

Quality Health Insurance That Fits Your Budget

# Major Med Light



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## *Generic Brochure*

Individually Underwritten Association Group Major Medical  
Coverage Exclusively for NCAA Members and their Families

# National Consumer's Advantage Association

**N**ational 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. NCAA members enjoy a number of health, travel, consumer and business-related benefits for a nominal monthly membership fee.

**N**CAA offers two levels of membership to fit the needs of prospective members:

- SILVER level membership dues are \$2.50 per month or \$30 annually, and provides a basic benefit package.
- GOLD level membership dues are \$4.50 per month or \$54 annually, and provides Silver Membership benefits plus access to additional privileges and services.

*Association rates and benefits are subject to change without notice.*

## 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
- **Travel Club-** Discounts on cruises and motorcoach tours
- **North American Van Lines Moving Discounts-** Substantial discounts on interstate relocation services, including up to 58% on transportation changes
- **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, seven 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

**MEMBERSHIP SERVICE OFFICE:**  
1819 Clarkson Road, Ste. 301  
Chesterfield, MO 63017  
Phone: 1.800.992.8044  
[email@www.egroupmanager.com](mailto:email@www.egroupmanager.com)

## Gold Membership Benefits

*In addition to receiving all Silver Membership Benefits, Gold Membership Benefits include:*

- **Medical Air Ambulance**
- **Crisp Publications**
- **American Leasing Exchange**
- **File Solutions**
- **Pre-Employment Background Reports**
- **Payroll Processing Service**
- **ITC 50 Hotel Discount Program**
- **ITC 50 Discount Dining Program**
- **Travel Alert/Condo Discounts**
- **Roadside Assistance**
- **Emergency Travel Assistance**
- **Magazine Subscription Discounts**
- **Theme Park Discounts**
- **Floral Service Discounts**
- **Movie Ticket Discounts**
- **AD&D Coverage**

## Plus...

- **HopTheShop.com-** Cybermall featuring over 100 high quality e-tailers and stores with special discounts and features
- **Lost or Stolen Key Service-** Benefit reimbursement program for various services involving lost/stolen car or home keys
- **Dental Discount Plan-** Discounts on dental care expenses through more than 17,000 providers. No claim forms, maximums or deductibles
- **Chiropractic Discounts-** Free initial consultation; 50% savings on diagnostic services; 50% savings on X-Rays; 30% savings on all other services

# NCAA Endorsed Health Insurance Plans



NCAA's Association Group Health Insurance plan is underwritten by:



American National Life Insurance  
Company of Texas (ANTEX)

## Financial security for your health needs.

### A. M. Best Rating

#### A (Excellent)

A.M. Best Company, independent analyst of the insurance industry since 1899, has awarded American National Life Insurance Company of Texas its rating of A (Excellent) 3rd of 16 categories, based on the company's strength and performance.

*The A.M. Best Company's scale of financial strength and ability to meet obligations to policyholders is: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); B and B- (Adequate); C++ and C+ (Fair); C and C- (Marginal); D (Very Vulnerable); E (Under State Supervision); F (In Liquidation); S (Rating Suspended).*

*These ratings are provided to you so that you may make a comparison of American National Life Insurance Company of Texas to other companies. They are not provided as a recommendation by the ratings companies to purchase this coverage.*

### Notice:

The insurance plan described in this brochure is 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.

### Standard & Poor's Rating

#### AA (Very Strong)

Standard & Poor's has assigned its AA rating of insurer financial strength (2nd of 8 categories) to American National Life Insurance Company of Texas.

*The Standard and Poor's Scale of insurer financial strength is: AAA (Extremely Strong); AA (Very Strong); A (Strong); BBB (Good); BB (Marginal); B (Weak); CCC (Very Weak); C (Extremely Weak).*

*Plus (+) or minus (-) signs following ratings from 'AA' to 'CCC' show relative standing within the major rating categories.*

This brochure contains a brief description of the coverage provided under the Group Policy Number NCAA004 issued to the NCAA. This plan, utilizing ANTEX's Policy Form Series ANL-2003-PN is marketed in multiple states; coverage may vary depending on your state of residence. 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.

# Major Med Light Plan Description

<b>Issue Ages</b>	0 to 63½
<b>Maximum Lifetime Benefit</b>	Choice of \$3,000,000 or \$7,000,000
<b>Plan Deductible</b> <i>(Per Calendar year)</i>	Individual: \$1,000; \$1,500; \$2,000; \$2,500; \$5,000 Family: Two (2) times the individual plan deductible
<b>In Network Rate of Payment</b>	50%
<b>In Network Out-of-Pocket Limit</b> <i>(Per Calendar year)</i>	Individual: \$1,250 or \$2,500 + Individual Plan Deductible Amount Family: \$2,500 or \$5,000 + Family Plan Deductible Amount
<b>Out of Network Deductible</b> <i>(Per Calendar year)</i>	Individual: \$1,000 Family: \$2,000 The Out of Network Deductible is in addition to the Plan Deductible.
<b>Out of Network Rate of Payment</b>	We pay 30%, You pay 70%
<b>Out of Network Out-of-Pocket Limit</b> <i>(Per Calendar year)</i>	Individual: \$10,000 + Individual Plan Deductible Amount Family: \$20,000 + Family Plan Deductible Amount
<b>Access Fees</b> <i>(Not Applied to any Deductible or Out-of-Pocket Limit)</i>	Hospital Confinement (each admission): \$500 Ambulatory Surgical Center (each admission): \$250
<b>Restoration of Benefit</b>	Each January 1 <sup>st</sup> , ANTEX will restore the lesser of: (A) the used portion of the Maximum Lifetime Benefit or (B) \$100,000.
<b>Initial 12-Month Rate Guarantee</b>	No changes in the Premium for Your Certificate will occur prior to its first anniversary unless: (A) coverage under the Certificate changes; or (B) Your residence changes.
<b>Ten-Day Free Look Period</b>	You have ten (10) days after you receive Your Certificate in which to examine it. Should You decide not to retain Coverage, return the certificate to Your agent or ANTEX within this ten- day period and You will receive a full refund of any premiums paid.
<b>Family Premium Discount</b>	When the Primary Insured and spouse are both covered under the plan, they receive a five percent (5%) premium discount.
<b>Preferred Rating Discounts</b>	Allows a fifteen percent (15%) discount over Standard Rates for Covered Adults who are of preferred health status. Please refer to Preferred Rating Guidelines for more information.
<b>Tobacco Non-User Discount</b>	Allows a twenty-five percent (25%) discount over Tobacco User Rates for Covered Adults who are tobacco non-users. Tobacco use includes, but is not limited to cigarettes, cigars, pipes and chewing tobacco.
<b>Two Family Deductible Maximum</b>	Once two (2) or more Covered Persons have collectively met the Family Deductible Amount, there is no additional Deductible Amount during the remainder of the Calendar Year.
<b>24 Hour Coverage</b>	Occupational-related injuries or sicknesses are covered unless excluded by waiver, but any amount otherwise payable for such injury or sickness is reduced by the amount that is payable under any Workers' Compensation Law, Employers' Liability Law, Occupational Disease Law or any other legislation of similar purpose.

# Major Med Light Plan Description

## Automatic Coverage for Newborn and Adopted Children

*(Not applicable to single coverage only)*

If Your Certificate Schedule lists coverage for Covered Persons other than Yourself, a child born to, adopted by, or placed for adoption with You, will also be a Covered Person from the moment of date of birth, date of adoption, or date of placement. This coverage is free for the first 31 days. For coverage to continue, You must (1) send ANTEX notice of the child within 31 days of the child's date of birth, date of adoption or date of placement; and (2) 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. If ANTEX does not receive written notice and premium within the time frames required, we may require evidence of insurability for the child. (If you are the only person listed on the Certificate Schedule, You must submit a new application for underwriting approval and pay the correct modal premium).

## Child-Only Coverage

In certain circumstances, individuals 31 days old through age 24, may qualify for Child-Only coverage.

## Human Organ Transplant

Human Organ Transplant benefit provides coverage for Eligible Expenses up to \$1,000,000.

## Hospital Bill Self Audit Rebate

If ANTEX does not request an audit of a Hospital bill, the Covered Person may do so within sixty (60) days of discharge. If overcharges of \$25 or more are found, ANTEX will refund to the Covered Person 50% of any recovered overcharge up to \$1,000 for each confinement.

## Wellness Benefit

Wellness benefit is subject to Plan deductible and coinsurance.

1st certificate year	No Benefit
2nd certificate year & thereafter	\$100 Maximum Benefit

## Emergency Room Deductible

A visit to the Emergency Room is subject to an additional \$100 Emergency Room Deductible amount. If the Covered Person is admitted to the Hospital within 48 hours as a result of the Emergency Room visit, We will waive the additional \$100 Emergency Room Deductible amount.

## Common Accident Deductible

When two or more persons covered under the same Certificate are injured in the same accident, only one Calendar Year Deductible will be required for all Eligible Expenses relating to the accident. This is the lesser of one deductible or the remainder of each covered person's deductible.

## Outpatient Prescription Drug Rider

Form ANL-PRES03NE

*(Available for additional premium)*

*Benefit payable for Prescription Drugs obtained from a Participating Pharmacy only.*

### **Deductible**

Individual: \$500 or \$1000, Family: \$1000 or \$2000

### **Copay**

Generic: \$10, Mail Order Generic: \$30

Brand Name: \$25, Mail Order Brand Name: \$75

### **Rate of Payment**

Generic: 100% after Deductible and Copay

Brand Name: 50% after Deductible and Copay

Brand Name when Generic is available: 100% of the cost of the Generic equivalent. *Please Note: After You pay the \$10 Generic Copay, You are responsible for 100% of the difference between the cost of the Generic and Brand Name drug.*

**ANTEX does not cover Outpatient Prescription Drugs unless the optional Outpatient Drug Rider is in effect.**

*Some Benefits may not be available in Your state. Certain Expenses are subject to other Limitations and/or Exclusions. For additional details refer to Your State-Specific Forms Packet or Certificate.*

# Eligible Expenses

**S**ubject to any applicable Deductible Amount and any Access Fee, the Group Policy includes the listed Eligible Expenses, paid at the In-Network (or Out of Network) Rate of Payment and up to the applicable Out-of-Pocket Limit. Once the Out-of-Pocket Limit is met, We pay Eligible Expenses at 100%. Services or supplies are considered Eligible Expenses when they are prescribed by a Doctor for the Medically Necessary treatment of a covered Sickness or Injury. All Eligible Expenses are subject to Group Policy Maximums.

**HOSPITAL ROOM AND BOARD:** Reasonable and Customary Charges up to the average semi-private room rate charged by the Hospital, including nursing services, maintenance, utilities, etc. If a Hospital has only private rooms, We pay 90% of the private room rate.

## **I**NTENSIVE CARE, CORONARY CARE AND NEONATAL INTENSIVE CARE UNIT:

Reasonable and Customary Charges paid at three (3) times the semi-private room rate. This benefit is in lieu of Hospital Room and Board. If the Hospital has only private rooms, We will pay three times 90% of the private room rate.

**HOSPITAL MISCELLANEOUS:** Reasonable and Customary Charges made by a Hospital for miscellaneous medical services and supplies.

## **M**ISCELLANEOUS MEDICAL SERVICES FOR CONVALESCENT AND SKILLED NURSING CARE:

Reasonable and Customary Charges for miscellaneous medical services and supply charges for Convalescent Care and Skilled Nursing Care. This includes daily room and board charges and general nursing care for each day confined in a Convalescent Care Facility. ANTEX pays charges up to one-half of the daily room benefit paid for the Hospital where the Covered Person was confined. ANTEX limits confinement to 60 days per Calendar Year and (a) Confinement must begin within 14 days following a covered Hospital stay of at least 3 days; and (b) Confinement must be due to the same Injury or Sickness that caused the initial Hospitalization; it must extend that care.

**O**PERATING SURGEON: Reasonable and Customary Charges for a primary procedure performed during a surgical session. We will pay other surgical procedures done during the same session at 50% of the Reasonable and Customary allowance. This benefit includes routine care after surgery.

**A**SSISTANT SURGEON: Twenty-five percent of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when the Assistant

Surgeon renders covered services during a surgical procedure. Twenty percent of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when a Physician's Assistant renders covered services during a surgical procedure. Fifteen percent of Eligible Expenses for the Primary Surgeon for a covered surgical procedure, when a Registered Nurse renders covered services during a surgical procedure.

**A**NESTHESIA AND ADMINISTRATION: Reasonable and Customary Charges by a Doctor for the administration of anesthesia and any fluids as part of a covered surgical procedure. This benefit is reduced by 50% if services are rendered by the surgeon, assistant surgeon or nurse anesthetist.

**S**ECOND SURGICAL OPINION: Reasonable and Customary Charges incurred for a second surgical opinion.

**A**MBULANCE SERVICES: Reasonable and Customary Charges for transport to the nearest Hospital qualified to treat the accidental Injuries or medical Emergencies.

**D**OCTOR SERVICES: Reasonable and Customary Charges for diagnosis and treatment of a Sickness or Injury (other than surgery).

**H**OME HEALTH CARE: Reasonable and Customary Charges for Home Health Care provided by a licensed Home Health Care Agency, up to \$40 each visit, with a maximum of 1 visit per day and up to 60 visits per Calendar Year.

**H**OSPICE CARE: Reasonable and Customary Charges up to \$125 per day, with a \$2,000 maximum benefit for each Insured diagnosed as terminally ill and receiving Hospice Care. This benefit also includes Bereavement Counseling for the immediate family.

**D**IAGNOSTIC X-RAY AND LAB EXAMS; BLOOD, BLOOD DERIVATIVES, AND OXYGEN; INITIAL PROTHETIC APPLIANCES; MEDICAL SUPPLIES AND DURABLE EQUIPMENT: Reasonable and Customary Charges when these types of services or supplies are rendered or provided by other than a Hospital.

**B**REAST RECONSTRUCTION: Reasonable and Customary Charges for reconstruction of the breast on which a Doctor performed a covered mastectomy, which was performed as a result of Sickness or Injury of the breast; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complication of all stages of mastectomy, including lymphedemas.

**T**MJ TREATMENT: Reasonable and Customary Charges for diagnostic or surgical procedure involving any bone or joint of the face, neck, or head, limited to a Lifetime Maximum of \$2,500.

**OUTPATIENT THERAPY:** Reasonable and Customary Charges up to \$500 per Calendar Year per Covered Person. Outpatient Therapy includes, but is not limited to: rehabilitative speech; language pathology; physical, occupational and cognitive therapies; biofeedback; sports medicine; cardiac exercise programs; adjustments; and manipulations. A Covered Person must receive Outpatient Therapy while he is **not** Hospital confined or in a Convalescent Care Facility. This limit does not apply to a Covered Person who requires therapy as a result of a Hospital confinement or as the result of an outpatient surgical procedure.

**TELEMEDICINE SERVICES:** Reasonable and Customary Charges for telemedicine services rendered through the use of interactive audio, video, or other electronic media to deliver health care, including the use of electronic media for diagnosis, consultation, treatment, transfer of medical data and medical education. No benefits are payable for services performed using a telephone or facsimile machine.

**WELLNESS CARE:** Reasonable and Customary Charges for Wellness Care for Covered Persons age six and over. We consider the following as Wellness Care: (a) routine physical exams; (b) polio, DPT and MMR immunizations; (c) HIB vaccinations; (d) diphtheria and tetanus boosters; (e) vaccinations for flu and pneumonia; and (f) TB skin tests. There are no benefits payable for the first Certificate Year for Wellness Care. There is a \$100 Maximum Benefit payable for the second Certificate Year and thereafter.

**CHILDHOOD IMMUNIZATIONS:** Reasonable and Customary Charges for childhood immunizations for a Covered Person under six years of age. This benefit is not subject to any Deductible Amount. Childhood immunizations include a complete set of vaccinations for immunization against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenzae type B.

**ALCOHOLISM TREATMENT:** Reasonable and Customary Charges for inpatient and outpatient treatment of alcoholism. Inpatient treatment is limited to thirty (30) days per Calendar Year for the Primary Treatment of alcoholism. There is a Lifetime Maximum of two (2) inpatient treatment periods and (2) sixty outpatient treatment visits per Covered Person.

**DIABETES TREATMENT:** Reasonable and Customary Charges for equipment, supplies, medication, and outpatient self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes,

and non-insulin-using diabetes. A Doctor must deem the self-management training as Medically Necessary and coverage is limited to \$500 in a two-year period. Refer to your Certificate for complete details.

**MAMMOGRAM COVERAGE:** You pay the first \$25 of Eligible Expenses for one annual screening mammogram per Calendar Year. Charges are not applied to any Deductible Amount or Out-of-Pocket Limit. Benefit is paid whether or not Covered Person is Hospital confined.

**AMBULATORY SURGICAL CARE:** Reasonable and Customary Charges will be payable for Eligible Expenses incurred which result from care received in an Ambulatory Surgical Center subject to the applicable Access Fee indicated on the Certificate Schedule. Eligible Expenses 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 Expenses 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.

**FOREIGN EMERGENCY TREATMENT BENEFIT:** Reasonable and Customary Charges for Medically Necessary Emergency Treatment in a foreign country shall be paid at the lesser of the actual charges for such services or the benefits otherwise payable had the Medically Necessary treatment been received in the place where the insured resides.

**COMPLICATIONS OF PREGNANCY:** Reasonable and Customary Charges for Complications of Pregnancy as any other Sickness. The expense must result **solely** from the treatment of the Complications of Pregnancy. If the expense does not result solely from the Complication of Pregnancy, We will consider the expense due to a normal pregnancy. If We consider the expense due to a normal pregnancy, the Group Policy does not cover the expense. We provide for at least 96 hours of inpatient Hospital care after a Cesarean section. We provide this coverage in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics or other established medical associations. The Doctor, in consultation with the mother, will decide the length of the Hospital stay.

**HUMAN ORGAN TRANSPLANT BENEFIT:** Reasonable and Customary Charges up to \$1,000,000 Lifetime Maximum per Covered Person for all Organ Transplants combined. A single In-Network transplant is paid at the lesser of the negotiated rate or \$1,000,000; a single Out of Network transplant is paid at the lesser of the lowest negotiated PPO rate or \$1,000,000. This benefit includes donor charges up to \$15,000 for which you are legally responsible. Benefits for Organ Transplants are subject to Pre-Certification guidelines. Refer to your Certificate for complete details.

# Outpatient Prescription Drug Rider (Form ANL-PRES03NE)

**OUTPATIENT PRESCRIPTION DRUG RIDER:** When selected, this Rider adds an outpatient Prescription Drug benefit to the Group Policy. After You meet the Prescription Drug Calendar Year Deductible Amount and pay the applicable Copayment Amount, We pay remaining Prescription Drug Eligible Expenses at the Rate of Payment. **ANTEX does not cover Outpatient Prescription Drugs unless the optional Outpatient Drug Rider is in effect.**

**A**NTEX considers a Prescription Drug charge as an Eligible Expense 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.

**A**NTEX does *not* pay benefits under this Rider for drugs obtained from a non-Participating Pharmacy. *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 Expenses. Prescription by a Doctor does not automatically make treatment Medically Necessary.*



**E**ligible 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 which exceeds a 31 day supply unless the manufacturer's packaging or the prescription requires a greater quantity. Insulin is limited to the lesser of three vials and one hundred disposable syringes or a 31 day supply of each;
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 unless their use 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 (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.
9. 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;
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 supply.
11. 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.
12. Prescription Drugs used for the purpose of: (a) weight loss, (b) Treating Acne (including Accutane); (c) Promoting growth (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 family or Doctor's convenience.
16. Prescription Drugs prescribed for the replacement of lost or stolen prescriptions.

**The Group Policy does not cover an 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:**

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, the Exception does not apply 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 relating to the diagnosis and/or treatment of the gallbladder, reproductive organs, tonsils and hernia for the first six months of the date of coverage. However, if ANTEX has excluded any one of these conditions by rider, benefits are not payable for the condition, regardless of when diagnosis and/or treatment take place.
5. Eligible Expenses resulting from procedures or treatments that are Experimental or Investigational Medicine.
6. Organ Transplants, except as otherwise provided under the Group Policy.



7. Normal pregnancy and childbirth.
8. Mental illness or counseling. Counseling includes marriage or family counseling.
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 if required: (a) to correct damage for a covered Injury; (b) to repair a birth defect of a child born to You and continuously covered under the Group Policy from birth; or (c) for reconstructive surgery following a covered mastectomy.
10. Dental treatment, unless due to Injury to Covered Person's sound, natural teeth (teeth without any prior restoration work.) The Injury must occur while the Covered Person has coverage under the Group Policy.

11. Eligible Expenses for a Pre-Existing Condition during the first 12 months of coverage for a Covered Person. ANTEX may give credit for previous coverage. Refer to your Certificate for complete details.

12. Any attempt at suicide, or any intentionally self-inflicted injury. *(Missouri residents please refer to State Specific forms packet)*

13. A Covered Person's commission of, or 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.

## Exceptions

15. Charges relating to radial keratotomy, laser surgery or other procedures for refractive corrections, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
16. Elective sterilizations; charges for elective or non-Medically Necessary abortion and therapeutic abortions; In Vitro fertilization; or any other diagnosis or treatment for the control, promotion or enhancement of fertility, including reversal of prior sterilizations.
17. Charges relating to treatment of obesity, including exogenous, endogenous, morbid obesity, or weight reduction, including but not limited to: (a) Surgery; (b) Treatment at diet centers or similar facilities; and (c) Medication.
18. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under the definition of Emergency.
19. Eligible Expenses related to diagnosis and treatment of sleep apnea.
20. Treatment for developmental delay learning disabilities or adjustment reaction; educational testing or training.
21. Diagnosis or treatment (including surgery) of sexual dysfunction disorder or inadequacy; transsexual surgery.
22. Sclerotherapy for veins of the extremities or laser surgery to minimize veins.
23. Corrective shoes; routine foot care including orthotics; the cutting or removal of corns or calluses; trimming of nails; routine hygienic care and any service rendered in the absence of localized Sickness or Injury involving the feet.
24. 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.
25. A Covered Person's loss or Injury that results from being under the influence of an intoxicant or illegal drug.
26. Eligible Expenses for charges that You or a Covered Person are not legally obligated to pay.
27. Benefits that Medicare pays.
28. Treatment used to improve memory, cognitive enhancement or slow the normal process of aging.
29. Expenses incurred to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Group Policy.
30. Genetic testing, counseling and services.
31. Treatment for enuresis.
32. The treatment of Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS Related Complex (ARC) and/or Human Immunodeficiency Virus (HIV), except as otherwise provided under the Group Policy.
33. Outpatient Prescription Drugs, unless the optional Outpatient Drug Rider is in effect.



**Commencement of Coverage:** We require evidence of insurability before coverage can be provided. For consideration of coverage, a fully completed application along with the full initial premium plus any applicable fees must be submitted to Home Office within 5 days after completion. 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. At the time of Certificate delivery, if there has been a change in health status, do not deliver the Certificate. Contact the Home Office Underwriting Department immediately.

**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 be 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. However as stated in the *Important Note to Agent* in the application, if any proposed Insured has certain medical conditions, is anticipating treatment of a medical condition, or in your best judgement may be a poor risk, call ANTEX to determine whether or not to submit cash.

**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.

### Please Note!!

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) 1-800-899-6805 [www.anico.com](http://www.anico.com)



This brochure must be left with the proposed insured and is not complete without the appropriate forms packet.

## Pre-Certification

### What is Pre-Certification and How Does It Work?

ANTEX has contracted with a Designated Utilization Representative to work with your Doctor, facility or supplier to help ensure the Medical Necessity of proposed treatment and services. This "Pre-Certification" process is designed to help identify and control unnecessary medical costs. Because claim expenses ultimately determine the price that ANTEX must charge for coverage under the Group Policy, Pre-Certification also benefits Covered Persons by helping to control premium costs.

The Covered Person or his health care provider must contact the Designated Utilization Representative (named on the Covered Person's I.D. card) before any non-Emergency Hospital admission or outpatient

surgery. Contact must be made within 24 hours, or as soon as reasonably possible, following an Emergency Hospital admission. We will apply a reduction in payment if:

- 1) The Designated Utilization Representative is not contacted within the required time frame;
- 2) The admitting Doctor, facility, type of treatment or service differs from that authorized;
- 3) The service or treatment is performed more than 60 days after the date of authorization; or
- 4) Any portion of a confinement exceeds the number of days authorized;

We will deduct \$1,000 from Eligible Expenses that we would have considered for payment had you followed the Pre-Certification process. If the amount is less than \$1,000, we will not pay any benefits.

## Pre-Existing Conditions

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

A physical or mental condition, not disclosed on the Enrollment Application, and: (a) for which medical advice, testing, care, treatment or medication was received within 12 months before the Certificate Date; (b) that produced symptoms, within 12 months prior to the Certificate Date, that would have allowed a Doctor to make a diagnosis of the condition producing the symptoms; or (c) that would have caused a Prudent Layperson to seek medical diagnosis or treatment within the 12 months prior to the Certificate Date. A pregnancy that exists on the Certificate Date is a Pre-Existing Condition.

### Are Pre-Existing Conditions Ever Covered?

ANTEX does not cover Pre-Existing Conditions during the first 12 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) You have ceased to be a member of the association to which coverage is offered, but only if such coverage is terminated uniformly and without regard to any health-status related factor; (d) We are ceasing to offer coverage in the association market in accordance with applicable state law; or (e) We are discontinuing all health benefits plans offered to associations. If We refuse to renew coverage under reasons (a)-(c) above, We will give You 30 days notice prior to the non-renewal effective date. If We refuse to renew coverage under reason (e) above, We will: (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 (e) 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.

**AMERICAN NATIONAL LIFE INSURANCE  
COMPANY OF TEXAS  
ONE MOODY PLAZA • GALVESTON, TEXAS**

**Mail Correspondence To:  
P. O. Box 1998  
Galveston, Texas 77553-1998**

**T**hank 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.

### **M**edical Information Bureau (MIB) Pre-Notification

Information regarding your insurability will be treated as confidential. The American National Life Insurance Company of Texas or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.



**U**pon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

**T**he American National Life Insurance Company of Texas or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

### **F**air 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.

# Notice of 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
- revoke your authorization to use or disclose protected health information except to the extent that action has already been taken

**If you have any questions about this notice, please contact:  
American National's HIPAA Privacy Officer  
1 Moody Plaza, Galveston, Texas 77550  
[Hipaa.compliance.officer@anico.com](mailto:Hipaa.compliance.officer@anico.com)  
409.766.6420**

# Notice of Privacy Practices

**Y**ou 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.

**Y**ou 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.

**Y**ou 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.

**Y**ou 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.

**Y**ou have a right to request receipt of confidential communications by alternative means or at alternative locations if you clearly state that disclosure could endanger you. You have the right to have this request reasonably accommodated.

**Y**ou have the right to obtain a paper copy of this notice from us.

**Y**ou 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, 1 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.

**T**his notice was published and becomes effective on April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.



This brochure contains a brief description of the coverage provided under the Group Policy Number NCAA004 issued to the NCAA. This plan, utilizing ANTEX's Policy Form Series ANL-2003-PN is marketed in multiple states; coverage may vary depending on your state of residence. 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.



# AMERICAN NATIONAL

American National Life  
Insurance Company of Texas  
P.O. Box 1998  
Galveston, TX 77553-1998