



**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 DOCTOR 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.

The benefits that 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.

We do not pay benefits 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.

OUTPATIENT means treatment received in a Doctor's office, Hospital Emergency room, urgent care facility or clinic.

Benefits are payable under this Rider when a Covered Person incurs charges for Eligible Expenses described below. Charges for Eligible Expenses must be incurred on an Outpatient basis. Benefits are payable once charges for Eligible Expenses under this Rider exceed this Rider's Calendar Year Cash Deductible Amount. We then pay [80%] of the Reasonable and Customary Charges for the Eligible Expenses described below:

Charges for Hospital Emergency room or other Outpatient clinic;

Charges for Outpatient treatment by a Doctor;

Charges for administration of anesthesia to a Covered Person undergoing surgery in a Doctor's office, clinic, or Hospital Emergency room or urgent care facility;

Charges for Outpatient diagnostic tests;

Charges for miscellaneous supplies including casts, splints and braces, hypodermics and crutches;

Charges for childhood immunizations, provided on an Outpatient basis, for children under the age of six. Benefits for childhood immunizations are not subject to this Rider's Cash Deductible Amount.

Charges for prescription drugs taken or administered within 30 days of a Hospital Stay for treatment of the condition for which You were Hospital Confined. This includes medication for the treatment of insulin dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes if prescribed by a health care professional legally authorized by law to prescribe such items.

Charges for diabetes outpatient self-management training and outpatient patient management, including medical nutrition therapy. Management will be covered at diagnosis, when symptoms or conditions change, and when new medications or treatments are prescribed. Eligible Expenses for Medically Necessary diabetes self-management and patient management will not exceed \$500 in a two-year period.

Benefits payable under this Rider are subject to the **OUTPATIENT DOCTOR RIDER MAXIMUM BENEFIT PER CALENDAR YEAR** and **OUTPATIENT DOCTOR RIDER CASH DEDUCTIBLE PER CALENDAR YEAR**, each shown in Your Certificate Schedule.

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: _____

A handwritten signature in black ink, appearing to read "J. Mark Flippin". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Secretary