

# SECURE ACCESS

ASSOCIATION MEMBERSHIP

## DEPENDABLE

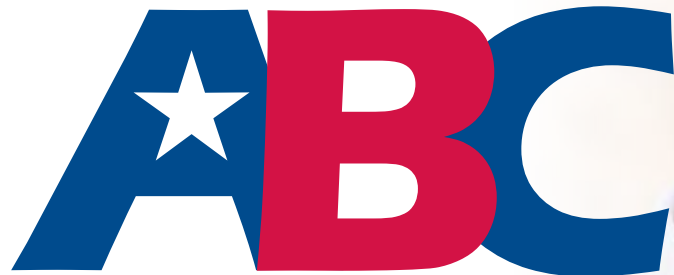
MEMBER PRIVILEGES & BENEFITS

## ECONOMICAL

MEMBER BUSINESS SOLUTIONS

## SECURE

MEMBER BLANKET COVERAGE



American Business Coalition

PROVIDING SECURE ACCESS TO THE SOLUTIONS YOU NEED


# BENEFITS OF

# SECUREACCESS

ASSOCIATION MEMBERSHIP

In addition to the Privileges and Benefits of Association Membership listed below, Your SecureAccess Membership in the American Business Coalition includes PHCS Network information and an Optional BridgeHealth Surgery Benefit, and also includes guaranteed Blanket Fixed Indemnity Insurance Benefits, Supplemental Accident Excess Medical Expenses and AD&D Insurance Benefits, and Supplemental First Diagnosis Critical Illness Insurance Lump Sum Benefit issued to the Association for the benefit of its members.

## For the Self-Employed & Small Business Owner

Bronze Membership	Silver Membership	Gold Membership	Platinum Membership
Penny Wise Office Supplies Discount	Bronze Level Benefits Plus	Bronze & Silver Level Benefits Plus	Bronze, Silver & Gold Level Benefits Plus
High Speed Dial-up Internet Access Services	Hewlett-Packard Discount	Office Depot Discount	Integrated Communications
Customized Web Services	American Solutions for Business Printing Discount	UPS Discount	ADP Payroll Processing Discount
Health Reimbursement Arrangement	Collection Services Discount		
Grayhawk Payroll Processing Discount	National Transaction Corporation		

## For the Cost-Conscious Consumer

Bronze Membership	Silver Membership	Gold Membership	Platinum Membership
Moving Van Lines Discount	Bronze Level Benefits Plus	Bronze & Silver Level Benefits Plus	Bronze, Silver & Gold Level Benefits Plus
1-800-Flowers Discount	Travel Club	Magazine Discounts	Auto Rental Discount
ITC-50 Discount Hotel Program	Roadside Assistance	HoptheShops.com	Carperks Buying Network
Crisp Fifty-Minute™ Series	Identity Theft Insurance	Savers Club Book Discounts	TravelCell
SafetyNet Child ID Card Services			PowerNet Global Long Distance

## For the Health-Conscious Consumer

Bronze Membership	Silver Membership	Gold Membership	Platinum Membership
LensCrafters Discount	Bronze Level Benefits Plus	Bronze & Silver Level Benefits Plus	Bronze, Silver & Gold Level Benefits Plus
Association Hearing Services	24-Hour Nurse Hotline	Pro-Form Discount	Massage Envy Discount
Gateway Emergency Personal Health History Medicaid	Gold's Gym Discount	NordicTrac Discount	
HealthFitLabs Vitamin Discount	Healthrider Discount		
Weider Discount	Weslo Discount		
CallMD			
Reebok Discount			
MedScript Prescription Drug Discount			
Diabetes Care Plan			
Medical Air Travel Assistance*			

\*Not available to residents of Florida

# Why choose SECUREACCESS

ASSOCIATION MEMBERSHIP

## SECUREACCESS MEMBERSHIP FIXED INDEMNITY COVERAGE DIFFERENCE

### The SecureAccess Membership Blanket Fixed Indemnity Insurance Plans Have

- **No Annual Deductible for Fixed Indemnity Benefits!**  
Therefore, you can receive Benefits payments sooner than with a Traditional Major Medical plan!
- **First Dollar Fixed Indemnity Benefit for Covered Member OutPatient Doctor visits!**
- **Guaranteed Fixed Dollar Amounts – Benefit Payments Not Based Upon Expenses Incurred** If the fixed indemnity benefit for covered services at the Membership level selected is more than what the doctor, hospital or pharmacy charges a Member, the Member keeps the difference, but if the fixed indemnity benefit amount is less than the amount charged for covered services the Member is responsible for payment of the difference.
- **Any Doctor, Any Hospital!**  
But Members can stretch their dollars further by choosing an In-Network Provider.
- **The Surgeon's fee schedule under each Blanket Fixed Indemnity Plan provides a larger fixed indemnity payment than many competitors that limit their surgeon's fixed indemnity payments to the Medicare allowable charge for the same surgery!**
- **Not subject to federal healthcare reform mandates!**
- **24-hour coverage, on or off the job**  
Coverage Members can depend on when they need it the most.



.87% were \$50K or more

5.63% were \$5k to \$50K

Annual Health  
Claims Review<sup>1</sup>

**93.49%**  
of  
Annual Claims were  
**Under \$5K**

Each **Blanket Fixed Indemnity Insurance plan** issued to the Association allows Members to receive **specific first dollar payments** for covered healthcare services, regardless of what their medical provider charges.

This differs from traditional **Major Medical plans** where You must first satisfy a **deductible** every year **before** You are eligible to receive benefit payments.

<sup>1</sup>Freedom Life Insurance Company of America, 2010 Claims Paid Per Policy

# SECUREACCESS MEMBERSHIP LEVELS

## OUTPATIENT FIXED INDEMNITY BENEFITS

	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
<b>Doctor Office Visit</b>	\$60	\$60	\$60	\$60
Maximum Visits Per Calendar Year	1	2	3	4
<b>Prescription Drugs</b>				
Generic Drugs - 30 Day Supply	\$10	\$10	\$10	\$10
Brand Drugs - 30 Day Supply	\$10	\$20	\$30	\$30
Maximum Number of Prescriptions Per Calendar Year	50	60	80	90
<b>Diagnostic X-Ray and Labs<sup>1</sup></b>	\$25	\$25	\$25	\$25
Maximum Payment Per Calendar Year	\$100	\$100	\$100	\$100
<b>Emergency Room Benefit<sup>2</sup></b>	\$150	\$150	\$150	\$150
<b>Emergency Ambulance Benefit<sup>3</sup></b>				
Ground	\$300	\$300	\$300	\$300
Air	\$1,000	\$1,000	\$1,000	\$1,000
<b>Specialty Radiology (CAT Scan, PET Scan and MRI)</b>				
Per Test Amount	\$100	\$125	\$150	\$200
Maximum Payment Per Calendar Year	\$300	\$375	\$450	\$600

<sup>1</sup>Fixed Indemnity Benefit Payment limited to four tests per Calendar Year

<sup>3</sup>Maximum of one trip by ground and one by air per Calendar Year

<sup>2</sup>Maximum of one Fixed Indemnity Benefit per Calendar Year

## ROUTINE WELLNESS FIXED INDEMNITY BENEFITS

	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
<b>Health Screening Benefit</b>	\$60	\$60	\$60	\$60
Maximum Tests per Calendar Year	1	1	1	1
<b>Routine Well Child Care per Provider visit</b>	\$60	\$60	\$60	\$60
Maximum Visits per Calendar Year	1	1	1	1

## HOSPITAL & SURGICAL FIXED INDEMNITY BENEFITS

	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
<b>Hospital Inpatient Admission Benefit<sup>1</sup></b>	\$250	\$250	\$250	\$250
<b>Hospital Confinement Benefit<sup>2</sup></b>	\$400	\$600	\$1,000	\$2,000
<b>OR</b>				
<b>ICU Benefit<sup>3</sup></b>	\$1,200	\$1,800	\$2,000	\$2,000
<b>Surgical Benefit<sup>4,5</sup></b>				
Benefit varies by Procedure, range is:	\$80-\$8,000	\$80-\$8,000	\$80-\$8,000	\$80-\$8,000
Anesthesia (% of Surgeon's Fee Benefit)	25%	25%	25%	25%

<sup>1</sup>Maximum of one Hospital Admission Benefits per Calendar Year

<sup>4</sup>Maximum of two surgical procedures per Calendar Year

<sup>2</sup>Maximum sixty days per Calendar Year

<sup>5</sup>Please see Surgical Schedule for full details

<sup>3</sup>Maximum thirty days per Calendar Year

## LIFETIME FIXED INDEMNITY BENEFIT MAXIMUM

	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
<b>Lifetime Maximum</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

# IT PAYS TO BE A SECUREACCESS MEMBER!

## RADIATION AND CHEMOTHERAPY FIXED INDEMNITY BENEFITS

Radiation/Chemotherapy	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
Benefit Per Calendar Month	\$3,000	\$3,000	\$5,000	\$5,000
Calendar Year Maximum	\$9,000	\$9,000	\$15,000	\$15,000

### PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause for which medical advice, diagnosis, care or treatment was recommended or received during the 12 month period immediately preceding the effective date of coverage under the Blanket Group Indemnity Insurance Policy for the Insured incurring the expense; or which Manifested during the 12 month period immediately preceding the effective date of coverage under the Blanket Group Indemnity Insurance Policy for the Insured incurring the expense.

### NON-COVERED FIXED INDEMNITY ITEMS AT A GLANCE

The Blanket Group Indemnity Insurance 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:

- the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies which do not constitute Covered Expenses;
- Covered Expenses incurred prior to the Insured obtaining coverage under the Blanket Group Indemnity Insurance Policy;
- Covered Expenses incurred after the Blanket Group Indemnity Insurance Policy terminates;
- Covered Expenses which exceed the Lifetime Maximum Benefit;
- Covered Expenses You or Your covered family members are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed;
- any professional fees or expenses for which the Insured and/or any covered family member are not legally liable for payment;
- any professional fees or expenses for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets. This exclusion does not apply to treatment: (i) due to Injury to natural teeth, or (ii) for malignant tumors;
- Injury or Sickness 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;
- Covered Expenses that are payable under any motor vehicle no fault law insurance policy or certificate;
- charges that are payable or reimbursable by a plan or program of any governmental agency (except Medicaid);
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- any Injury or Sickness covered by any Workers' Compensation insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer's Liability Law, regardless of whether You file a claim for benefits thereunder;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- cochlear implants;
- 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 Injury, suicide or any suicide attempt while sane or insane;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- services Provided by You or a Provider who is a member of an Insured's family;
- any medical condition excluded by name or specific description by either the Blanket Group Indemnity Insurance Policy or any riders, endorsements, or amendments attached to the Policy;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery, except for Medically Necessary cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function, or (ii) 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 Indemnity Insurance Policy;
- charges for breast reduction or augmentation or complications arising from these procedures;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- 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;
- 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 professional fees or other medical expenses incurred as the result of an Injury which was caused or contributed by an Insured racing any land or water vehicle;
- any professional fees, or other medical expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and Drug Addiction/Abuse;
- any behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- except for Complications of Pregnancy, routine maternity or any other expenses related to childbirth, including routine nursery charges and well baby care;
- fluoride products;
- allergy kits intended for future Emergency treatment of possible future allergic reactions;
- fees or expenses charged for spinal manipulations;
- programs, treatment or procedures for tobacco use cessation;
- charges for blood, blood plasma, or derivatives that has been replaced;
- treatment of autism;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States, and
- services or supplies for personal convenience, including Custodial Care or homemaker services.

### NON-COVERED PRESCRIPTION DRUG ITEMS AT A GLANCE

- Prescription Drugs that are immunosuppressants;
- 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 Sickness or 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

## NON-COVERED FIXED INDEMNITY ITEMS AT A GLANCE CONT'D

- of the indication for which the drug is prescribed in: 1) a standard drug reference compendia; or 2) substantially accepted peer-reviewed medical literature;
- drugs labeled "Caution – limited by Federal law to investigational use";
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Prescriptions for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- 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, hematins, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs used to treat or cure hair loss or baldness;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- 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, unless shown under the PRESCRIPTION DRUG BENEFIT provision which have an over-the-counter equivalent that may be obtained without a prescription, even though such Prescription Drugs were prescribed by a Provider;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- Prescription Drugs that are classified as anti-fungal medication used for treatment of onychomycosis;

- Prescription Drugs that are classified as tobacco cessation products; and
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the Certificate by exclusionary rider, limitation or exclusion.

### FIXED INDEMNITY LIMITATIONS AT A GLANCE

- any loss or expense incurred as a result of an Insured's Pre-existing Condition is not covered under the Supplemental Blanket Group Indemnity Insurance Policy unless such loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Insured obtains coverage under the Blanket Group Indemnity Insurance Policy, and are not otherwise limited or excluded by the Blanket Group Indemnity Insurance Policy or any riders, endorsements, or amendments attached to the Policy;
- Pre-existing condition limitations do not apply to Fixed Indemnity Insurance Benefits for Provider Office Visit, Diagnostic X-Ray and Laboratory or Prescription Drug as described in the Certificate of Insurance;
- Any Benefit payable under the Supplemental Blanket Group Indemnity Insurance Policy will be reduced by 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 or, in the case of an Injury, on the date of the Accident causing the Injury;
- If an Insured suffers one or more Injuries from the same Accident for which amounts are payable for more than one Benefit under the Supplemental Blanket Accident insurance Policy the maximum amount payable will not exceed the amount payable for the one with the largest maximum amount for that Benefit for that Insured;
- In no event will the total amount of Benefits payable for any one Insured exceed the Lifetime Maximum Benefit.

## SUPPLEMENTAL FIRST DIAGNOSIS CRITICAL ILLNESS INSURANCE LUMP SUM BENEFIT

	BENEFITS PAID PER MEMBER			
	Bronze	Silver	Gold	Platinum
<b>Maximum Critical Illness One Time, Lump Sum Benefit Amount</b>	\$7,000	\$8,000	\$9,000	\$10,000
<i>Lump Sum Benefit payment provided for the first diagnosis of a covered event during Member's Lifetime. Covered events include Life-Threatening Cancer, Stroke, Kidney Failure, Coronary Artery Bypass Surgery, First Diagnosis Heart Attack, Major Organ Transplant, Permanent Paralysis, Terminal Illness, Aorta Graft Surgery, Heart Valve Surgery and Coronary Angioplasty.</i>				

### NON-COVERED CRITICAL ILLNESS ITEMS AT A GLANCE

- any Specified Critical Illness suffered, diagnosed and/or sustained by an Insured prior to coverage under the Blanket Group Indemnity Insurance Policy for such Insured being in full force and effect;
- any medical conditions that is not a Specified Critical Illness;
- a diagnosis which is made outside the United States, unless a Definite Diagnosis of a Specified Critical Illness is confirmed in the United States;
- 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;
- 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 Injury, suicide or any suicide attempt while sane or insane;
- travel by or participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- participating in a felony, riot or insurrection;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Sickness or Injury;
- intentional inhalation or ingestion of any poison, gas or fumes;
- balloon angioplasty, laser relief or an obstruction, and/or other intra-arterial procedure;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured of any motor vehicle without a valid operators license/permit; and
- bacterial or viral infection, except infections which result from an accidental injury, or infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance.

### CRITICAL ILLNESS LUMP SUM LIMITATIONS AT A GLANCE

- The Maximum Critical Illness Benefit as specified in the Certificate Schedule;
- The Maximum Critical Illness Benefit automatically reduce by 50% on the 65th birthday of the Primary Insured and Spouse of Primary Insured; and
- For an Insured, Benefits payable under this Blanket Critical Illness Rider for Specified Critical Illness will not exceed the Maximum Critical Illness Benefit shown on the Certificate Schedule.

**SUPPLEMENTAL ACCIDENT EXCESS MEDICAL EXPENSES & AD&D  
INSURANCE BENEFITS\***

**BENEFITS PAID PER MEMBER**

	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
<b>Accident Excess Medical Expense Benefit<sup>1,2</sup></b>				
Deductible per Accident	\$250	\$250	\$250	\$250
Up to a Maximum Benefit per Accident	\$2,000	\$3,000	\$4,000	\$5,000
<b>Accidental Death &amp; Dismemberment Benefit</b>				
Primary Insured	100%	100%	100%	100%
Spouse	50%	50%	50%	50%
Children (per Child)	50%	50%	50%	50%
<b>Accidental Death and Dismemberment Benefits</b>				
Loss of life . . . . .			\$50,000	
Loss of two or more limbs . . . . .			\$50,000	
Loss of Speech and Loss of Hearing (both ears) . . . . .			\$50,000	
Loss of Sight (both eyes) . . . . .			\$50,000	
Loss of one limb . . . . .			\$15,000	
Loss of Speech . . . . .			\$15,000	
Loss of Hearing (both ears) . . . . .			\$15,000	
Loss of Sight (one eye) . . . . .			\$15,000	
Loss of one hand . . . . .			\$7,500	
Loss of one foot . . . . .			\$7,500	
Loss of Hearing (one ear) . . . . .			\$7,500	
Loss of Thumb and Index Finger (same hand) . . . . .			\$7,500	

\* Benefits reduce by 50% at age 70

<sup>1</sup>Coverage pays benefits excess of any other valid coverage, health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer / employee liability coverage.

<sup>2</sup>The Accident Medical Expense coverage is provided on an excess basis. Charges Incurred by a Member for medical services in the treatment of covered Bodily Injuries sustained in an Accident will be eligible for payment after first deducting the benefit payments due under or pursuant to any other valid insurance coverage of the Member or benefit entitlement plan for the Member for the Accident. See Certificate of Coverage for details.

**NON-COVERED ACCIDENT AND ACCIDENTAL DEATH & DISMEMBERMENT ITEMS AT A GLANCE**

The Blanket Group Accident 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:

- 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;
- an Insured 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 injury, suicide or any suicide attempt while sane or insane;
- Sickness;
- travel by or participation in aviation, except as a fare-paying passenger traveling on a regular scheduled commercial airline flight;
- participating in a felony, riot or insurrection;
- any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
- 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 or injury;
- 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 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 a HMO or PPO plan, workers compensation medical expense benefits, Federal Employers Liability Act medical expense benefits, Jones Act medical expense benefits, Medicaid Medicare, Medicare Supplement coverage, Medicare Advantage, and any other government provided benefits that cover the Medically Necessary treatment of Bodily Injuries sustained in an Accident);
- the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured 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.

# SECURE ACCESS TO THE SOLUTIONS YOU NEED

For information contact:



BLKTINDMN-P-IL-FLIC  
BLKTACC-P-IL-FLIC

Freedom Life Insurance Company of America  
A member company of USHEALTH Group®  
P.O. Box 1719 Fort Worth, TX 76101 1-800-387-9027

The Blanket Association group coverage BLKTINDMN-P-IL-FLIC is underwritten and issued by the Freedom Life Insurance Company of American Business Coalition ("ABC"). This association group coverage is available to each individual enrolled member of ABC in the applicable membership of ABC who has timely and properly paid their monthly dues to ABC and who has been identified by ABC to Freedom Life Insurance Company of America as an authorized and enrolled member of the applicable membership. The association group insurance coverage is subject to the definition, terms, conditions, limitations and exclusions set forth in the master group policy issued to ABC, which are summarized in the description of coverage provided in your membership materials and terminates at the end of the policy period of the master group policy issued to ABC unless renewed by the mutual agreement of ABC and Freedom Life Insurance Company of America.

Available States: AL, AR, AZ, CO, DE, FL, GA, IA, IL, IN, KY, LA, MI, MO, MS, NE, OH, OK, PA, SC, TN, TX, VA, WV and WY