



AMERICAN INDEPENDENT
Business Coalition

**Sapphire Level
Membership Overview**



***Lighting
The Way***

For Small Businesses, Families & Individuals

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An Important Message for Members

Dear Member:

The American Independent Business Coalition serves thousands of small business owners, self-employed individuals, their employees, and families all across America. Whether you own your own small business, are an employee of a small business, or you support the idea of free enterprise, AIBC applauds your entrepreneurial spirit and is committed to helping you keep more of your hard-earned money.

AIBC leverages the collective purchasing power of our Membership to provide a wide range of benefits, discounts, and privileges. The benefits and privileges of AIBC Membership are specially selected to meet the unique needs of our Members.

Benefits for Your Professional Life

For Members who are entrepreneurs and small business owners, AIBC offers important business benefits and resources to help get the job done on time and under budget.

Benefits for Your Personal Life

For Members who are cost-conscious consumers, AIBC provides money-saving discounts on everyday items to help stretch the household budget further.

Benefits for Your Health and Well-Being

For Members who are concerned about their health and well-being, AIBC delivers a wide variety of medical, fitness and therapeutic resources to help every Member look and feel their best.

In addition to large group purchasing power and targeted benefits, AIBC is "Lighting the Way" for its Members to gain access to some of the most flexible, money-saving innovations for health coverage in America. In addition to the blanket coverage for all Members, AIBC offers interested Members access to unique and innovative underwritten insurance plans that may not be available to the general public, such as the:

- Ability to tailor your health coverage, ensuring that you only pay for the coverage you want and need
- Ability to increase the benefits of coverage on certain plans without additional underwriting, even during a claim

AIBC is focused on enhancing three key areas of your life - your career, your personal life and your general health - by removing the financial and knowledge hurdles you face every day. We encourage you to begin using your benefits today, and discover the difference AIBC membership can make for you.

Sincerely,
American Independent Business Coalition



Associations of all types have been a central part of American society since our country began.

"Americans of all ages, all stations in life, and all types of disposition are forever forming associations. There are not only commercial and industrial associations in which all take part, but others of a thousand different types - religious, moral, serious, futile, very general and very limited, immensely large and very minute At the head of any new undertaking, where in France you would find the government or in England some territorial magnate, in the United States you are sure to find an association."

Alexis de Tocqueville
Democracy in America, 1835

Membership available to the residents of the following states: AL, AR, AZ, CO, DE, GA, IA, IL, IN, KY, LA, MO, MI, MS, MT, NC, NE, OH, OK, PA, SC, TN, TX, VA, WI, WV and WY.



AIBC Advocacy

Advocacy for Small Business

As an association, we have joined forces with other small business organizations to represent you and the interests of small-business owners, the self-employed and their employees in Washington, D.C. Our top priority is increasing the voice of American business owners and their employees. We believe frank communication on a regular basis with congressional leaders helps to promote legislation targeted toward job creation, fairness in the tax code and fostering an environment which allows American small businesses to prosper. We are striving for our members to have an additional seat at the table.

Customized Web Services

Website Design and Maintenance

NAC Web Services provides the advantage of Website development and maintenance. NAC Web Services boasts an experienced staff of programmers and graphic designers ready to work for you. All of the latest programming capabilities—including HTML, ASP.NET, Flash, XML, and database connectivity—are available to you as an association member. Our designs are crisp and clean, blended with creativity, and custom-built to your Website specifications. We can also host your website with our own AxisConnect web hosting service.



With an Internet Website by NAC Web Services, your company can enjoy growth potential which is virtually limitless! **Members receive a 20% discount** on the following services:

- Custom Web Design
- Evaluation and Re-Design of Current Sites
- Website Hosting
- Consulting on Viability of Internet Projects
- Internet Marketing

Employee Talk

Answers to Employment Questions

Get reliable answers to your pressing business and human resource questions. Employee Talk consultants will answer your questions via email by the next business day. The members-only Employee Talk page on the AIBC website features video guidance from experts, answers to frequently asked questions, and additional helpful links for your small business employment issues.



Finance Talk



Expert Financial Advice

Should you lease your next car or should you buy it? Should you pay off your mortgage or invest in mutual funds? Are you saving enough for retirement? These are only a few of the many finance questions that you must answer every day. With AIBC's Finance Talk, you are no longer alone in finding the answers. AIBC provides access to a team of experienced finance professionals to help you with any finance question you might have. Simply submit your confidential question and receive a personal and specific answer by the next business day.

HRA 105

Health Reimbursement Arrangement for the Self-Employed With Only One Employee

The average married, self-employed sole proprietor with no employees, but whose spouse works in your business can **save over \$3,000** in taxes by having a Health Reimbursement Arrangement under §105 of the Internal Revenue Service Code (HRA 105).*

If you are self-employed, married, your spouse works in your business, and you have no other employees, you may already qualify for an HRA 105 if you pay for any of the following medical-related expenses:

- Essential Health Benefits Plan
- Excepted Benefit Health Plan premiums
- Over the counter medications
- Eyeglasses
- Reimbursement of Deductibles and Copayments
- Reimbursement of the following items not covered by your insurance:
 - › Chiropractic care, Podiatrist care, Dental care, Prescriptions, Eye exams and other vision care, Physician Office visits, Diagnostic Screenings, Lab and Tests, Acupuncture

The HRA 105 benefit provides the married self-employed business owner **the ability to deduct 100% of their family's health insurance premiums as well as 100% of their non-insured medical expenses** from state, federal and self-employment taxes. The AIBC HRA 105 is easy to adopt, provides maximum flexibility for your business, and can help you save thousands of dollars starting right now.

If you are a married, self-employed business owner, how much could your family save with an HRA 105 plan?

	Standard Deduction	105/HRA Deduction
Health Insurance Premiums:	\$4,800.00	\$4,800.00
Out-of-Pocket Expense:	\$0.00*	\$7,500.00
Total Deduction:	\$4,800.00	\$12,300.00
Federal Tax Savings:	\$720.00	\$1,845.00
State Tax Savings:	\$0.00	\$0.00
Self-Employment Tax Savings: (Social Security & Medicare)	\$0.00	\$1,881.90
Total Tax Savings:	\$720.00	\$3,726.90
Additional HRA Tax Savings:	\$0.00	\$3,006.90
Monthly Premium:		\$400.00
Total Tax Savings Per Month Including HRA Deduction:		\$310.58
Monthly Premium After Tax Savings:		\$89.42
Above Example Assumes:		
Annual Health Insurance Premium Costs:		\$4,800.00
Annual Out-of-Pocket Medical Costs (excluding Premium):		\$7,500.00
Federal Tax Rate:		15%
State Tax Rate:		0%
Self-Employment Tax Rate:		15.3%
* Must exceed 10% AGI. Values are estimates only, your results may vary		

AIBC makes starting an HRA 105 plan easy for our sole proprietor members. The set of HRA plan documents available on the AIBC website is specifically designed for only a married sole proprietor with no employees, but whose spouse performs some services for the business.* This set of documents should not be used by any employer with more than one employee. If you still have questions or need additional clarification, CPAs will answer your HRA 105 questions by email within the next business day.

*New federal regulations limit the use of HRA §105 plans to an employer with only one employee, unless the employer (i) offers a coverage under a group health plan that provides “minimum essential coverage” under the Affordable Care Act (“ACA”) to all employees within the affordability standards of the ACA, or (ii) the HRA plan itself provides at the employer’s expense “minimum essential coverage” under the ACA. The set of HRA documents available on the AIBC website was not designed or intended for use by any employer with more than one employee, and should not be used for such purposes by any employer with more than one employee. If you are an employer with more than one employee, you are strongly urged to seek advice from your CPA or attorney before considering adopting any HRA plan for your employees because of the limitations of these new federal regulations.

The set of HRA plan documents available on the AIBC website is specifically designed for a married sole proprietor with no employees, but whose spouse performs some services for the business. This set of documents should not be used by any employer with more than one employee.

Hewlett-Packard Computer and Digital Equipment

Business Equipment

Hewlett-Packard, a worldwide leader in computers and other digital hardware, has the right solution for your business or home office. As a member, you receive discounts on HP notebooks, laptops, desktops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.

Discount levels vary based on product—generally from 3%-10% off. Monthly promotions are available such as free shipping on discounted printing supplies, rebates and other value-added member benefits.



Integrated Communications - Comcast Business Class



Telecomm Services

Keep on top of telecomm costs with a free plan audit. Comcast Business Class offers Internet, Ethernet, Voice and TV for businesses. Services are delivered over a diverse, private network – the nation's leading alternative to the phone company. With Internet speeds up to 66 times faster than standard DSL and T1 and Ethernet that provides carrier-grade data and Internet services, at speeds up to 10 GBPS, businesses will find the right solution.

Business Class Voice offers a variety of options like voice lines and PRI trunks. And Business Class TV will keep customers entertained. Customers also value the 24/7 business class support.

Also, check out these other program offerings:

- Managed IP (hosted VoIP solution for businesses near the end of their phone contracts or with multiple locations). With ManagedIP, there are no expensive installation or upfront fees – just a bundled program with tons of features (i.e., remote office, call alert/history, call rejection/forwarding, simultaneous ring, messaging and custom greetings, etc.) under one easy monthly bill.
- Teleconferencing multiple plans (\$.05/min. with a 24/7 personal dial-in conference facility, integrated with your email/calendar planner, billing management, call recording and in-call control, pay-as-you go, easy set-up via a simple website or your BlackBerry® Smartphone or Windows Mobile. Dial in from any phone.)
- Local/long-distance T-1, DSL, etc.

Tax Talk

Answers to Tax Questions

From Schedule C to Form 941, AIBC Tax Talk consultants can answer your tax questions quickly, so you can get on with building your business. All questions are answered by a Certified Public Accountant via email by the next business day. AIBC provides access to CPAs and tax professionals 24 hours a day, 7 days a week to answer your specific tax questions. You may have questions about auto deductions, the home office deduction or how to calculate depreciation. You may have questions about which entity form to choose, filing requirements and estimated taxes. If you have a tax question, you can find your answer here. Simply submit your confidential question and receive a personal and specific answer by the next business day.



UPS Discount

Delivery Services

Flat Rate Discounts on Shipping. UPS took the guesswork out, and put the easy in.

Get the flexibility you need to capture the full benefit of growth opportunities: UPS' logistics expertise and tools can help optimize your supply chain and let you react quickly to shifting market needs.

American Independent Business Coalition members now have access to new and improved flat rate pricing - no matter how much you ship, when you ship, or where it's going.

UPS Service	Member Discount
Domestic	
UPS Next Day Air Early®	10%
UPS Domestic Next Day/Deferred	50%
UPS Ground Commercial/Residential	30%
UPS Freight®	Begin at 75% (shipments over 150lbs.)
In addition, members can take advantage of UPS Smart Pickup® service for free.	
International	
Exports	50%
Imports	40%
Canada Standard	25%

1-800-Flowers Discount

Gifts & Flower Arrangements

As an association member, you can save 15%* when you order flowers and/or gifts from 1800Flowers.com, one of America's top providers of floral and specialty gifts.

You'll enjoy top-quality customer service with same-day delivery on many items. 1800Flowers.com and its gourmet food brand, 1800baskets.com, offers a wide range of gifts: flowers, plants, plush toys, and balloons, plus gourmet food, gift baskets, cookies, brownies, popcorn, fruit, wine and spa products. Whether for Get Well, New Baby, Just Because or Bereavement, 1800flowers.com has the right give for the right occasion.

*Prices & Discounts are exclusive of applicable service and shipping charges and taxes. Items may vary and are subject to availability, delivery rules and times. Offers available online and by phone. Offers cannot be combined, are not available on all products and are subject to restrictions, limitations and blackout periods. Prices and charges are subject to change without notice. Void where prohibited. © 2011 1800FLOWERS.COM, INC



Safelite® AutoGlass

Vehicle Windshield Repair & Replacement

Association members can save \$10 on rock chip repair or \$20 on glass replacement orders through Safelite AutoGlass.

Safelite has more than 70 years of experience providing windshield and auto glass service to 6 million customers each year. Not only do they have certified technicians who can get the job done quickly, their auto glass service uses innovative technology and is built for your convenience.



HoptheShops.com

Online Shopping Mall

Through a special arrangement with eGroupManager, you have preferred customer access to HopTheShops.com, a premium online shopping mall. HopTheShops.com includes more than 150 stores.

Find high quality items at low prices for the best deals in America. Each vendor in the mall has been scrutinized carefully. HopTheShops.com offers the best value on quality items coupled with excellent customer service.

Why Are Prices Lower On The Internet?

Internet merchants do not have the costs of maintaining a brick and mortar storefront. They also sell in large volume. This large volume, coupled with the lower overhead, results in savings for you.

Preferred Member Program:

By signing up with HopTheShops.com, you will receive access to special features that are for members only. HopTheShops.com will provide you with a "Members Only" newsletter, as well as special offers and discounts from their vendors (beyond the discounts already offered).

Shop for:

- Sporting Goods
- Home & Garden
- Travel, Health & Beauty Products
- Pet Supplies
- Books
- Automobiles
- Savings & Coupons
- Art
- Office Equipment & Services
- Cards & Gifts
- Toys
- Learning Tools/Education
- Computers & Electronics
- Fashion
- Music & Entertainment
- Food & Wine
- Liquor & Cigars

Whether you are looking for a laptop or a new car, you can comparison shop and actually view the items before buying. All of the vendors offer secure sites, prompt delivery service, and full customer satisfaction guarantees.



LifeLock Identity Theft Protection

Personal Identity Theft Protection

You could miss certain identity threats by just monitoring your credit. We will see more, like if your personal information is sold on the dark web. And if there's a problem, we'll work to fix it. Get 30 Days Free and 10% off your first year of LifeLock identity theft protection.*

**Terms Apply*



Roadside Assistance

24 Hour Emergency Roadside Assistance

The Roadside Assistance Benefit is provided by Roadside Protect Motor Club. Whenever you need roadside assistance for your vehicle, call our toll-free number at 1-888-633-2414 twenty-four (24) hours a day to request dispatch service and the Roadside Assistance Administrator will arrange to send help to your disabled vehicle from a participating facility.

All expenses covered under the Roadside Protect Program are limited to Fifty Dollars (\$50.00) for any single claim and one claim per continuous 7 day period. Any additional expenses beyond this limit will be your responsibility to pay to the Roadside Contractor.



AIBC Scholarships

Educational Scholarships Program

The *America's Next Business Leaders Scholarship Program* will provide scholarships for the eligible children and grandchildren of AIBC members. More details about the scholarship program will be summarized annually in the newsletter and on the AIBC website.



SafetyNet Child ID Card Services



Child Identification Services

You can't be with your children all the time – especially when they go to school – but you can provide additional protection for those times when they're not with you.

By registering your children with SafetyNet Child ID Card Services, authorities will be able to provide faster, more complete help to your child should he/she be missing or abducted. For each child you register, you'll receive two wallet-sized cards showing the child's photo and vital statistics, including identifying marks and special medical needs. The card also provides instructions for parents on how to quickly notify authorities if an abduction occurs.

Best of all, **registration of your first two children is FREE** as part of your Association membership. Registration of additional children is available for a nominal fee.

Saving Benefit Perks Program

Discounts and Exclusive Perks

Saving Benefit Perks Program provides association members with exclusive perks and over \$4,500 in savings on everything from pizza and the zoo, to movie tickets, oil changes, hotels, and car rentals!

And, with over 102,000 available discounts across 10,000 cities in the United States and Canada, you'll never be far from savings!



4 Tips To Get You Started

- 1. Easy Mobile Access:** Drop an app icon on your phone or download our iPhone app
- 2. Perks 101 Support:** Register for the next perks webinar and watch our "How To" videos
- 3. Monthly Emails:** Subscribe to our newsletters and be the first to know about new discounts and giveaways
- 4. Connect:** Share your savings stories and ideas with us at [Facebook.com/Abenity](https://www.facebook.com/Abenity) and [Twitter.com/Abenity](https://www.twitter.com/Abenity) using #LifeHasPerks



Nearby Offers
Use our show & save mobile coupons to quickly access savings on the go.



Mobile Access
Save an app icon to your phone's home screen for quick access to discounts.



Monthly Giveaways
Win cash, movie tickets, electronics and more with our monthly contests.

Abenity.

24-Hour Nurse Helpline Plan

Nurse Advice

The 24-Hour Nurse Helpline is designed to help members become more informed about their healthcare. The Nurse Helpline is a 24/7 confidential telephone service that allows members to ask questions and receive information about their health, illnesses and medications. There is no cost to use the Helpline.

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment.

The benefits include:

- **Toll-free, confidential availability to registered nurses 24 hours a day.**
- **Explanations on what to expect during medical tests**

Help from a registered nurse who can answer questions regarding:

- **Diagnostic and surgical procedures**
- **Recently diagnosed medical conditions**
- **Prescription and over the counter medication information**

This is not insurance.



Association Hearing Services

Discounted Quality Hearing Aids and Accessories

Association Hearing Services is a nationwide plan that offers its members premium, name brand hearing aids at huge savings on a no-risk, 100% satisfaction guaranteed basis.

The professional, licensed staff are happy to discuss your hearing needs and provide recommendations for the best solution to your hearing problems. If you already have results from a hearing test, you can either email, fax, or send the information to the Hearing Service. Or you can take a free online hearing test yourself by visiting the website at www.easyhearing.com. The hearing instruments offered through this mail-order plan typically save a member between 50% to 60% off the prices of most local audiology clinics or dispensing offices. Association Hearing Services has over 45 years of experience and hundreds of thousands of satisfied clients.



Blanket Insurance Coverage Benefits - 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 and WY), Freedom Life Insurance Company of America (in IL, MI, VA and WV), and Enterprise Life Insurance Company (in WI). This coverage is not available to members who are residents of any other states. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the blanket policy.

Benefits*	Sapphire
Lifetime Policy Maximum Benefit per Membership	\$50,000

Accidental Death & Dismemberment (AD&D) Benefits	Sapphire
Accidental Death & Dismemberment (AD&D) Maximum Benefits* Primary Member	\$20,000
Spouse of Primary Member (if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the association)	\$10,000
Eligible Dependent Children of Primary Member** (if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the association)	\$5,000 per child

LOSS

Percentage of Maximum Benefit

Loss of Life.....	100%	Loss of Hearing <i>(both ears)</i>	50%
Loss of two or more Limbs.....	100%	Loss of Sight <i>(one eye)</i>	50%
Loss of Speech and Loss of Hearing <i>(both ears)</i> .	100%	Loss of one Hand	50%
Loss of Sight <i>(both eyes)</i>	100%	Loss of one Foot	50%
Loss of one Limb	50%	Loss of Hearing <i>(one ear)</i>	25%
Loss of Speech.....	50%	Loss of Thumb and Index Finger <i>(same hand)</i>	25%

Excess Medical Expense Coverage Benefit	Sapphire
Benefit per accident per Covered Member	\$3,000
Deductible per accident per Covered Member	\$300

*The Maximum Benefit reduces by fifty percent (50%) at age sixty-five (65).

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

Coverage is subject to the definitions, terms, limitations, and exclusions as contracted in the Blanket Group Policy forms BACC-2012-P-FLIC/BACC-2012-P-NFL/BACC-2012-P-ELIC.

AIBC Health & Well-Being Benefits

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 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 & 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)

Enterprise Life Insurance Company

American Independent Business Coalition
Blanket Coverage Claims Unit

P.O. Box 1719 Fort Worth, TX 76101 **1-800-606-4482**

(in WI)

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 as shown on the preceding page;
- The AD&D Maximum Benefit for the Primary Insured is as shown on the preceding page;
- The AD&D Maximum Benefit for the Spouse of Primary Insured is as shown on the preceding page;
- The AD&D Maximum Benefit for the Children of Primary Insured is as shown on the preceding page;
- 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 thereof, 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 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 & Accident Insurance

Blanket Group Specified Disease/Illness & 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 and WY), Freedom Life Insurance Company of America (in IL, MI, VA and WV), and Enterprise Life Insurance Company (in WI). This coverage is not available to members who are residents of any other states. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the Blanket Group Policy.

AIBC Blanket Group Specified Disease/Illness Insurance Benefits & Blanket Group Accident Insurance Benefits			
Specified Disease/Illness Plan	Accident Plan	Benefit Description	Sapphire
✓	✓	Hospital Room & Board Expenses Incurred	
		Daily Max Up To 30 days	\$300
✓	✓	Elimination Period	1 day
✓	✓	Lifetime Policy Maximum Per Insured	\$1,000,000

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). A Full-Time Student means an individual, under the age of twenty-four (24), who is enrolled in at least twelve (12) credit hours per semester at an accredited college or university.*

The Blanket Group Specified Disease/Illness & Accident Insurance forms BLKACCUP2-2014-P-FLIC/BLKACCUP2-2014-P-NFL/BLKACCUP2-2014-P-ELIC; and BLKSDUP2-2014-P-FLIC/BLKSDUP2-2014-P-NFL/BLKSDUP2-2014-P-ELIC are underwritten and issued by Freedom Life Insurance Company of America, National Foundation Life Insurance Company, and Enterprise 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, National Foundation Life Insurance Company, or Enterprise Life Insurance Company (as applicable) as an authorized and enrolled member of AIBC. The Blanket Group Specified Disease/Illness & 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, National Foundation Life Insurance Company, or Enterprise 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 INSURED DO NOT HAVE MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW, AN ADDITIONAL PAYMENT WITH THEIR TAXES MAY BE REQUIRED UNDER FEDERAL LAW.

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.

AIBC Health & Well-Being Benefits

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 & WY)

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 IL, MI, VA & WV)

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 WI)

Enterprise Life Insurance Company

American Independent Business Coalition
Blanket Coverage Claims Unit
P.O. Box 1719 Fort Worth, TX 76101 **1-800-606-4482**

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.

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, except for Medicaid;
- 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;

AIBC Health & Well-Being Benefits

Specified Disease/Illness 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 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 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);
- 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.

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.

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 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;
- 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, except for Medicaid;
- 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;
- 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;

Accident Non-Covered Items At A Glance cont'd

- 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 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 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 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.



Clever RX

Never overpay for prescriptions again!

Download the FREE Clever RX App. From your app store search “Clever RX” and hit download.

Find where you can save on your medication. Using your zip code, when you search for your medication, Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you are currently paying.

Gateway Emergency Personal Health History Medicaid

Medical Identification Cards

In an emergency, getting vital health information to medical personnel quickly could be critical. Your Gateway Medicaid keeps your personal medical profile handy at all times. Carry it with you at work, on vacation, or just walking in your neighborhood.

As a member, you may order one free medical card per account each year. It’s important to review your card annually to ensure your data is current. You may also order cards for your spouse, children, and other family members for only \$5 each. Similar cards cost \$8 to \$20 from other sources.



Vitamins and Nutritional Supplements



Mail Order Vitamins

There are many positive health benefits that can result from a daily regimen of vitamin supplements. Many people consider a vitamin and mineral supplement program to be an important part of their overall health strategy. Our members can save an additional 20% on a wide range of Swanson brand vitamins and mineral supplements online.

Product	Avg. Price	You Pay**	Your Savings	% Saved
Vitamin B12	\$11.99	\$5.19	\$6.80	57%
Vitamin D	\$7.49	\$2.71	\$4.78	64%
Omega 3 - Fatty Acids	\$13.99	\$5.43	\$8.56	61%
Tumeric	\$9.99	\$3.99	\$6.00	60%
Calcium Citrate	\$7.49	\$2.95	\$4.54	61%

**These are examples only. Sample Pricing with the additional 20% discount.

Only one promotional code can be used per order. Additional 20% discount available on Swanson brands only. Free shipping on orders over \$50.

Individual Vision Plans

Immediate Savings on Unlimited Glasses

This exclusive Individual Savings Pass may be the perfect fit for your eye wear needs.

With Individual Savings Pass, you'll enjoy discounts and savings on your eye exam, glasses, sunglasses, and lens enhancements for 12 full months. Enroll today and get \$10 off the pass price.

See what \$59 \$49 can get you

- Personalized care from a VSP® network doctor
- Unlimited discounts on glasses/sunglasses for 12 full months
- Hundreds of stylish name brand frames to choose from
- Enroll today and start saving the next business day



THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is on the website. A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5, AR and TN residents will be refunded processing fee). Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800.441.0380.

This plan is not available in Vermont or Washington.

MDLIVE

Your anytime, anywhere doctor's office.

Now visiting the doctor is easier than ever. Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video or MDLIVE App.

Doctors are available 24/7, and family members are also eligible.



How much does it cost?

- Pay \$0 Out of Pocket for Medical consultations.
- 3 FREE Talk Therapy consultations per person, per calendar year and then \$90 per hour.
- Dermatology consultations are \$59 per video consult.

Skip the Waiting Room

Speak to a Doctor 24/7, Anytime, Anywhere.

Feel Better Fast

MDLIVE Doctors can send prescriptions right to your nearest pharmacy.

Great Doctors, Great Results

U.S. Board Certified doctors & pediatricians with an average 15 years of experience.

How it works:

1 Activate
your
Account

2 Choose
your
Doctor

3 Get the
Care you
Need

Common conditions treated:

General Health

- Common cold / Flu
- Cough
- Fever
- Insect bites
- Allergies
- Diarrhea
- Nausea / Vomiting
- Pink eye
- Sore throat
- Constipation
- Ear problems
- Headache

Behavioral Health

- Addictions
- Stress
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- Life changes
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Trauma and PTSD

Dermatology

- Acne
- Rashes
- Eczema
- Rosacea
- Psoriasis
- Alopecia
- Cold Sores
- Inflamed or enlarged hair follicles
- Warts and other abnormal bumps
- Suspicious spots and moles



Consultations per member/per calendar year	1	2	3	4	5 or more
Medical*	\$0	\$0	\$0	\$0	\$0
Behavioral**	\$0	\$0	\$0	\$90	\$90
Dermatology***	\$59	\$59	\$59	\$59	\$59

* \$0 Out of Pocket per calendar year

**Three free per person, per calendar year then \$90 per hour

***\$59 per video consultation

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The following services are offered to each Member by MDLIVE:

Physician Consultations for Non-Emergency Medical Conditions

The MDLIVE services available to members include MDLIVE's telephone, mobile app and web based medical consultations for non-emergency medical conditions. This allows members 24/7 access to physicians licensed in their state in the MDLIVE network. Members have the option to consult these physicians via telephone, mobile app or desktop/laptop computer. MDLIVE provides Members with this optional healthcare solution for those times when it may not be convenient or even possible to schedule an appointment with their doctor's office.



- There is no limit on the number of telephone or online medical consultations that members may receive during the calendar year and each medical consultation is provided as a benefit of membership in the Association without any requirement that the Member make a fee or a co-payment to the physician.
- The MDLIVE's network of physicians will prescribe applicable medicine for the member's with certain non-emergency medical conditions when deemed medically necessary.
- See the Association's website for more details on the MDLIVE medical consultation services.

Behavioral Health Consultations for Non-Emergency Behavioral Health Conditions

The MDLIVE services include up to 3 FREE telephone/online visits per member per calendar year applicable Behavioral Health counseling/therapy specialists for conditions such as stress, depression, grief and alcohol use/abuse, addictions, and other behavioral health issues and disorders.

- After the first 3 consultations in a calendar year, the MDLIVE Behavioral Health Consultations services include a \$90 per hour/per person/per calendar year expense.
- See the Association's website for more details on the MDLIVE Behavioral Health consultation services.

Dermatology Consultations for Non-Emergency Dermatology Conditions

The MDLIVE services include Member access to telephone/online Dermatology Consultations.

- The Dermatology Consultations are \$59 per person, per video consult with board-certified dermatologists for dermatology conditions such as acne, rash, eczema, rosacea, psoriasis, cold sores and many other skin conditions.
- See the Association's website for more details on the MDLIVE Dermatology consultation services.

Travel Assistance Plan

Medical Emergency Travel Assistance

As a member, you receive the following benefits through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent place of Residence, and the trip duration is ninety (90) consecutive days or less if an accidental injury or sickness commences during the course of the covered trip. The following is a summary description only of the program's services. If you have any questions, please call the customer service number provided with your benefit information.



- **Emergency evacuation.** If a Participant incurs an accidental injury or sickness and adequate medical facilities are not available locally, the assistance company will assist, if needed, in arranging an emergency medical evacuation (under medical supervision if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Covered expenses include transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation. All transportation arrangements made for the emergency evacuation must be made by the most direct and economical route possible.*
- **Medically necessary repatriation.** After initial treatment and stabilization for an accidental injury or sickness suffered by the Participant, if the attending physician deems it medically necessary, the assistance company will arrange transport for the Participant back to his or her permanent place of residence for further medical treatment or to recover. Covered expenses include transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation. All transportation cost made for repatriation must be by the most direct and economical route possible.*
- **Emergency Evacuation and Medically Necessary Repatriation Total combined Limit Up to USD \$100,000.***
- **Transportation of mortal remains.** In the event of the death of a Participant, the assistance company will assist in making arrangements providing for the return of mortal remains. Covered expenses are the following: locating a sending funeral home, transportation of the body from the site of death to the sending funeral home; preparation of the remains for either burial or cremation; transportation of the remains from the funeral home to the airport; providing the minimum necessary casket or air tray for transport; consular services (in case of death overseas); procuring death certificate; transport of the remains from the airport to the receiving funeral home. Once the Participant's body has been delivered to the receiving funeral home, this coverage ends. Up to USD \$20,000.*
- **Transportation of Traveling Companion.** In the event a Participant requires emergency medical evacuation by air ambulance or repatriation by commercial airlines. Air transport of the Participant's spouse or other family member or traveling companion will be provided so that person may accompany the insured in flight, subject to space availability, giving priority to medical equipment and medical personnel aboard and for the welfare and safety of the Participant receiving services. All services in connection with transportation of traveling companion must be preapproved and arranged by the assistance company. Up to USD \$5,000.*
- **Family Visitation.** When a member is traveling alone and is hospitalized for more than seven (7) consecutive days, the Assistance company will arrange transportation to the place of hospitalization for a chosen person by the insured, provided repatriation is not imminent. Covered expenses include the cost of the most direct economy round trip common carrier ticket to the place of hospitalization. Up to USD \$5,000.*
- **Transportation of Dependent Children.** When dependent children, traveling on a covered trip with the Participant, are left unattended as the result of a Participant's injury or sickness, the assistance company will arrange to transport such minors to the domicile of a person nominated by the Participant or next of kin. Covered expenses include a one way common carrier economy ticket by the most direct route. Attendants will be provided if necessary. Up to USD \$5,000.*
- **Vehicle Return.** In the event a Participant should suffer from a certified illness, injury or death which requires emergency medical evacuation/medical necessary repatriation or transportation of mortal remains and the Participant is thereby unable to drive his/her vehicle, this assistance will provide vehicle return service for ground vehicles such as cars, trucks, vans, travel trailers or motor homes, operated by the Participant, to the Participant's permanent residence. This benefit will pay the cost, up to USD 1,000 for fuel, oil, driver and tolls to affect such return. The insured will bear the cost of any repair due to mechanical breakdown, en route, as well as cost for food and accommodations. The vehicle must be in condition capable of being safely operated on the highway. All services in connection with vehicle return must be preapproved and arranged by the assistance company. All coverage's apply only when the Participant is traveling more than 100 miles from the Participant's permanent place of residence and the trip is 90 consecutive days or less. Covered expenses

are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with the coverage's listed above. All transportation arrangements.*

- **24-hour Information Service.** Should the Participant need information before and/or during travel he/she may call the Assistance Provider 24 hours a day to obtain help. The multilingual staff is prepared to assist and coordinate the management of a wide variety of travel related situations. Services include but are not limited to information on required documents, immunization requirements, State Department Travel Advisory warnings on travel to certain locations, weather and hazard information about foreign locations, suggested medical exams or treatment before departure and medical care en route.*
- **Medical Monitoring.** Should the participant need to be medically monitored, the Assistance Provider will monitor the case, while liaising with the participant, the local attending physician, the family physician and the medical director of the transportation company.*
- **Medical Referral.** Should the Participant need help locating a Physician or Hospital, the Assistance Provider will provide referrals to a local prequalified Physician and/or Hospital.*
- **Guarantee of Medical Expenses.** Should the Participant need help for overseas medical payments the Assistance Provider will assist in the arrangement of payment or guarantee of payment to Medical Providers. Subject to the quality of the Participant's confirmed personal credit.*
- **Insurance Coordination.** Should the Participant need help for overseas medical claims, the Assistance Provider will assist him/her in coordinating the claims procedure with the Participant's insurance program.*
- **Lost Documentation Service.** Should the Participant need help to replace lost or stolen travel documents (i.e., passport, baggage, tickets, credit cards, etc.), the Assistance Provider will advise and assist where possible regarding their replacement.*
- **Legal Assistance.** Should the Participant need help arranging local attorneys, embassies and consulates, arranging bail, or coordination of payment for legal services the Assistance Provider will provide referrals and payments, from available resources of the Participant.*
- **Emergency Delivery of Prescription Items.** Should the Participant need prescription medication or lenses not available locally, the Assistance Provider will organize the delivery of the prescribed item to the Participant upon written authorization from the prescribing physician when possible and legally permissible.*

- **Emergency Cash Transfer and Advances.** Should the Participant need cash as a result of loss or theft, the Assistance Provider will arrange for emergency cash transfers and advances through additional sources, including hotels, banks, Consulates and Western Union, up to a limit of \$500 per transaction. All transactions are subject to any government regulation and to the availability of the Participant's confirmed personal credit.*

- **Language Assistance.** Should the Participant need help communicating in a foreign country, the Assistance Provider will provide telephone interpretation.*

Limitations and Exclusions:

The following conditions represent coverage exclusions:

- Suicide or attempted suicide;
- Intentionally self-inflicted injuries;
- War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- Participation in any military maneuver or training exercise;
- Mental or emotional disorders, unless hospitalized;
- Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- Commission or the attempt to commit a criminal act;
- Participation as a professional in athletics;
- Pregnancy and childbirth (except for complications of pregnancy);
- Travel undertaken for the specific purpose of securing medical treatment; and
- Bodily Injury or Sickness which can be treated locally and does not prevent the Insured from continuing his or her journey or from returning home.

*This benefit is subject to the Terms & Conditions of the Travel Assistance program administered by T.A. Group, Acquisition, LLC. The descriptions, caps, limitations, exclusions, and notes contained herein shall constitute the Terms & Conditions." To view the full Terms and Conditions of the program, visit www.travel-assist-terms-and-conditions.com.

This is not Insurance. This Benefit is NOT Available to residents of Florida, Connecticut or New York.

Notes:

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 @ 1-833-418-0968.

**American Independent Business Coalition
Membership Services Inquiries & Claims:**

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369 S. Arizona Ave., Suite A • Chandler, AZ 85225

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