

ANTEX SIDE BY SIDE

Your guide to understanding the health plans offered by
American National Life Insurance Company of Texas (ANTEX) • Galveston, Texas

Major Med Light

ANL-2003-PN

Affordable Major Medical

HSA Complete

ANL-2004-P

HSA Qualified Major Medical

Plan Design	PPO Only	PPO or Indemnity
Plan Deductible (per calendar year)	Individual: \$1,000; \$1,500; \$2,000; \$2,500 or \$5,000 Family: Two (2) times the individual plan deductible	Individual: \$1,500; \$1,750; \$2,050; \$2,250 or \$2,550 Family: Two (2) times the individual plan deductible
Rate of Payment/Coinsurance Amount	50/50 In Network; 30/70 Out of Network	100%; 80% or 50% Out of Network Penalty: 20% reduction in otherwise eligible medical services charges
Stop Loss/Out of Pocket/Unpaid Medical Services Maximum	Individual: \$1,250 or \$2,500 + Individual Plan Deductible Amount	100%: Plan Deductible amount; 80% or 50%: \$3,450 Individual (includes deductible); \$5,000 for \$2,550 deductible; \$6,300 Family (includes deductible); \$10,000 for \$5,100 deductible
Maximum Lifetime Benefit	\$3 or \$7 Million	\$3, \$5 or \$7 Million
Doctor Visits	Subject to deductible and rate of payment	Subject to deductible and rate of payment
Outpatient Prescriptions	Available for additional premium Individual Deductible: \$500 or \$1,000; Family Deductible: \$1,000 or \$2,000 Generic: \$10 Copay after Deductible Brand Name When Generic Is Not Available: \$25 Copay + 50% of the remaining cost; Brand Name When Generic Is Available: \$25 Copay + 100% of the cost of the Generic equivalent	Subject to deductible and rate of payment

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Non-HSA Catastrophic Complete

ANL-C06-P
Affordable Hospital Surgical

HSA Catastrophic Complete

ANL-C06H-P
HSA Qualified Hospital Surgical

Plan Design	PPO or Indemnity	PPO or Indemnity
Plan Deductible (per calendar year)	\$750; \$1,500; \$2,000; \$2,500; \$5,000; \$10,000; or \$15,000 (3 Deductible Maximum)	Individual: \$1,500; \$2,000 or \$2,500 Family: \$3,000; \$4,000 or \$5,000
Coinsurance/Rate of Payment Amount	In Network: 100%; 80% or 50% Out of Network: 80%; 60% or 30%	100%, 80%, or 50% (20% reduction of otherwise payable expenses for Out of Network charges)
Stop Loss/Out of Pocket/Unpaid Medical Services Maximum	\$5,000 or \$10,000	Individual: 80%: \$2,000 + deductible amount; 50%: \$2,500 + deductible amount Family: 80%: \$4,000 + deductible amount; 50%: \$5,000 + deductible amount
Maximum Lifetime Benefit	\$1,000,000 for each injury or sickness; \$2, \$5 or \$7 Million for all injuries or sicknesses	\$2, \$5 or \$7 Million
Doctor Visits	Available for additional premium. Covered at 80% once \$1,000 deductible is met. \$10,000 Maximum Benefit per Calendar Year	Not an eligible expense
Outpatient Prescriptions	Available for additional premium Individual Deductible: \$500 or \$1,000; Family Deductible: \$1,000 or \$2,000 Generic: \$10; Brand Name when Generic is not available: \$25 Copay + 50% after Deductible and Copay; Brand Name when Generic is available: \$25 Copay + 100% of the difference between the cost of the Generic and Brand Name	Not an eligible expense

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