of Payment shown in the Covered Person's Certificate Schedule.

Your selected Deductible Amount for this rider is shown in Your Certificate Schedule. The amount shown is for one Covered Person and must be met before benefits are payable under this Rider for the Covered Person. If more than one Covered Person is covered under this Rider, then the maximum Deductible Amount that must be met in a Calendar Year is two times the Deductible Amount and may be met collectively by all Covered Persons.

The Copayment Amount will vary depending upon whether the drug purchased is a Brand Name Drug or a Generic Drug. It will be applied each time a Prescription Drug order is filled. If coverage has been issued as a Preferred Provider Plan, then there are additional Copayment Amounts applicable to Mail Order Drugs. The table in Your Certificate Schedule shows these amounts. Where a Brand Name Drug is dispensed in lieu of its Generic Drug equivalent, the Generic Drug Copayment Amount will be charged instead of the Brand Name Drug Copayment Amount.

The Rate of Payment will also vary depending upon whether the drug purchased is a Brand Name Drug or a Generic Drug. The separate Generic Drug and Brand Name Drug Rate of Payments are shown in Your Certificate Schedule. If the drug purchased is a Brand Name Drug that has a Generic Drug equivalent, the Rate of Payment will be the difference in the cost of the Generic Drug and the Brand Name Drug.

OUTPATIENT PRESCRIPTION RIDER EXCEPTIONS

We do not cover drugs that are associated with an Injury or Sickness that We have excluded by name or description. We will not pay benefits under this Rider for drugs excluded under this Rider. Benefits will not be paid on the following:

1. Any Ancillary Drug Charge included in the cost of the Prescription Drug;
2. The cost of any Prescription Drug dispensed in a quantity that exceeds a thirty-one (31) day supply unless the packaging of the manufacturer or the prescription requires a greater quantity, except 90 day Mail Order Drugs;
3. Prescription Drugs used in the treatment of primary nocturnal enuresis (bedwetting) for a Covered Person under the age of six;
4. Contraceptives, including any drugs or devices that are prophylactic or preventative in nature. We will not apply this Exception to a contraceptive Prescription Drug that is Medically Necessary for the treatment of an existing Sickness that the Group Policy would otherwise cover;
5. Any drug which is taken to end pregnancy;
6. Any drug that does not require a Doctor's prescription, except prenatal vitamins a Doctor prescribes for pregnancy;
7. Prescription refills: (a) In excess of the number specified in the Doctor's prescription; or (b) Dispensed more than one year after the initial prescription date;
8. 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 supplies;
9. Prescription Drugs that a Doctor prescribes or are otherwise used for: (a) Cosmetic purposes; (b) Treatment of hair loss; (c) Care, services or treatment that the Group Policy excludes; (d) Treatment of an Injury or Sickness that the Group Policy does not cover; (e) Losing weight; (f) Treating Acne (including Accutane); (g) Promoting growth (for example: growth hormone); (h) Treating sexual dysfunction or inadequacy; or (i) Facilitating smoking cessation (including any Prescription Drug containing nicotine or its derivatives);
10. Prescription Drugs that a Doctor prescribes for the treatment of mental illness, chronic fatigue syndrome or fibromyalgia;
11. 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; or
12. Prescription Drugs prescribed for the replacement of lost or stolen prescriptions.

Payment for a prescription drug does not mean ANTEX has any liability for any claim. Prescriptions by a Doctor does not automatically make treatment medically necessary.

Outpatient Doctor Rider

ANL-OPD608 Available with Generations One and Generations Plus

Outpatient Diagnostic Imaging Rider benefits are included with the selection of the Outpatient Doctor Rider.

(Not Available if Outpatient Diagnostic Imaging Rider is Selected.)

Outpatient Doctor Rider available for additional premium.

ANTEX will pay benefits for the Medically Necessary Outpatient treatment of a Covered Person when the Reasonable and Customary Charges for the Rider Services described below and provided as a part of such treatment exceed this Rider's Calendar Year Deductible Amount, shown in Your Certificate Schedule. Benefits will be paid at 80% of the Reasonable and Customary Charges for such Rider Services.

RIDER SERVICES

1. Hospital Emergency room or other Outpatient clinic;
2. Doctor;
3. Anesthesia, including administration charges, for a Covered Person undergoing Outpatient surgery;
4. Charges for Outpatient diagnostic tests;
5. Miscellaneous supplies including casts, splints, braces, hypodermics, and crutches;
6. Childhood immunizations, provided for children under the age of six. (Not subject to this Rider's Deductible.);
7. Prescription drugs taken or administered within 30 days of a Covered Person being Hospital Confined when administered for treatment of the same condition that caused the Covered Person to be Hospital Confined (including medication for the treatment of diabetes); and
8. Diabetes self-management training and patient management, including medical nutrition therapy, not to exceed \$500 in a two-year period.

LIMITATIONS:

1. No benefits will be paid under this Rider for spinal manipulations, hot or cold pack treatment or ultra sound treatment; radiation therapy, including treatment planning; chemotherapy, including treatment planning; physical therapy; speech therapy; occupational therapy or for the rental or purchase of durable medical equipment; and
2. Benefits payable under this Rider for each **COVERED PERSON ARE SUBJECT TO THE OUTPATIENT DOCTOR RIDER MAXIMUM BENEFIT PER CALENDAR YEAR and OUTPATIENT DOCTOR RIDER DEDUCTIBLE PER PERSON PER CALENDAR YEAR**, each shown in Your Certificate Schedule.



Outpatient Diagnostic Imaging Rider

ANL-DIR608 Available with Generations One and Generations Plus

(Not Available if Outpatient Doctor Rider is Selected.)

Outpatient Diagnostic Imaging Rider available for additional premium.

DIAGNOSTIC IMAGING means **Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computed Axial Tomography (CAT Scans), Positron Emission Tomography (PET Scans), or Computed Tomography (CT scans).**

BENEFITS are payable under this Rider once the Reasonable and Customary Charges incurred by a Covered Person for Medically Necessary Diagnostic Imaging exceed this Rider's Per Person Per Calendar Year Deductible Amount shown in Your Certificate Schedule. We then pay 80% of such remaining charge up to the Calendar Year Rider Maximum shown in Your Certificate Schedule.

Procedures other than Diagnostic Imaging are excluded under this Rider. The benefits this Rider provides will not duplicate any similar benefits provided under the Group Policy. Benefits payable under this Rider are not subject to the Group Policy's Cash Deductible Amount or Coinsurance Amount. The total benefits paid under the Group Policy and this, or any other, Rider will not be greater than the actual expense incurred.





Outpatient Accident Expense Rider

ANL-ACC608 Available with Generations One and Generations Plus

Outpatient Accident Expense Rider available for additional premium.

ACCIDENT means an act or event which is unforeseen, unexpected and unanticipated by a Covered Person and to which the accidental bodily Injury is attributable.

BENEFIT: We will pay the Reasonable and Customary Charges in excess of this Rider's Deductible Amount Per Person Per Accident, shown in Your Certificate Schedule, when such charges are incurred by a Covered Person for the Medically Necessary Outpatient treatment of a covered Injury resulting from an Accident. Benefits are payable up to this Rider's Maximum Benefit Per Accident shown in Your Certificate Schedule. This benefit is subject to the following conditions:

1. Initial treatment by a Doctor must begin within forty-eight (48) hours of the Accident; and
2. Subsequent treatment must be received within thirty (30) days of the Accident.

Preferred Provider Rider Information



This Rider is made a part of the Group Policy or Certificate to which it is attached. This Rider is subject to all non-conflicting Group Policy provisions, terms, definitions and limitations. Unless otherwise indicated below, this Rider is effective on the Certificate Date.

PREFERRED PROVIDER means a Hospital, Same Day Surgery Facility, or Doctor located in the United States that participates in a Preferred Provider Organization (PPO) to which the Company subscribes. The Company will provide periodic updates of changes in Preferred Providers in Your area.

PREFERRED PROVIDER ORGANIZATION (PPO) means Preferred Providers that offer their services at a discount to certain contracted groups. Your coverage under the Group Policy is being provided as a PPO Plan. Services rendered by facilities or Doctors within the PPO are considered “In-Network.” Services rendered by facilities or Doctors outside the PPO are considered “Out-of-Network.”

Coverage under the Preferred Provider Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify ANTEX in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by ANTEX or the Group Policyholder in accordance with the terms of the Group Policy.

Preferred Provider Rider

Your insurance coverage is provided as PPO Coverage.

REASONABLE AND CUSTOMARY CHARGE means the charge that is the smallest of:

1. The Actual Charge;
2. The charge usually made for the covered service by the provider who furnishes it;
3. The prevailing charge made for a covered service in a geographical area by those of similar professional standing; or
4. The negotiated rate in effect with a PPO on the date it provides a covered service.

GENERATIONS ONE IN-NETWORK CARE: The Company pays benefits at the In-Network Rate of Payment for charges incurred for:

1. Hospital Confinement in a In-Network Hospital;
2. Outpatient surgery in an In-Network Same Day Surgery Facility;
3. Doctor services provided by an In-Network Doctor.

GENERATIONS ONE OUT-OF-NETWORK CARE: When a Covered Person is admitted to an Out-of-Network Hospital, uses an Out-of-Network Same Day Surgery Facility, or receives treatment from an Out-of-Network Doctor; the Company pays benefits at the Out-of-Network Rate of Payment, which is lower than the In-Network Rate of Payment. In order to receive the maximum benefit payable, charges must be received In-Network. However, In the event of an Emergency, Out-of-Network charges are considered In-Network and payable at the In-Network Rate of Payment.

The In-Network and Out-of-Network Rate of Payments are shown on the Certificate Schedule.

Reduction in benefits described in this Rider do not apply to benefits that may be provided under other optional riders providing coverage to You and/or Covered Persons.

GENERATIONS PLUS AND GENERATIONS HSA OUT-OF-NETWORK PENALTY: Coverage under the Group Policy includes a PPO component. You are encouraged to use an in-network provider to receive the maximum amount payable for eligible Medical Service Charges. Use of an Out-Of-Network provider results in a 20% reduction of any otherwise eligible Medical Service Charge that we do not pay due to a Covered Person’s voluntary use of an Out-Of-Network provider.

Eligible Expense and Medical Services Coverage

Subject to the Deductible Amounts, the Group Policy includes the listed Eligible Expenses and or 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.

Professional Ambulance Service - Reasonable and Customary Charges for transportation, air or ground, to the nearest Hospital qualified to provide for the Covered Person's Medically Necessary Emergency treatment.

Hospital Stay - The Hospital charge for each day a Covered Person is Hospital Confined. Such charge will include those for:

1. Semi-private room confinement, excluding any separate charges such as room, nursing services, maintenance, utilities and similar items;
2. Intensive Care Unit, Burn Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement, up to three times the Hospital's average semi-private room rate; and
3. Medically Necessary miscellaneous services and supplies used for the treatment of the Hospital Confined Covered Person .

Services DO NOT include: charges for take-home medicines or drugs, personal or convenience items, or items that are not intended primarily for use while Hospital Confined.

Doctor Visits - Reasonable and Customary Charges for the Covered Person's Doctors' (other than the surgeon) visits when Hospital Confined. For purposes of this provision, a Doctor's consultation is a visit.

Surgery - Reasonable and Customary Charges made by an operating surgeon. If two or more surgeries are performed through the same incision, We will pay the one providing the greatest benefit under the Group Policy. We will also pay 50% of the benefits otherwise payable for the other surgeries performed through separate incisions during the same operative session. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Same Day Surgery Facility - Reasonable and Customary Charges for services provided for a Covered Person by a Same Day Surgery Facility on the day surgery is performed.

If a Covered Person is retained in the Same Day Surgery Facility for more than 18 hours, charges for use of such facility will be limited to the average semi-private room rate consistent with Reasonable and Customary Charges for Hospitals in the area where the Same Day Surgery Facility is located.

Assistant Surgeon - Actual charges for services provided during a surgical procedure by an Assistant Surgeon, up to 25% of the Reasonable and Customary Charge of the primary surgeon. Charges must be incurred while a Covered Person is Hospital Confined or in a Same Day Surgery Facility.

Second Surgical Opinion - Reasonable and Customary Charges for a Doctor providing a second surgical opinion regarding the recommendation for surgery. If the initial and second surgical opinions conflict, We will pay benefits for a third surgical opinion. The Deductible Amount does not apply to a second or third opinion.

Anesthesia Administration - Reasonable and Customary Charges for the administration of anesthesia by an anesthesiologist to a Covered Person undergoing surgery while Hospital Confined or in a Same Day Surgery Facility. The anesthesiologist must be at the operation solely to provide the anesthesia service.

ANTEX will reduce benefits otherwise payable had an anesthesiologist administered anesthesia by 50% if a nurse anesthetist, operating Doctor, or assistant Surgeon administers the anesthesia, including any incidental fluids, as part of a covered surgical procedure. When both an anesthesiologist and a nurse anesthetist bill for the same operative session, benefits will be limited to the Reasonable and Customary charges otherwise payable had the anesthesiologist been the sole provider of such services.

Charges include the administration of general anesthesia and Hospital charges for dental care are only provided to the following Covered Persons: (1) a child under the age of five (5); (2) a person who is severely disabled; or (3) a person who has a medical or behavioral condition that requires hospitalization or general anesthesia when dental care is provided. Services may be performed in a participating Hospital, Same Day Surgery Facility, or Doctor's office.

Eligible Expense and Medical Services Coverage *(continued)*



Breast Reconstruction - Reasonable and Customary Charges for the following services and supplies incident to mastectomy:

1. Reconstruction of the affected breast;
2. Reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas.

Benefits under this coverage will be subject to all the terms and conditions of the Group Policy, except any Exception relating to cosmetic surgery.

Pathology - Reasonable and Customary Charges for pathology services while the Covered Person is Hospital Confined or in a Same Day Surgery Facility. Professional services relating to automated pathology tests are not covered.

Radiology - Reasonable and Customary Charges for radiology services provided for a Covered Person while Hospital Confined or in a Same Day Surgery Facility.

Chemotherapy & Radiation Therapy - Reasonable and Customary Charges.

Physiotherapy - Reasonable and Customary Charges for physical, speech, occupational, or inhalation therapy. Such therapy must be provided by a Hospital based therapy facility and must result from a Covered Person's treatment in a Hospital or Same Day Surgery Facility.

Home Health Care - Reasonable and Customary Charges for Home Health Care, up to \$7,500 per Calendar Year when a Covered Person receives Home Health Care. The Home Health Care must:

1. Begin within 7 days of a prior Hospital Stay of at least 3 days;
2. Be provided in lieu of a Hospital Stay;
3. Be for services related to the treatment of the same Sickness or Injury for which the Covered Person was Hospital Confined; and
4. Be administered under a Home Health Care Plan.

Hospice Care Benefit - Reasonable and Customary Charges for Hospice Care provided by a licensed Hospice agency. 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 the Covered Person's Doctor certifies that the Covered Person's life expectancy is less than six months.

Organ Transplant Donor Charges - We will pay donor benefits for covered Organ Transplants:

1. Up to \$15,000 in Eligible Expenses; if
2. You or a Covered Person is legally responsible for the charges.

Foreign Emergency Treatment - We will pay for benefits for Medical Services resulting from charges for Emergency treatment that a Covered Person receives in a foreign country. Benefits payable will be the lesser of: (1) the actual charges for the services; or (2) the benefit for Medical Services that We would have paid if the Covered Person had received the Emergency treatment in the location where the Covered Person resides.

Critical Illness Benefit - Critical Illness means Cancer (other than skin cancer, but including melanoma), Stroke (CVA) or Heart Attack (Acute Myocardial Infarction) first diagnosed for a Covered Person more than 10 days after his/her Certificate Date. When a Covered Person is first Hospital Confined for treatment of a diagnosed Critical Illness; We will pay the Critical Illness Benefit Amount shown in his/her Certificate Schedule. This benefit is payable only once for each Covered Person. In the event a Covered Person dies as the result of a Critical Illness without being Hospital Confined, ½ the Critical Illness Benefit will be paid to the Beneficiary named in the Enrollment Application on the basis of post-mortem Critical Illness diagnosis. Benefits payable under this provision may not be assigned. *(Not Included with Generations HSA Plan.)*

Cash Confinement Benefit - Beginning on the third calendar day of a Covered Person's Hospital confinement for treatment of an Injury or Sickness for which benefits are otherwise provided under the Group Policy, we will pay the Cash Confinement Benefit shown in his/her Certificate Schedule for each day the Covered Person remains Hospital confined. A Covered Person's Hospital confinement beginning within three calendar days of his/her Hospital discharge will be considered a continuation of his/her previous Hospital confinement for purposes of this provision. Benefits payable under this provision may not be assigned. *(Not Included with Generations HSA Plan.)*

Complications of Pregnancy - If a Covered Person has Complications of Pregnancy while covered under the Group Policy, Medical Services 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.

Colorectal Screening - Reasonable and Customary charges for screening and laboratory tests for colorectal cancer for any nonsymptomatic person fifty years of age and older while Hospital Confined or in a Same Day Surgery Facility. Screening includes one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available. The screenings selected shall be as deemed appropriate by a health care provider and the patient.

Coverage Exceptions

ANTEX does not cover any Injury or Sickness that is excluded by Name or Description. The Group Policy does not provide coverage for loss caused by, contributed to, or resulting from any of the following exceptions.

1. Injury or Sickness if the loss is covered under these or similar laws:
 - a) worker's compensation,
 - b) employer's liability, or
 - c) occupational disease laws.
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, We 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. The diagnosis and/or treatment of the adenoids, tonsils, gallbladder, reproductive organs, and hernia for the first six months of coverage; however, if We have excluded any one of these conditions by rider, We do 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 provision; however, this Exception does not apply to a HIPAA Eligible Individual.
5. Procedures or treatments that are Experimental or Investigational Medicine.
6. Pregnancy and childbirth, except for Complications of Pregnancy.
7. Mental Disorders.
8. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, 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.
9. Dental Treatment, unless due to Injury to a Covered Person's natural teeth.
10. A Pre-Existing Condition as defined in the Group Policy.
11. Any attempt at suicide, while sane.
12. An intentionally self-inflicted Injury, while sane.
13. A Covered Person's commission of or attempt to commit a felony, an illegal act, or being engaged in an illegal occupation.
14. A Covered Person being intoxicated, unless such intoxication is the result of a prescription drug taken as prescribed by a Doctor.
15. A Covered Person with a blood alcohol concentration equal to or in excess of .08 gms/dl operating any motor vehicle, including any off-road vehicle, or watercraft.
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. Weight reduction or treatment of obesity, including exogenous, endogenous, or morbid obesity.
18. Mandibular or maxillofacial surgery to correct growth defects and jaw disproportions or malocclusions; increase vertical dimension; or reconstruct occlusion after one year from a child's date of birth or a child's date of adoption, except where such surgery is for the repair of a congenital anomaly or birth defect of a child born to You or a child that he/she adopts if the child is continuously covered from birth, adoption, or placement for adoption.
19. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment.
20. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; or transsexual surgery.
21. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
22. Routine newborn care.
23. Care in a nursing home or custodial institution; domiciliary care or rest cures.
24. Charges for Medical Services that You or a Covered Person are not legally obligated to pay.
25. Any charges for or relating to: artificial insemination; in-vitro fertilization or any other diagnosis or treatment for the control, promotion, or enhancement of fertility; treatment for impotency; sterilization or reversal of prior sterilization; abortion, unless the life of the mother would be endangered if the fetus were carried to term; or therapeutic abortion.
26. Drugs and supplies provided for home use.
- 27. TREATMENT OF ALCOHOLISM OR DRUG USE.**
28. False labor; pre-term or premature labor; occasional spotting; prescribed rest while pregnant; morning sickness; hyperemesis gravidarum; or pre-eclampsia. There may be other conditions that relate to a difficult pregnancy that a Doctor can manage.

**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-Existing Conditions and General Information

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.

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) 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 nonrenewal 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.





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.



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 nonprofit 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.

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.

