



**AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
HOME OFFICE: ONE MOODY PLAZA
GALVESTON TEXAS**

PREFERRED PROVIDER RIDER

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."

REASONABLE AND CUSTOMARY CHARGE means the negotiated rate in effect with a PPO on the date it provides a Covered Person a covered service. For purposes of benefits payable under this Rider, this definition supercedes the definition by the same name in the Group Policy.

IN-NETWORK CARE – The Company pays benefits at the In-Network Coinsurance Amount for charges incurred for:

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

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 Coinsurance Amount, which is lower than the In-Network Coinsurance Amount. 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 Coinsurance Amount.

The In-Network and Out-of-Network Coinsurance Amounts 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.

Coverage under this 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.

Rider Effective Date, if other than Certificate Date: _____

Secretary