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

For Your Personal Life

Identity Theft Insurance - AIBC Members are protected with up to $2,500 Identity Fraud Expense Coverage.

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 and AIBC Scholarships

For Your Health & Well-Being

Blanket Excess Medical Expense and Accidental Death and Dismemberment (AD&D) Coverage - $1,000 in Excess Medical Expense Coverage for a covered accident, after a $100 deductible per accident, per Member. Accidental Death and Dismemberment – Coverage up to $5,000 for the Primary Insured, $2,500 for the Spouse and $1,250 for each child included in Member enrollment form.

Blanket Group Sickness Insurance Plan and Blanket Group Accident Insurance Plan - AIBC Members are covered based on expenses incurred, up to $100/day with a Hospital Room & Board Benefit in the Blanket Group Sickness Plan and up to $100/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.

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 Gateway Emergency Personal Health History Medicard and Weider® Discount

For ALL Pearl Benefits - $3,438 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 thirty (30) days 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, MS, NE, OH, OK, PA, SC, TN, TX and WY. (Freedom Life Insurance Company of America in FL, 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/under insured motorist coverage, personal injury protection coverage under any automobile policy, major medical insurance, hospital/medical surgical insurance, other indemnity 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, MS, 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 FL, 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 or any applicable Certificate, Benefits and coverage are limited as follows:

- Coverage for AD&D and Excess Medical Expenses commences on the Primary Insured Effective Date for each Primary Insured;
- The Lifetime Certificate Maximum Benefit is $5,000;
- The AD&D Maximum Benefit for the Primary Insured is $5,000;
- The AD&D Maximum Benefit for the Spouse of Primary Insured is $2,500;
- The AD&D Maximum Benefit for the Children of Primary Insured is $1,250;
- 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 insurance, health coverage under an HMO or PPO plan);
- a scheduled Benefit under Accidental Death & Dismemberment Coverage or an expense under Excess Medical Expense Coverage that exceeds the amount of the Lifetime 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 Sickness Insurance & Blanket Group Accident Insurance

Blanket Group Sickness 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 ninety (90) days 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 Freedom Life Insurance Company in: AL, AR, AZ, CO, DE, GA, IA, IN, KY, LA, MS, NE, OH, OK, PA, SC, TN, TX and WY and Freedom Life Insurance Company of America in FL, 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 - 50% of expenses incurred for an Inherited Metabolic Disorder, Up To $5,000 and a 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 Sickness and Accident Insurance forms BLKACCUP2-2014-P-FLIC/BLKACCUP2-2014-P-NFL; BLKACCUP2-2014-AE-FLIC/BLKACCUP2-2014-AE-NFL; BLKSDUP2-2014-P-FLIC/BLKSDUP2-2014-P-NFL; and BLKSDUP2-2014-AE-FLIC/BLKSDUP2-2014-AE-NFL are underwritten and issued by Freedom Life Insurance Company of America and National Foundation Life Insurance Company and issued to AIBC. This 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 Sickness 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 SICKNESS & 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 Sickness Insurance & Blanket Group Accident Insurance Mandatory Dispute Resolution

The Blanket Sickness 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:

American Independent Business Coalition
Blanket Coverage Claims Unit
P.O. Box 549 Fort Worth, TX 76101 1-800-221-9039

Blanket Sickness Limitations At A Glance

Coverage under this 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 this 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 this 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 this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;
- Covered Medical Services Benefits under this 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 this 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 this Blanket Group Specified Disease/Illness Insurance Policy; and
- Any Covered Medical Services payable under this 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.
Coverage under this 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 this Blanket Group Specified Disease/Illness Insurance Policy. In addition, this 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 under this 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 this 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 this 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 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 condition excluded by name or specific description by either this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;
- any substance or drug which is not categorized as a covered benefit under the definitions of the Policy;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of obesity or related conditions;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of any operation or therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies 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 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 treatment of any act of war (whether declared or undeclared);
- any treatment, care, procedures, services or supplies for treatment of any diseased excluded by name or specific description by either this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;
- any treatment, care, procedures, services or supplies for treatment of any Bodily Injuries suffered by an Insured;
- any treatment, care, procedures, services or supplies for treatment of any voluntarily inflicted injury;
- any treatment, care, procedures, services or supplies for treatment of any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
- any treatment, care, procedures, services or supplies for treatment of any condition that is not a Specified Disease/Illness;
Insurance Policy for any of the following, all of which are excluded from coverage:

- 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;

Accident Limitations At A Glance

Coverage under this Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this 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 this 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 this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Policy;
- Covered Medical & Surgical Services Benefits under this 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; and
- Any Covered Medical & Surgical Services payable under this 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.

Accident Non-Covered Items At A Glance

Coverage under this Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Accident Only Insurance Policy. In addition, this 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 under this 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 this 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 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;
- 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.
- 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 Reserve 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 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 this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this 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.

Any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Specified Disease/Illness Insurance Policy.

Any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Specified Disease/Illness Insurance Policy.
Accident Non-Covered Items At A Glance cont’d

- 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 this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this 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 this Blanket Group Accident Only Insurance Policy.
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.

American Independent Business Coalition
P. O. Box 20097 • #20 Bellrock Plaza • Sedona, AZ 86331
Membership Services • 16476 Wild Horse Creek Rd. • Chesterfield, MO 63017
800-992-8044 • www.aibcoalition.com
The 2015 Pearl Membership Overview has had the following definition added to the Blanket Group Sickness Insurance as follows:

**Blanket Group Sickness Insurance**

Definition of Specified Disease:

Specified Disease/Illness means each of the specifically enumerated sicknesses set forth in Section VIII. A. of the Blanket Group Specified Disease/Illness Insurance Policy entitled SPECIFIED DISEASES/ILLNESSES suffered by an Insured, which in each instance first Manifests itself thirty (30) days after the Issue Date shown on the Blanket Group Policy Schedule and while coverage under this Blanket Group Specified Disease/Illness Insurance Policy for such Insured for Covered Medical & Surgical Services Benefits is in force and effect.