

SERFF Tracking Number: ANTX-126136816 State: Arkansas
 Filing Company: American National Life Insurance Company of Texas State Tracking Number: 42678
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: ANL-NOPB02 Add'l Deds
 Project Name/Number: ANL-NOPB02 Add'l Deds/

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: ANL-NOPB02 Add'l Deds SERFF Tr Num: ANTX-126136816 State: ArkansasLH
 TOI: H15G Group Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 42678
 Sub-TOI: H15G.001 Any Size Group Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
 Authors: Deborah Biediger, Patty Clavette Disposition Date: 06/17/2009
 Date Submitted: 06/17/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: ANL-NOPB02 Add'l Deds Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Overall Rate Impact: Group Market Type: Association
 Filing Status Changed: 06/17/2009 Explanation for Other Group Market Type:
 State Status Changed: 06/17/2009
 Deemer Date: Corresponding Filing Tracking Number:
 Filing Description:
 Rider ANL-NOPB02AR was Approved by the Department on September 13, 2002, under Policy ANL-CAT2002-P.

As originally approved, the rider provides described benefits for medical care provided outside the confines of a hospital. Benefits payable are subject to a deductible selected by the applicant of \$500.00 or \$750.00 per calendar year. The

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purpose of this filing is to provide additional deductible options for existing business and new sales in order to reduce the respective rate.. The new additional deductibles will be \$1,000, \$1,500, \$2,000, \$2,500 and \$3,000. Examples of the schedules for this plan ("clean" and "redlined" ewith the additional deductibles are attached under the form schedule tab.

Any effort by the Department to expedite review and approval of these additional deductible choices will be greatly appreciated.

Company and Contact

Filing Contact Information

Deborah Biediger, Sr Compliance deborah.biediger@anico.com
 One Moody Plaza 17th Floor (409) 766-6691 [Phone]
 Galveston, TX 77550 (409) 766-2024[FAX]

Filing Company Information

American National Life Insurance Company of Texas CoCode: 71773 State of Domicile: Texas
 One Moody Plaza 17th Floor Group Code: -99 Company Type: Health Insurance
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 621-7779 ext. [Phone] FEIN Number: 75-1016594

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Flat \$100.00 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of	\$100.00	06/17/2009	28632345

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Texas

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Product Name: ANL-NOPB02 Add'l Deds
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/17/2009	06/17/2009

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Disposition

Disposition Date: 06/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: ANL-NOPB02 Add'l Deds

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Form	Certificate Schedule	Approved-Closed	No
Form	Certificate Schedule	Approved-Closed	No

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Form Schedule

Lead Form Number: ANL-NOPB02AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Schedule	Schedule Pages	Certificate Schedule	Initial			CERTIFICATE SCHEDULE IND.pdf redlined CERTIFICATE SCHEDULE IND.pdf
Approved-Closed	Schedule	Schedule Pages	Certificate Schedule	Initial			CERTIFICATE SCHEDULE PPO.pdf redlined CERTIFICATE SCHEDULE PPO.pdf

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

MAXIMUM GROUP POLICY BENEFIT FOR ALL INJURIES OR SICKNESSES PER COVERED PERSON: [\$5,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON: [\$1,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR ORGAN TRANSPLANTS PER COVERED PERSON: [\$1,000,000]

MAXIMUM BENEFIT FOR HOSPICE CARE PER COVERED PERSON: \$10,000

MAXIMUM BENEFIT FOR MEDICAL AIR SERVICE PER INJURY OR SICKNESS PER COVERED PERSON: [\$10,000]

CASH DEDUCTIBLE AMOUNT PER COVERED PERSON PER CALENDAR YEAR: [\$500]

COINSURANCE AMOUNT: 50% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 80% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 100%

STOP LOSS AMOUNT: \$10,000

OPTIONAL COVERAGE INCLUDED:

OUTPATIENT ACCIDENT EXPENSE BENEFIT RIDER - MAXIMUM BENEFIT PER INJURY: [\$500 OR \$1,000]

CHILDBIRTH BENEFIT RIDER – MAXIMUM BENEFIT PER CHILDBIRTH: [\$1,000 OR \$2,000]

POST CONFINEMENT THERAPY BENEFIT RIDER –

DAILY MAXIMUM BENEFIT: [\$1,000 OR \$2,000]

MAXIMUM RIDER BENEFIT: [\$200,000]

OUTPATIENT BENEFIT RIDER – MAXIMUM BENEFIT PER CALENDAR YEAR: [\$10,000]

CASH DEDUCTIBLE PER CALENDAR YEAR: [\$500 OR \$750 OR \$1,000 OR \$1,500 OR \$2,000 OR \$2,500 OR \$3,000]]

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HOSPITAL INCOME BENEFIT RIDER – DAILY MAXIMUM BENEFIT: [\$100 OR \$200]

ELIMINATION PERIOD: [0 DAYS OR 3 DAYS]

REFER TO ELIGIBLE EXPENSES FOR A DESCRIPTION OF EXPENSES COVERED BY THE GROUP POLICY.

REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE GROUP POLICY.

CERTIFICATE DATE:

COVERED PERSONS:	RELATIONSHIP	AGE	DATE OF BIRTH
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GROUP POLICYHOLDER:	NBA INC TRUST
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GROUP POLICY NUMBER:	CAT002
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STATE OF ISSUE:	Mississippi
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CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

MAXIMUM GROUP POLICY BENEFIT FOR ALL INJURIES OR SICKNESSES PER COVERED PERSON: [\$5,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON: [\$1,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR ORGAN TRANSPLANTS PER COVERED PERSON: [\$1,000,000]

MAXIMUM BENEFIT FOR HOSPICE CARE PER COVERED PERSON: \$10,000

MAXIMUM BENEFIT FOR MEDICAL AIR SERVICE PER INJURY OR SICKNESS PER COVERED PERSON: [\$10,000]

CASH DEDUCTIBLE AMOUNT PER COVERED PERSON PER CALENDAR YEAR: [\$500]

COINSURANCE AMOUNT: 50% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 80% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 100%

STOP LOSS AMOUNT: \$10,000

OPTIONAL COVERAGE INCLUDED:

OUTPATIENT ACCIDENT EXPENSE BENEFIT RIDER - MAXIMUM BENEFIT PER INJURY: [\$500 OR \$1,000]

CHILDBIRTH BENEFIT RIDER – MAXIMUM BENEFIT PER CHILDBIRTH: [\$1,000 OR \$2,000]

POST CONFINEMENT THERAPY BENEFIT RIDER –

DAILY MAXIMUM BENEFIT: [\$1,000 OR \$2,000]

MAXIMUM RIDER BENEFIT: [\$200,000]

OUTPATIENT BENEFIT RIDER – MAXIMUM BENEFIT PER CALENDAR YEAR: [\$10,000]

CASH DEDUCTIBLE PER CALENDAR YEAR: [\$500 OR \$750 OR \$1,000 OR \$1,500 OR \$2,000 OR \$2,500 OR \$3,000]]

HOSPITAL INCOME BENEFIT RIDER – DAILY MAXIMUM BENEFIT: [\$100 OR \$200]

ELIMINATION PERIOD: [0 DAYS OR 3 DAYS]

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REFER TO EXCEPTIONS FOR A DESCRIPTION OF EXPENSES THAT ARE NOT COVERED BY THE GROUP POLICY.

CERTIFICATE DATE:

COVERED PERSONS:	RELATIONSHIP	AGE	DATE OF BIRTH
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GROUP POLICYHOLDER: NBA INC TRUST

GROUP POLICY NUMBER: CAT002

STATE OF ISSUE: Mississippi

CERTIFICATE SCHEDULE

REMARKS - SEE ANY ATTACHED FORMS

MAXIMUM GROUP POLICY BENEFIT FOR ALL INJURIES OR SICKNESSES PER COVERED PERSON: [\$5,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR EACH INJURY OR SICKNESS PER COVERED PERSON: [\$1,000,000]

MAXIMUM GROUP POLICY BENEFIT FOR ORGAN TRANSPLANTS PER COVERED PERSON: [1,000,000]

MAXIMUM BENEFIT FOR HOSPICE CARE PER COVERED PERSON: [\$10,000]

MAXIMUM BENEFIT FOR MEDICAL AIR SERVICE PER INJURY OR SICKNESS PER COVERED PERSON: [\$10,000]

COINSURANCE AMOUNT: 50% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 80% UP TO THE STOP LOSS AMOUNT, 100% THEREAFTER

COINSURANCE AMOUNT: 100%

STOP LOSS AMOUNT: \$10,000

OPTIONAL COVERAGE INCLUDED:

PREFERRED PROVIDER RIDER

OUTPATIENT ACCIDENT EXPENSE BENEFIT RIDER - MAXIMUM BENEFIT PER INJURY: [\$500 OR \$1,000]

CHILDBIRTH BENEFIT RIDER – MAXIMUM BENEFIT PER CHILDBIRTH: [\$1,000 OR \$2,000]

POST CONFINEMENT THERAPY BENEFIT RIDER –

DAILY MAXIMUM BENEFIT: [\$1,000 OR \$2,000]

MAXIMUM RIDER BENEFIT: [\$200,000]

OUTPATIENT BENEFIT RIDER – MAXIMUM BENEFIT PER CALENDAR YEAR: [\$20,000]

CASH DEDUCTIBLE PER CALENDAR YEAR: [\$500 OR \$750 OR \$1,000 OR \$1,500 OR \$2,000 OR \$2,500 OR \$3,000]]

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GROUP POLICYHOLDER:	NBA INC TRUST
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GROUP POLICY NUMBER:	CAT002
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CERTIFICATE SCHEDULE

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MAXIMUM BENEFIT FOR HOSPICE CARE PER COVERED PERSON: [\$10,000]

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GROUP POLICYHOLDER: NBA INC TRUST

GROUP POLICY NUMBER: CAT002

STATE OF ISSUE: Mississippi

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification Approved-Closed 06/17/2009
Bypass Reason: n/a we are not revising any provisions in the approved form; we are merely adding some deductible choices

Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 06/17/2009
Bypass Reason: n/a we are not making any revisions to the approved application form
Comments: