



AMERICAN INDEPENDENT  
Business Coalition

EMERALD LEVEL OVERVIEW



**LIGHTING  
THE WAY**

FOR SMALL BUSINESSES, FAMILIES & INDIVIDUALS

AIBC-OVLB-E-0816

# Emerald Benefit Overview

## For Your Business

**Employee Talk** - Get reliable answers to your pressing business and human resource questions. Employee Talk consultants will provide answers to your employment-related questions via email by the next business day.

**Finance Talk** - Get expert advice about working capital, financing receivables, and personal and business finances. Finance Talk consultants are standing by with reliable answers to monetary questions. Questions are answered via email by the next business day.

**HRA 105** - If you are a sole proprietor with no employees, but whose spouse performs some services for the business, everything you need to create a Health Reimbursement Arrangement is conveniently found on the AIBC website. Need more answers? HRA consultants will provide them to you via email by the next business day.

**Tax Talk** - Tax Talk consultants answer your tax-related questions by email within one business day. All Tax Talk questions are answered by a Certified Public Accountant with a firm contracted by the association.

PLUS AIBC Advocacy, Customized Web Services, Office Depot/Office Max Discount, UPS Discount, Hewlett-Packard Discount, Integrated Communications - Comcast Business Class, and Penny Wise Office Supplies Discount

## For Your Personal Life

**LifeLock®** - AIBC members are entitled to a special offer and 10% off LifeLock Standard™ service.

**Roadside Assistance** - Emergency roadside assistance is just a phone call away. When you need a tow, have a flat tire, need a new battery or even if you are locked out, we can help!

**SafetyNet Child ID Card Services** - When a child is missing, every second counts. A SafetyNet Child ID card can provide authorities with critical information that can help speed the search for a missing child.

PLUS 1-800-Flowers Discount, Auto Rental Discount, AIBC Scholarships, Merchology, HoptheShops.com, and Savers Club®

## For Your Health & Well-Being

**Blanket Excess Medical Expense and Accidental Death and Dismemberment (AD&D) Coverage - \$4,000 in Excess Medical Expense Coverage** for a covered accident, after a \$400 deductible per accident, per Member. Accidental Death and Dismemberment – Coverage up to **\$30,000 for the Primary Insured, \$15,000 for the Spouse and \$7,500 for each child** included in Member enrollment form. The Lifetime Policy Maximum Benefit is \$50,000.

**Blanket Group Specified Disease/Illness Insurance Plan and Blanket Group Accident Insurance Plan** - AIBC Members are covered based on expenses incurred, up to **\$450/day** with a **Hospital Room & Board Benefit in the Blanket Group Specified Disease/Illness Plan** and up to **\$450/day in the Blanket Group Accident Plan**. These Blanket Group Daily Benefits can help offset your out-of-pocket expenses in the event of a hospitalization. Covered Expenses for Hospital Room & Board are limited to a maximum of \$13,500 per Insured per Membership year.

**CallMD** - “Anytime” telephone access to a licensed Medical Doctor. Doctor consultations are available 24/7 and in certain cases, prescription medications. Members receive UNLIMITED FREE phone consultations.

**Travel Assistance Plan** - Help with emergency medical transportation when more than 100 miles from home.

**24-Hour Nurse Helpline Plan** - Call toll-free for confidential, professional advice from a Registered Nurse.

PLUS Diabetes Care Plan, LensCrafters Discount, MedScript Prescription Drug Discount, Association Hearing Services, Gateway Emergency Personal Health History Medicaid, Gold's Gym® Discount, HealthFitLabs Vitamin Discount, HealthRider® Discount, Massage Envy, Reebok® Discount, and Weider® Discount

**For ALL Emerald Benefits - \$7,891 in Potential Savings!\***  
Use the HRA 105 Benefit and **Save Even More** —  
**See Brochure for Details!**

\*Potential savings as determined in an independent value study conducted by a professor at a nationally recognized school of business.

## **Blanket Excess Medical Expense and Accidental Death and Dismemberment (AD&D) Coverage**

Coverage commences for Members immediately following the receipt, by the association, of the Membership enrollment application and the payment by the Member of the first month's dues and continues as long as dues are paid, subject to the company's right to adjust future premiums and cancel coverage. Coverage is underwritten and administered by National Foundation Life Insurance Company in AL, AR, AZ, CO, DE, GA, IA, IN, KY, LA, MO, MS, MT, NC, NE, OH, OK, PA, SC, TN, TX, UT and WY. (Freedom Life Insurance Company of America in IL, MI, VA and WV). Coverage is subject to the definitions, terms, limitations and exclusions contracted in the blanket policy.

Note: The Excess Medical Expense Coverage Benefit is payable for expenses under this plan in excess of coverage under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage, including but not limited to coverage or benefit entitlement under or pursuant to an uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare.

Claims for benefits shall be administered based on the Blanket Group Policy issued to American Independent Business Coalition. A copy of the Blanket Group Policy is available from the association upon request. For Claim Assistance, contact:

### **National Foundation Life Insurance Company**

American Independent Business Coalition  
Blanket Coverage Claims Unit

P.O. Box 549 Fort Worth, TX 76101 **1-800-221-9039**

(in AL, AR, AZ, CO, DE, GA, IA, IN, KY, LA, MO, MS, MT, NC,  
NE, OH, OK, PA, SC, TN, TX, UT & WY)

### **Freedom Life Insurance Company of America**

American Independent Business Coalition  
Blanket Coverage Claims Unit

P.O. Box 1719 Fort Worth, TX 76101 **1-800-387-9027**

(in IL, MI, VA, & WV)

## **Blanket Group Excess Medical Expense and AD&D Limitations at a Glance**

In addition to any other provisions of the Blanket Group Policy Benefits and coverage are limited as follows:

- Coverage for AD&D and Excess Medical Expense commences on the Primary Insured Effective Date for each Primary Insured;
- The Lifetime Policy Maximum Benefit is \$50,000;
- The AD&D Maximum Benefit for the Primary Insured is \$30,000;
- The AD&D Maximum Benefit for the Spouse of Primary Insured is \$15,000;
- The AD&D Maximum Benefit for the Children of Primary Insured is \$7,500 per child;
- The Excess Medical Expense Coverage Maximum Benefit is as selected in writing by the Blanket Group Policyholder prior to the Issue Date;
- The maximum dollar amount recoverable by an Insured for AD&D is the applicable AD&D Maximum Benefit, regardless of the number of Accidents or Bodily Injuries sustained by an Insured; and
- The applicable AD&D Maximum Benefit and the Excess Medical Expense Coverage Maximum Benefit automatically reduce by fifty percent (50%) on the sixty-fifth (65th) birthday of the Primary Insured and Spouse of Primary Insured.

## **Blanket Group Excess Medical Expense and AD&D Non-Covered Items at a Glance**

The Blanket Group Policy does not provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such Insured Member:

- war, or any act of war, regardless of whether war is actually declared;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- such Insured Member being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens, unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Bodily Injury;
- suicide or any attempt thereat, while sane;
- Sickness;
- travel by or participation in aviation, except as a fare-paying passenger traveling on a regular scheduled commercial airline flight;
- engaging in and being charged with any felony criminal offense;
- a Bodily Injury occurring outside the borders of the United States of America or its territories;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Sickness;
- intentional inhalation or ingestion of any poison, gas or fumes;
- expenses Incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and Drug Addiction/Abuse;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- expenses Incurred as a result of a Bodily Injury that are in excess of the Usual and Customary expenses Incurred for Medically Necessary treatment of such Bodily Injury;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury for which the Insured Member has no legal liability and responsibility for payment;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare);
- a scheduled Benefit under Accidental Death & Dismemberment Coverage or an expense under Excess Medical Expense Coverage that exceeds the amount of the Lifetime Policy Maximum Benefit;
- the operation by such Insured Member of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured Member of any motor vehicle without a valid operator's license/permit; and
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material.

## **Blanket Group Specified Disease/Illness Insurance & Blanket Group Accident Insurance**

Blanket Group Specified Disease/Illness and Accident Insurance is available to paid Members of AIBC for the Primary Member, Spouse of the Primary Member, and Eligible Dependent Children\* of the Primary Member. Coverage commences for Members immediately following the receipt, by the association, of the Membership enrollment application and the payment by the Member of the first month's dues and continues as long as dues are paid, subject to the Company's rights to adjust future premiums and cancel coverage. Coverage is underwritten and administered by National Foundation Life Insurance Company in: AL, AR, AZ, CO, DE, GA, IA, IN, KY, LA, MO, MS, MT, NC, NE, OH, OK, PA, SC, TN, TX, UT and WY and Freedom Life Insurance Company of America in IL, MI, VA, and WV. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the Blanket Group Policy.

### **Benefits also include:**

**Outpatient Medical Foods - Inherited Metabolic Disorders Benefit** - 50% of expenses incurred daily for Medical Foods received on an Outpatient basis, Up To \$5,000

**Outpatient Diabetes** - Membership Year Maximum up to \$15 for each of the following: Outpatient Diabetes Equipment, Outpatient Diabetes Self-Management Training, and Outpatient Diabetes Supplies.

*\*Eligible Dependent Children of Primary Member means an unmarried dependent child of the Primary Member who is under the age of nineteen (19) years (twenty-four (24) if enrolled as a Full-Time Student).*

The Blanket Group Specified Disease/Illness and Accident Insurance forms BLKACCUP2-2014-P-FLIC/BLKACCUP2-2014-P-NFL; and BLKSDUP2-2014-P-FLIC/BLKSDUP2-2014-P-NFL are underwritten and issued by Freedom Life Insurance Company of America and National Foundation Life Insurance Company and issued to AIBC. The Blanket Group coverage is available to each individual enrolled member of AIBC who has timely and properly paid their monthly dues to AIBC and who has been identified by AIBC to Freedom Life Insurance Company of America or National Foundation Life Insurance Company (as applicable) as an authorized and enrolled member of AIBC. The Blanket Group Specified Disease/Illness and Accident Insurance is subject to the definitions, terms, conditions, limitations, and exclusions set forth in the master group policy, issued to AIBC, which is summarized and provided in your membership materials and terminates at the end of the policy period of the master group policy issued to AIBC unless renewed by the mutual agreement of AIBC and Freedom Life Insurance Company of America or National Foundation Life Insurance Company. THE COVERAGE UNDER THE BLANKET GROUP SPECIFIED DISEASE/ILLNESS & ACCIDENT INSURANCE POLICIES DOES NOT PROVIDE MAJOR MEDICAL INSURANCE COVERAGE, AND IS NEITHER MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW NOR WORKERS' COMPENSATION INSURANCE UNDER STATE LAW. THESE POLICIES PROVIDE ONLY SPECIFIED DISEASE/ILLNESS AND ACCIDENT-ONLY INSURANCE COVERAGE THAT PAYS IN ADDITION TO ANY OTHER IN-FORCE COVERAGE. IF INSUREDS DO NOT HAVE MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW, AN ADDITIONAL PAYMENT WITH THEIR TAXES MAY BE REQUIRED UNDER FEDERAL LAW.

## **Blanket Group Specified Disease/Illness Insurance & Blanket Group Accident Insurance Mandatory Dispute Resolution**

The Blanket Specified Disease/Illness and Accident plans contain a Mandatory Dispute Resolution Procedures for the prompt, fair, and efficient resolution of a dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, the provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, binding arbitration.

Claims for benefits shall be administered based on the Blanket Group Policies issued to American Independent Business Coalition. A copy of the Blanket Group Policies is available from the association upon request.

For Claim Assistance, contact:

(in AL, AR, AZ, CO, DE, GA, IA, IN, KY, LA, MO, MS, MT, NC,  
NE, OH, OK, PA, SC, TN, TX, UT & WY)

### **National Foundation Life Insurance Company**

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### **Freedom Life Insurance Company of America**

American Independent Business Coalition  
Blanket Coverage Claims Unit

P.O. Box 1719 Fort Worth, TX 76101 **1-800-387-9027**

## **Blanket Group Specified Disease/Illness Limitations At A Glance**

Coverage under the Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Specified Disease/Illness Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition is not covered under the Blanket Group Specified Disease/Illness Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Issue Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- Covered Medical Services Benefits under the Blanket Group Specified Disease/Illness Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Blanket Group Specified Disease/Illness Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Blanket Group Specified Disease/Illness Insurance Policy;
- Any Covered Medical Services payable under the Blanket Group Specified Disease/Illness Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

## Blanket Group Specified Disease/Illness Non-Covered Items at a Glance

Coverage under the Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Specified Disease/Illness Insurance Policy. In addition, the Blanket Group Specified Disease/Illness Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under the Blanket Group Specified Disease/Illness Insurance Policy for any of the following, all of which are excluded from coverage:

- any cost item, charge or expense which does not constitute Covered Expenses;
- any Bodily Injuries suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of the Blanket Group Specified Disease/Illness Insurance Policy;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the sickness or disease occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Insurance Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- Specified Diseases/Illnesses due to any act of war (whether declared or undeclared);
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Specified Disease/Illness, but only if the investigational or experimental drug in question: (a) has been approved by the FDA for at least one indication; and (b) is recognized for treatment of the indication for which the drug is prescribed in: (1) a standard drug reference compendia; or (2) substantially accepted peer-reviewed medical literature. (c) drugs labeled "Caution – limited by Federal law to investigational use";
- any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
- Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
- Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any services Provided by You or a Provider who is a member of an Insured's family;
- any medical condition excluded by name or specific description by either the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under the Blanket Group Specified Disease/Illness Insurance Policy;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);

## Blanket Group Specified Disease/Illness Non-Covered Items At A Glance cont'd

- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- compounded Prescription Drugs;
- level one controlled substances;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States;
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Specified Disease/Illness Insurance Policy; and
- any spinal manipulations.

## Blanket Group Accident Limitations At A Glance

Coverage under the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Accident Only Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition is not covered under the Blanket Group Accident Only Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Effective Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Policy;
- Covered Medical Services Benefits under the Blanket Group Accident Only Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Policy;
- Any Covered Medical Services payable under the Blanket Group Accident Only Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

## Blanket Group Accident Non-Covered Items At A Glance

Coverage under the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Accident Only Insurance Policy. In addition, the Blanket Group Accident Only Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under the Blanket Group Accident Only Insurance Policy for any of the following, all of which are excluded from coverage:

- any cost item, charge or expense which does not constitute Covered Expenses;
- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Accident Only Insurance Policy Issue Date and the Primary Insured Effective Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Accident Only Insurance Policy terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- Bodily Injury due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;

## Blanket Group Accident Non-Covered Items At A Glance, cont'd

- drugs or medication not used for a Food and Drug Administration (“FDA”) approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Bodily Injury, but only if the investigational or experimental drug in question: (a) has been approved by the FDA for at least one indication; and (b) is recognized for treatment of the indication for which the drug is prescribed in: (1) a standard drug reference compendia; or (2) substantially accepted peer-reviewed medical literature. (c) drugs labeled “Caution – limited by Federal law to investigational use”;
- intentionally self-inflicted Bodily Injury, suicide or any suicide attempt while sane or insane;
- Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
- Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy Marine Corps or Air Force Reserves or the National Guard;
- Bodily Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy;
- any loss to which a contributing cause was the Insured’s being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Injury which was caused or contributed by an Insured racing any land or water vehicle;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any services Provided by You or a Provider who is a member of an Insured’s family;
- any medical condition excluded by name or specific description by either the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Accident Only Insurance Policy.

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The association pays fees to certain insurance companies or their affiliates to collect dues in addition to premium. The association has agreed to pay certain member enrollees a fee in exchange for their services.

From time to time the American Independent Business Coalition's board evaluates service and discount proposals from various companies. Services and discounts may be enhanced or reduced based on the board's evaluation. Structure and dues are subject to change based upon the membership size and changes in the services and discounts.

The American Independent Business Coalition continually looks for privileges that maximize your consumer dollars and improve the well being of your business and household. Although the AIBC investigates each of the service providers, it cannot warrant or guarantee their performance. If you have any comments about the providers or their services, please call the toll-free AIBC Membership Services Office @ 1-800-992-8044.

BACC-2012-P-FLIC | BACC-2012-P-NFL  
BLKSDUP2-2014-P-NFL | BLKSDUP2-2014-P-FLIC  
BLKACCUP2-2014-P-NFL | BLKACCUP2-2014-P-FLIC

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