

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
(Herein referred to as: ANTEX, the Company, We, Our or Us)
HOME OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS

OUTPATIENT PRESCRIPTION DRUG 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.

DEFINITIONS

ANCILLARY DRUG CHARGE means a charge that is in addition to any Prescription Drug Copayment for a Prescription Drug that the Covered Person requests.

BRAND NAME PRESCRIPTION DRUG means a Prescription Drug that is dispensed under the original patent of the manufacturer or original trademark name.

COINSURANCE AMOUNT – The percentage of Eligible Expenses that We will pay after You meet the Prescription Drug Calendar Year Deductible Amount and Copayment Amount. You are responsible for any balance.

COPAYMENT AMOUNT means the amount a Covered Person is responsible for paying for an Eligible Expense under this Rider. We will not apply Copayment Amounts and benefits that We pay under this Rider to any Cash Deductible Amount or Stop Loss Amount of the Group Policy.

GENERIC PRESCRIPTION DRUG means a FDA-approved drug that:

1. Has the same or similar ingredient(s) as a Brand Name Prescription Drug; and
2. A pharmacy does not dispense the drug under the original patent or trademark name of the original manufacturer.

MAIL ORDER PRESCRIPTION MAINTENANCE DRUGS means a drug that a Doctor prescribes for chronic or degenerative health conditions. You must order the Mail Order Prescription Maintenance Drugs in a quantity that exceeds a 30-day supply and not more than a 90-day supply.

NON-PARTICIPATING PHARMACY means a pharmacy that is not under contract to fill an order for a Prescription Drug when a Covered Person presents a valid drug card.

PARTICIPATING PHARMACY means a pharmacy that is under contract to fill an order for a Prescription Drug when a Covered Person presents a valid drug card.

PRESCRIPTION DRUG means any medication or medicinal substance that the U.S. Food and Drug Administration has approved for general use. Federal or state law must require a Prescription Order before a pharmacy may dispense the drug (this means the drug is a legend drug). We consider insulin and the syringes necessary for its injection as Prescription Drugs.

ELIGIBLE EXPENSES

We consider a Prescription Drug charge an Eligible Expense when:

1. A Doctor prescribes the Prescription Drug for treatment of Injury or Sickness;
2. The Group Policy does not exclude the Injury or Sickness for which the Doctor is prescribing the Prescription Drug;
3. This Rider does not exclude the Prescription Drug under the section titled **EXCEPTIONS**; and
4. A pharmacy, that is not part of a Hospital or Ambulatory Surgical Center, dispenses the Prescription Drug.

WHAT WE PAY - After You meet the Prescription Drug Calendar Year Deductible Amount and pay the applicable Copayment Amount, We pay remaining Eligible Expenses for Prescription Drugs at the applicable Coinsurance Amount.

If You have coverage under the indemnity plan (Your plan is not a PPO Plan), Your Copayment Amounts and Rates of Payment are those listed on the Certificate Schedule under "Participating Pharmacy Benefits."

If You have coverage under the PPO plan, Your Copayment Amounts and Rates of Payment are listed on the Certificate Schedule under both "Participating Pharmacy Benefits" and "Non-Participating Pharmacy Benefits," depending on whether You utilize a Participating or Non-Participating Pharmacy. Deductibles are higher for use of a Non-Participating Pharmacy and We do not pay for Mail Order Prescription Drugs obtained from a Non-Participating Pharmacy.

When You obtain Prescription Drugs from a Non-Participating Pharmacy, You must pay the entire cost of the drugs to the Non-Participating Pharmacy at the time of purchase. You may then send a claim to ANTEX for reimbursement. ANTEX will deduct the applicable Copayment Amount from the total charges and then pay the claim at the negotiated rate it has with a Participating Pharmacy provider.

PRESCRIPTION DRUG CALENDAR YEAR DEDUCTIBLE AMOUNT - This Rider has an Individual Prescription Drug Calendar Year Deductible. The corresponding Family Prescription Drug Calendar Year Deductible is two times the selected Individual Prescription Drug Calendar Year Deductible. Once two or more Covered Persons have collectively met the Family Deductible Amount, there is no additional Deductible Amount during the remainder of the Calendar Year. We show the Deductible Amounts on Your Certificate Schedule.

COINSURANCE AMOUNT – The Coinsurance Amount for Generic Prescription Drugs is [100%]. The Coinsurance Amount for Brand Name Prescription Drugs is [50%]. The Coinsurance Amount when a Covered Person fills a prescription for a Brand Name Prescription Drug when there is a Generic Prescription Drug equivalent is 100% of the cost of the Generic equivalent Prescription Drug. This means that You are responsible for 100% of the difference between the cost of the Brand Name Prescription Drug and the Generic Prescription Drug.

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.

PAYMENT FOR A PRESCRIPTION DRUG DOES NOT MEAN WE HAVE ANY LIABILITY UNDER ELIGIBLE MEDICAL EXPENSES. PRESCRIPTION BY A DOCTOR DOES NOT AUTOMATICALLY MAKE TREATMENT MEDICALLY NECESSARY.

Eligible Expenses for Outpatient Prescription Drugs **DO NOT** include:

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.
3. 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.
4. Retin- A (tretinoin) for a Covered Person age 26 or older.
5. Contraceptives, including oral Prescription Drugs, implant Prescription 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.
6. RU-486, which is taken to end pregnancy.
7. Devices or appliances including, but not limited to, blood glucose testing devices and support garments and bandages, except when Doctor prescribed.
8. Over-the-Counter (OTC) medications. An OTC medication means medication that a person can legally obtain 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.
- 9 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.
10. 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.
11. Prescription Drugs that a Doctor prescribes for:
purposes;
 - (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.
12. Prescription Drugs used for the purpose of:
 - (a) Losing weight;
 - (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).

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

14. The Prescription Drug Viagra.

15. 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, Covered Person's family or Doctor's convenience.

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

Coverage under this Rider ends at the same time Your Group Policy coverage ends. However, ANTEX or the Group Policyholder may otherwise modify, cancel or replace this Rider in accordance with Group Policy terms.

While Your Group Policy coverage is still in force, You may notify ANTEX, in writing, to end coverage under this Rider.

Rider Effective Date, if other than Certificate Date: _____

Signed on behalf of American National Life Insurance Company of Texas at Galveston, Texas.



Secretary