



# AFFORDABLE HEALTH INSURANCE & PERSONAL PROTECTION PLANS

**(800) 877-9637**

Monday-Friday, 8 a.m. - 5 p.m. CST

[TNtruck.com](http://TNtruck.com)

**TRUE NORTH**  
Insurance and Financial Strategies



# ABOUT

**Independent Advantage** is designed exclusively for Owner Operators.

Our mission is to create an easier process for drivers to obtain personal and business coverage with no fuss. **Our mission is to help protect drivers, their families and their business on and off the road.**

## COMPANY OVERVIEW

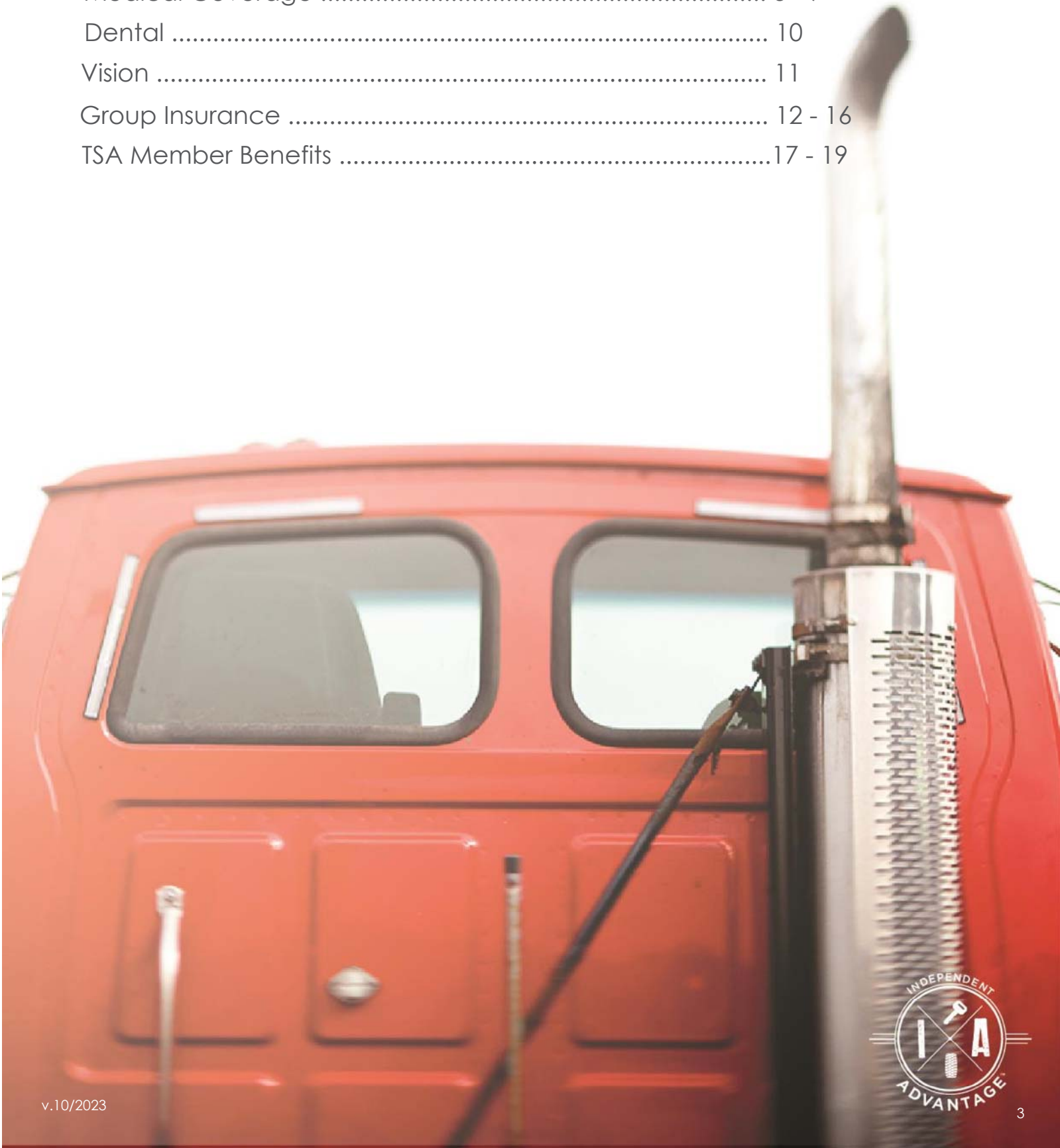
**Independent Advantage** is a driver insurance platform offered through TrueNorth® Companies, L.C.

TrueNorth is a risk management and insurance brokerage firm headquartered in Cedar Rapids, IA, with a nationally recognized Transportation industry focus. Our firm specializes in assisting transportation companies and their people with protecting and maximizing assets, resources and opportunities. We have developed the Independent Advantage platform exclusively for independent contractor drivers and their families.



# TRUECHOICES BENEFITS:

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# MEDICAL FOR OWNER OPERATORS

## COVERAGES AVAILABLE

### Monthly Rates

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
<b>PLAN OPTIONS</b>				
Choice	\$124.06	\$252.12	\$195.86	\$341.72
Choice Plus	\$151.18	\$309.91	\$240.32	\$422.17
Choice Preferred	\$202.45	\$418.17	\$322.07	\$569.52
Choice Premier	\$237.47	\$492.67	\$379.46	\$673.43
Rates below include insurance and non-insurance products.				
Dental Plan	\$25.30	\$43.79	\$45.77	\$68.06
Vision Plan	\$6.93	\$13.23	\$13.86	\$21.37

### Weekly Rates (Based upon 48 week deductions/year)\*

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
<b>PLAN OPTIONS</b>				
Choice	\$31.02	\$63.03	\$48.97	\$85.43
Choice Plus	\$37.80	\$77.48	\$60.08	\$105.54
Choice Preferred	\$50.61	\$104.54	\$80.52	\$142.38
Choice Premier	\$59.37	\$123.17	\$94.87	\$168.36
Rates below include insurance and non-insurance products.				
Dental Plan	\$6.33	\$10.95	\$11.44	\$17.02
Vision Plan	\$1.73	\$3.31	\$3.47	\$5.34

\*These are standard TrueChoices rates. Please check with your Motor Carrier for your specific deduction schedule.

### Weekly Rates (Based upon 52 week deductions/year)\*

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
<b>PLAN OPTIONS</b>				
Choice	\$28.63	\$58.18	\$45.20	\$78.86
Choice Plus	\$34.89	\$71.52	\$55.46	\$97.42
Choice Preferred	\$46.72	\$96.50	\$74.32	\$131.43
Choice Premier	\$54.80	\$113.69	\$87.57	\$155.41
Rates below include insurance and non-insurance products.				
Dental Plan	\$5.84	\$10.11	\$10.56	\$15.71
Vision Plan	\$1.60	\$3.05	\$3.20	\$4.93

\*These are standard TrueChoices rates. Please check with your Motor Carrier for your specific deduction schedule.

Major Medical solutions are also available. Our advisors will help you navigate the marketplace.

**ENROLL TODAY! Call the TrueChoices Enrollment Hotline at 800-877-9637**





# Ready for whatever's down the line.

## Group Limited Indemnity, Critical Illness and AD&D Insurance Policies

Life is full of ups and downs, twists and turns. You never know what's coming down the line.

It could be an illness or injury that lands you in the hospital. Or you might need help with day-to-day health care needs. Covering your basic health care needs helps support your physical – and financial – wellness.

Thanks to your employer, you have insurance policies that can help keep your health expenses in line. So, you stay physically well – and fiscally fit.

Why do I need GLI?

# 57%

of Americans can't afford to pay an emergency health expense of \$1,000 or more.<sup>1</sup>

1 Bankrate Financial Security Index, 2023

### What is Group Limited Indemnity insurance?

The Group Limited Indemnity insurance policy pays certain medical expenses at a specific benefit amount for a limited number of days, as defined by your plan.

Note: Group Limited Indemnity is NOT major medical insurance, or comprehensive health coverage.

### What is Critical Illness insurance?

Treatment for a critical illness can be costly, and recovery can take time. The Critical Illness insurance policy can help relieve this unexpected financial burden by providing a lump-sum benefit. You can use it to help manage your illness or put it toward household expenses, such as childcare, transportation, housecleaning or special equipment.

Note: Critical Illness is NOT health insurance; it does not replace your medical coverage.

### What is AD&D insurance?

Accidental Death & Dismemberment insurance provides a benefit, following an accident that results in loss of life or limb (based on a schedule of benefits). You may use the benefit to put toward expenses for you or your family.

Note: AD&D insurance is NOT health insurance; it does not replace your medical coverage.

You may opt for these coverages for your spouse or child(ren). You are eligible for these coverages (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

*The Group Limited Indemnity coverage is not intended to be comprehensive, but rather a supplement to other coverage. It can help defray your costs in the event of medical treatment, but it is not scheduled to pay full amounts. Rather it pays a limited benefit amount for specific medical services.*

## What are the specific plan benefits?

### Group Limited Indemnity

Definition	Benefit amount/ maximum			
	All amounts are payable per insured per day, up to a maximum number of days per insured per year			
	Choice	Choice Plus	Choice Preferred	Choice Premier
<b>Hospital indemnity benefits</b>				
Hospital Confinement For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$400 30 days	\$600 30 days	\$1,000 30 days	\$1,500 30 days
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.	\$500 1 day	\$1,000 1 day	\$1,500 1 day	\$2,000 1 day
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$800 30 days	\$1,200 30 days	\$2,000 30 days	\$3,000 30 days
<b>Surgery benefits</b>				
Inpatient Surgery For inpatient surgery in a hospital, due to sickness or injury	\$1,000 2 days	\$1,500 2 days	\$2,500 2 days	\$3,500 2 days
Outpatient Major Surgery For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	\$500 2 days	\$1,000 2 days	\$1,250 2 days	\$1,500 2 days
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist	\$300 2 days	\$500 2 days	\$750 2 days	\$1,000 2 days
<b>Emergency room and physician's office/ urgent care benefits</b>				
ER for Sickness For treatment in an ER due to sickness	\$75 1 day	\$100 1 day	\$125 1 day	\$150 1 day
ER for Accidental Injury For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	\$150 1 day	\$250 1 day	\$250 1 day	\$350 1 day
Physician's Office/ Urgent Care For services rendered by a physician at physician's office or urgent care facility	\$50 6 days	\$70 6 days	\$80 6 days	\$85 6 days
Wellness Visit For physician office visits for routine physical examinations and well baby care, including routine immunizations for children, 6 days – 18 years	\$75 1 day	\$100 1 day	\$150 1 day	\$150 2 days
<b>Lab, x-ray, and diagnostic testing benefits</b>				
Outpatient Lab For lab test, ordered by a physician	\$100 3 days	\$100 3 days	\$100 3 days	\$100 3 days
Outpatient X-ray For x-ray, ordered by a physician	\$100 2 days	\$100 3 days	\$100 3 days	\$100 3 days
Outpatient Major Diagnostic Testing For major diagnostic testing, ordered by a physician	N/A	N/A	\$300 1 day	\$400 2 days
<b>Mental health and substance abuse benefits</b>				
Mental or Nervous Disorders Confinement For confinement and treatment of a mental or nervous disorder in a Mental or Nervous Treatment Facility	\$100 30 days	\$150 30 days	\$250 30 days	\$400 30 days
Substance Abuse Confinement For confinement and treatment of Substance Abuse in a Substance Abuse Treatment Facility	1 confinement per year	1 confinement per year	1 confinement per year	1 confinement per year
<b>Other benefits</b>				
Skilled Nursing For confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$100 30 days	\$150 30 days	\$250 30 days	\$400 30 days

# Critical Illness

Definition	Choice/ Choice Plus	Choice Preferred/ Premier
<p>Pays a lump sum benefit upon diagnosis of a serious disease:</p> <ul style="list-style-type: none"> <li>• Cancer: A malignant tumor characterized by spread of malignant cells and invasion of tissue. (30-day waiting period).</li> <li>• Coma: A state of unconsciousness that requires the use of life support systems.</li> <li>• Heart Attack: The death of a portion of the heart muscle.</li> <li>• Organ transplant: Transplant of a human heart, lung, liver, kidney or pancreas.</li> <li>• Paralysis: Complete and permanent loss of function of 2 or more limbs for at least 90 days.</li> <li>• Renal failure (end-stage): Chronic, irreversible failure of both kidneys to function.</li> <li>• Severe burns: Third degree burns covering at least 20% of the body.</li> <li>• Stroke: Rupture of a cerebral artery, or a cerebral vascular accident or incident.</li> </ul> <p><i>For full definitions, check with your plan sponsor.</i></p>	<p>Member benefit: \$5,000</p> <p>Spouse benefit: \$5,000</p> <p>Children benefit: \$1,250</p>	<p>Member benefit: \$10,000</p> <p>Spouse benefit: \$10,000</p> <p>Children benefit: \$2,500</p>

## Accidental Death & Dismemberment (AD&D)

Definition	Choice	Choice Plus	Choice Preferred	Choice Premier
<p>Pays a lump sum benefit for loss of life, dismemberment and other disabling conditions. Benefit payable varies, based on a schedule of benefits for the loss incurred.</p>	<p>Member benefit: \$15,000</p> <p>Spouse benefit: \$7,500</p> <p>Children benefit: \$3,750</p>	<p>Member benefit: \$15,000</p> <p>Spouse benefit: \$7,500</p> <p>Children benefit: \$3,750</p>	<p>Member benefit: \$25,000</p> <p>Spouse benefit: \$12,500</p> <p>Children benefit: \$6,250</p>	<p>Member benefit: \$25,000</p> <p>Spouse benefit: \$12,500</p> <p>Children benefit: \$6,250</p>

### Who is Beazley?

Beazley Insurance Company, Inc. is rated A by A.M. Best. Beazley Benefits provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CALicense # 2868-8. The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM0001. The Critical Illness policy is offered under Policy Form Series AHIC0001. This is a limited benefit policy. The AD&D policy is offered under Policy Form Series AHPAC0001.

Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.

Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.



# Additional Benefits...



Phone: 800-315-9178

## Group Term Life Insurance

Underwritten by Amalgamated Life Insurance Company, White Plains, NY 10604

Member	Dependents	
\$10,000	Spouse/Domestic Partner	\$5,000
	Child(ren)	\$2,000

Benefits may vary by state. This is a brief description of the policy terms and provisions. Refer to the policy for specific terms and conditions relating to coverage, including limitations and exclusions.



See policy for Covered and Excluded Items.

## Pharmacy Insurance Benefits

Administered by NBFSA Administrative Solutions.

Annual Deductible	None
Retail Co-Pay – 30 day supply max	
Generics	\$10
Preferred Brands	Greater of \$50 or 50%
Non-Preferred Brands	Discounts Only
Mail Order Co-Pay – 90 day supply max	
Generics	\$30
Preferred Brands	Greater of \$150 or 50%
Non-Preferred Brands	Discounts Only
Monthly Maximum Benefits Payable	
Per Insured Person	\$300

Pharmacy Help Desk: 877-539-3940 | Drug Look Up: <https://cottsa.arrivertex.com/rx>



## PPO Network Benefits

Offered by First Health Group Corp

Receive discounts off covered services when you access care from a participating network provider.

Locate a participating provider at: [www.firsthealthlbp.com](http://www.firsthealthlbp.com) or call 800-226-5116



# Walmart Health Virtual Care

## Welcome to healthcare virtually anywhere

### Sign in online to get started.

Walmart  Health  
Virtual Care

Member/Patient Services:  
(855) 636-3669

[www.wmthealth.com/telemed](http://www.wmthealth.com/telemed)

Coterie

Member ID: Coterie Member ID

Visit Fee: \$0 (Virtual Primary Care)

\$0 (Virtual Urgent Care)



### Your virtual care plan includes:



#### Virtual Primary Care (16+)

Be seen on your schedule, by the same provider, for all your traditional healthcare needs.



#### Urgent Care

Adults and children can be treated 24/7 for routine health issues, such as cold & flu.

### Your provider can help with:

- Minor illnesses & injury
- Chronic health concerns
- Mental health concerns
- Prescriptions or refills
- Referrals to specialists
- Lab work & imaging
- Care navigation
- General advice & consultation
- **And more!**

## What

**What's virtual primary care?** A service that helps you handle your healthcare in many of the same ways an in-person primary care physician can, just over the phone (where permitted) or by video!

**Is there a cost?** Check-ups with your primary care provider (PCP) are included in your plan and provided at no cost to you.

## Who

**Who can use the service?** Walmart Health Virtual Care (WHVC) is available to you, your spouse/domestic partner, and children.

**Who will I see?** Urgent care is provided by our licensed and board-certified physicians, physician assistants and nurse practitioners. When registering you will select a WHVC physician to be your PCP.

## When

**When should I use virtual primary care?** Use WHVC instead of urgent care or primary care office visits. Request a visit and tell us what's wrong. We'll order tests, prescribe and refill medications when medically necessary, recommend ways to feel better, and can even arrange referrals and procedures with local specialists.

**When can I use WHVC?** Schedule a primary care visit in as few as 72 hours, or request an urgent care visit 24/7/365.

## How

**How do I save more money?** Since visits are included in your plan you don't have to think about co-pays or confusing bills when you meet with your provider.

## Where

**Where can I use telehealth?** From the privacy of your own home or office—over the phone (where permitted) or by video.

## Register online to start using your virtual care benefits:

- After activating your account (using the plan details on your membership card above) you can enjoy streamlined access to healthcare right when you need it by visiting: [patient.WalmartHealthVirtualCare.com](http://patient.WalmartHealthVirtualCare.com)
- Schedule a virtual visit with your WHVC primary care provider online 24/7/365 to receive care for common ailments, mental health concerns, chronic conditions, and referrals to in-person or specialty care when needed.

Walmart Health Virtual Care (WHVC) offers medical consultations and talk therapy services via telehealth to patients nationwide. Telehealth services may vary by state. Services are provided in accordance with state law by licensed health care professionals, subject to the licensed professionals' judgment. When medically necessary, WHVC providers may prescribe medication that can be picked up at a local pharmacy of the patient's choice; WHVC does not guarantee that a prescription will be written. WHVC is not a pharmacy or prescription fulfillment warehouse. WHVC is not an insurance product. Virtual Urgent Care visits are not a replacement for a primary care physician.

### Your Coverage with a Dentemax Provider

To locate a Dentemax provider go to [www.citizensgroup.com](http://www.citizensgroup.com)

Services	Coverage	
<b>Type A - Diagnostic &amp; Preventative</b> <ul style="list-style-type: none"> <li>Clinical Oral Examinations – maximum 2 procedures per 12months</li> <li>Dental Prophylaxis – maximum 2 procedures per 12 months</li> <li>Bitewing X-rays – maximum of 1 set per 12 months, set includes up to 4films</li> <li>Space Maintainers – limited to dependent children under the age of 16 – for the premature loss of a primary tooth</li> <li>Sealants – limited to dependent children under the age of 16, maximum of 1 procedure per lifetime, applications made to permanent molar teeth only</li> </ul>	<b>100% MAC</b>	
<b>Type B - Basic Care</b> <ul style="list-style-type: none"> <li>Full Mouth X-rays – including panoramic films – maximum of 1 procedure in a 5 year period</li> <li>Emergency Care Treatment – maximum of 1 procedure per 12 months</li> <li>Extractions (Simple) – includes local anesthesia, suturing, if needed and routine follow up care</li> <li>Amalgam Restorations – replacement of an existing only if in place for 24months</li> <li>Resin Restorations – anterior – replacement of an existing only if in place for 24months</li> </ul>	<b>80% MAC</b>	
<b>Type C—Major Restorative—12 Month Waiting Period: These services are covered at 50% after deductible is met AND after 12 months of consecutive coverage.</b>	<b>50% MAC</b>	
<ul style="list-style-type: none"> <li>Maintenance Prosthodontics – adjustments and repairs to denture and fixed bridges, limited to adjustments and repairs performed more than 12 months after initial insertion</li> <li>Endodontics – Pulpotomy – limited to dependent children under age 14; apicoectomy – maximum of 1 procedure per lifetime; retrograde fillings – maximum of 1 procedure per lifetime; root canal therapy – maximum of procedure per 24months</li> <li>Periodontics – Adjunctive Services – Scaling and root planning, 1 procedure per 24 months, per quadrant; periodontal prophylaxis, limited to 2 prophylaxis procedures in a 12 month period</li> <li>Periodontics – Surgical Services – maximum of 1 procedure per 36 months, per quadrant</li> <li>Extractions (Surgical) – includes impactions, residual roots and unerupted teeth</li> <li>Oral Surgery – includes pre-operative and post-operative care</li> <li>Anesthesia – only in conjunction with eligible complex oral surgery procedures and subject to review</li> <li>Crowns Gold Inlay sand Onlays – benefits are provided only when the tooth, as the result of extensive decay or accidental injury, cannot be restored with a direct placement restoration; benefits will be based on the benefit for the corresponding non-cosmetic restoration</li> <li>Prosthodontics – Complete or partial dentures, replacements limited to more than 5 years after prior placement; bridge, pontics, and abutment crowns, replacements limited to more than 7 years after the initial placement</li> </ul>		
<b>Annual Maximum for all Types A-B-C</b>	<b>\$1,500 per covered person per calendar year</b>	
<b>Deductible</b>	<b>\$50 per calendar year, with a maximum of 3 deductibles per family on Types B-C services</b>	
	<b>Monthly Rate</b>	<b>52 Week Rate</b>
<b>Member Only</b>	<b>\$25.30</b>	<b>\$5.84</b>
<b>Member &amp; Spouse</b>	<b>\$43.79</b>	<b>\$10.11</b>
<b>Member &amp; (Child)ren</b>	<b>\$45.77</b>	<b>\$10.56</b>
<b>Family</b>	<b>\$68.06</b>	<b>\$15.71</b>

This is only a brief summary of the benefits of your insurance plan. Please refer to your Certificate for a complete description of covered services and limitations or exclusions that may apply. Maximum Allowable Charges (MAC) are based on Negotiated Fee Schedules by area and specialty.

# TRUCKERS SERVICE ASSOCIATION

## VISION INSURANCE THROUGH



### Your Coverage with a Davis Vision Provider

To locate a Davis Vision provider go to [www.citizensgroup.com](http://www.citizensgroup.com)

<b>Exam</b>	\$10 Copay..... <i>every 12 months</i>
<b>Materials</b>	\$25 Copay <ul style="list-style-type: none"> <li>Lenses.....<i>every 12 months</i></li> <li>Frames (up to \$130).....<i>every 24 months</i></li> </ul>
<b>Single Vision Lens</b>	100%
<b>Bifocal Lens</b>	100%
<b>Trifocal Lens</b>	100%
<b>Contact Lenses – Medically Necessary</b>	100% with prior approval
<b>Contact Lenses - Elective</b>	Up to \$130

### Your Coverage with Other Providers

<b>Exam</b> .....Up to \$40	<b>Single Vision Lenses</b> .....Up to \$40
<b>Frames</b> .....Up to \$45	<b>Bifocal Lenses</b> .....Up to \$60
<b>Contact Lenses – Medically Necessary</b> ...Up to \$225	<b>Trifocal Lenses</b> .....Up to \$80
<b>Contact Lenses – Elective</b> .....Up to \$105	

### Extra Discounts and Savings

#### Laser Eye Surgery

CS Group benefits offers a life changing experience...access to discounted refractive eye surgery procedures from selected provider locations

#### Primary Eye Care Rider

Davis Vision covers the cost of detecting, treating and managing conditions that produce ocular or vision symptoms such as discomfort or pain, transient loss of vision, swollen lids, red eyes or pink eye, sty and cataracts. Subject to a \$5 co-payment (benefits available through participating optometrists only).

	Monthly Rate	52 Week Rate
Member Only	\$6.93	\$1.60
Member & Spouse	\$13.23	\$3.05
Member & (Child)ren	\$13.86	\$3.20
Family	\$21.37	\$4.93

CS Vision Insurance is underwritten by Davis Vision and administered by Citizens Security Life Insurance Company. Home office: Louisville, KY



# Ready for whatever's down the line.

## Short Duration Disability Insurance Policy

You never know what's coming down the line. It could be a disabling illness or injury that puts you out of work temporarily, and you might need help replacing income to meet your financial obligations. You have an insurance policy that can help protect assets and keep expenses in line.

### What is Short Duration Disability insurance?

The Short Duration Disability insurance policy provides salary replacement if you are unable to work, due to a disabling illness or injury that occurs off the job. Coverage is for a set period of time, as defined by your plan.

#### Plan benefits include:

- Total disability benefit: A monthly benefit amount for which you are eligible and for which premium has been paid.
- Maximum benefit period: Maximum number of months during which you are eligible to receive disability benefits if you are Totally Disabled.
- Elimination period: Period of time after your Effective Date of coverage, during which you are Totally Disabled, and no disability benefits are payable.
- Partial disability benefit: A benefit amount for a period following a Total disability during which insured is unable to perform duties of occupation for more than 80% of scheduled hours, or employed in another occupation earning less than 80% of pre-disability monthly compensation.
- Recurrent disability: A disability that is the same or related to cause of a prior disability for which benefits were payable.

Note: Provides coverage for off job (non-occupational related) disabilities only.

You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage. A 12-month pre-existing condition limitation may apply.

Note: Short Term Disability is NOT health insurance; it does not replace your medical coverage. Benefits will be discontinued when you are able to return to work, as approved by your physician.

### How much does it cost?

The grid identifies the premium amount per **\$100 of benefit**, based on your age and the benefit period you choose (6- or 12-months).

Coverage Type	Monthly premium amount per \$100 of benefit			
	Member age	Under 49	50-64	65-69
6-month benefit period		\$2.75	\$3.18	\$3.78
12-month benefit period		\$3.20	\$4.09	\$5.90

#### Benefits at a glance

- Maximum disability benefit: **\$400-\$4,000** per month in **\$100 increments**
- Maximum covered percent of compensation: **60%**
- Minimum disability benefit: **\$300** per month
- Maximum benefit period: 6 or 12 months
- Elimination period: 14 sickness/ 14 accident
- Partial disability benefit: 50% for up to 6 months
- Recurrent disability period: 6 months

See Master Policy and Certificate for all terms, conditions, exclusions and limitations

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. **The Short Term Disability** policy is offered under **Policy Form Series AHDIM0001**. Salary replacement is based on earned income, as defined in the policy. A pre-existing condition limitation applies to the benefits offered under this policy, if you have received a diagnosis, medical advice, treatment, or medication from a Physician, for any sickness, disease or physical condition within the **12 months** prior to the effective date of your coverage. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



© Beazley Insurance Company, Inc.

Amalgamated Life Insurance Company is committed to providing high quality insurance solutions for today's workforce. Our Portable Term Life policy will protect you and your family over a specific time period. It supplements permanent coverage.

# Portable Term Life Insurance

10  
YEAR  
TERM

## 10 Year - Sample Insured Monthly Premiums<sup>1</sup>

Non-Tobacco		Face Value		
Attained Age	\$50,000.00	\$100,000.00	\$150,000.00	
35	\$10.77	\$21.54	\$32.31	
40	\$13.08	\$26.15	\$39.23	
45	\$14.62	\$29.23	\$43.85	
50	\$20.77	\$41.54	\$62.31	

Tobacco Use		Face Value		
Attained Age	\$50,000.00	\$100,000.00	\$150,000.00	
35	\$16.15	\$32.31	\$48.46	
40	\$20.77	\$41.54	\$62.31	
45	\$30.77	\$61.54	\$92.31	
50	\$45.38	\$90.77	\$136.15	

**Children Coverage:** \$5.40 per month for \$10,000 of coverage.

**Policy Fee:** A \$3.85 per policy fee per month applies in-addition to insurance premium above.

## Attractive Features and Benefits<sup>1</sup>

- Guaranteed issue for individuals up to age 65 with minimum participation
- Available in face amounts from \$20,000 to \$180,000 (in increments of \$10,000), not to exceed ten times your annual income
- Coverage available for spouse: Lessor of 100% or \$50,000
- Coverage available for children age 14 days to 26 years: \$10,000 coverage
- Competitively-priced, guaranteed premiums that do not increase during the policy term
- Level death benefit—10 year term: a reduction schedule applies at age 70
- Portable—No change in the cost or coverage
- Supported by an easy claim filing process
- Accelerated Death Benefit that can pay up to 50% of the face amount up to \$150,000 — for life threatening illnesses of any illness that has a life expectancy of no more than 12 months (Insured and spouse)
- Accident Death & Dismemberment—pays additional benefits for an accidental loss of life or specific limb(s) (Insured, spouse and children)

## About Amalgamated Life

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving work-ing men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards and strong fiscal condition. Amalgamated Life is licensed in 50 states and the District of Columbia.

- <sup>1</sup> The information in this brochure is in an abbreviated form only. The actual coverage and amounts are subject to all terms, limitations and exclusions in the policy. If the information in this brochure differs from the policy, the terms of the policy will govern.
- <sup>1</sup> For specific information regarding features and benefits on Amalgamated Life's Portable Term Life Insurance policy, talk to your Enrollment Benefit Specialist at your organization.

Amalgamated Life Insurance Company  
333 Westchester Avenue, White Plains, NY 10604  
866.975.4089  
[www.amalgamatedlife.com](http://www.amalgamatedlife.com)

#W-PTL-M-2-20 Policy Form ALGLTP-18\*  
\*Features & form numbers may vary by state



# Ready for whatever's down the line.

## HI + Accident

You never know what's coming down the line. It could be an illness or injury that lands you in the hospital or an accident that sends you to the ER or urgent care. Beazley's Group Limited Indemnity (GLI) and Accident Expense insurance plan can help keep your health expenses in line.

### What is HI + Accident?

This plan includes Accident Expense benefits payable at a fixed amount per accident (or per day) up to a maximum benefit per year for covered accidents, as well as Accidental Death & Dismemberment (AD&D) benefits payable in a lump sum based on the loss incurred.

It also includes Hospital Indemnity (HI) insurance, which pays a fixed dollar amount (up to a set number of days per year) for covered sickness and injury.

#### Plan benefits include:

- Accident Expense: Pays benefits for treatment and services due to a covered accident, up to a fixed number of accidents per year, including:
  - 1) **Ambulance and Facility benefits** for treatment in Urgent Care, Emergency Rooms, Hospitals and Rehabilitation Facilities
  - 2) **Common Injury benefits** for treatment of dislocations, fractures, lacerations, concussions, burns and emergency dental and vision care
  - 3) **Follow Up Treatment benefits** including medical imaging, outpatient therapy, medical appliances and prosthetic devices.

See Schedule of Benefits for details.

- AD&D: Pays lump sum benefits for loss of life, dismemberment and disabling conditions (such as paralysis), based on loss incurred.
- Hospital Confinement: For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day).
- Wellness: For physician office visits for routine physical examinations, health screenings, well-baby care and routine immunizations for children/adolescents.

You may opt for these coverages for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

Note: Hospital Indemnity is NOT major medical insurance or comprehensive health coverage. The Accident Expense and AD&D riders are NOT health insurance; they do not replace your medical coverage.

### How much does it cost?

The grid identifies the premium amount, based on whether you want to cover family members.

Coverage type	Monthly premium amount
Member	\$18.21
Member + Spouse	\$25.18
Member + Child(ren)	\$32.90
Family	\$39.87

#### Benefits at a glance (Per insured)

##### Accident Expense benefits

- Range from **\$25-\$12,000** per covered service
- Up to **4 accidents** per year (based on a schedule of benefits)

##### AD&D benefits

- Member: **\$25,000**
- Spouse: **\$25,000**
- Child(ren): **\$5,000**

##### Hospital Indemnity benefits

- Hospital Confinement: **\$100** per day, **5 days** per year
- Wellness: **\$50** per day, **1 day** per year

See Master Policy and Certificate for all terms.



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Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License #2868-S The Group Limited Indemnity policy is offered under **Policy Form Series AHGLIMM001**. Coverage is not available in all states. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



# Accident Expense Rider – Schedule of Benefits

Unless otherwise indicated, each of the benefits shown below are payable in addition to any other accident benefits provided in the Policy.  
All Benefit Amounts apply on a per Insured, per Accident basis.

**MAXIMUM COVERED ACCIDENTS**  
4 per Insured, per Calendar Year

**INCURREAL PERIOD FOR LOSS**  
72 hours following an Accident

**INCURREAL PERIOD FOR TREATMENT**  
180 days following an Accident

## AMBULANCE & FACILITY BENEFITS

### AMBULANCE BENEFIT

Ground/Water Ambulance	\$200
Air Ambulance	\$1,500

**URGENT CARE TREATMENT BENEFIT** \$50

**EMERGENCY ROOM TREATMENT BENEFIT** \$130

**OBSERVATION UNIT BENEFIT** \$100

**HOSPITAL CONFINEMENT BENEFIT** \$200 per day

Maximum days per Accident 365

**HOSPITAL ADMISSION BENEFIT** \$1,000

**HOSPITAL ICU CONFINEMENT BENEFIT** \$400 per day

Maximum days per Accident 15

**HOSPITAL ICU ADMISSION BENEFIT** \$1,500

**REHABILITATION CONFINEMENT BENEFIT** \$1,000

## COMMON INJURY BENEFITS

### DISLOCATION BENEFIT

Dislocation Type (Separated Joint):	Closed Reduction	Open Reduction
Hip	\$3,000	\$6,000
Knee (except Patella)	\$1,500	\$3,000
Ankle – Bones or Bones of Foot	\$1,200	\$2,400
Collarbone (Sternoclavicular)	\$750	\$1,500
Lower Jaw	\$450	\$900
Shoulder (Glenohumeral)	\$450	\$900
Elbow	\$450	\$900
Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (Other*)	\$150	\$300
Partial Dislocation	25% of applicable benefit for joint involved	

### FRACTURE BENEFIT

Bone Type	Closed Reduction	Open Reduction
Skull – depressed fracture*	\$3,750	\$7,500
Skull –non-depressed fracture*	\$1,500	\$3,000
Hip, Thigh (Femur)	\$2,250	\$4,500
Vertebrae*	\$1,125	\$2,250
Pelvis	\$1,125	\$2,250
Leg	\$1,125	\$2,250
Bones of Face or Nose*	\$525	\$1,050
Upper Jaw – Maxilla*	\$525	\$1,050
Upper Arm between Elbow & Shoulder	\$525	\$1,050
Lower Jaw – Mandible*	\$450	\$900
Shoulder blade or Collarbone	\$450	\$900
Vertebral Processes	\$450	\$900
Forearm, Hand, Wrist	\$450	\$900
Kneecap (Patella)	\$450	\$900
Foot, Ankle	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Chip Fracture	25% of Closed Red benefit for bone involved	

## COMMON INJURY BENEFITS (cont'd)

### LACERATION BENEFIT

Repaired without stitches, sutures or staples	\$30
<i>Repaired with stitches, sutures or staples:</i>	

Total Length of all Lacerations	
Less than 3 inches	\$80
3 to 5 inches	\$300
Greater than 5 inches	\$600

**CONCUSSION BENEFIT** \$150

**TRAUMATIC BRAIN INJURY BENEFIT** \$300

### SURGERY BENEFIT

Open Abdominal & Thoracic Surgery	\$1,500
Cranial Surgery	\$1,500
Hernia Surgery	\$200
Ruptured Disc Benefit Amount	\$500
Torn Knee Cartilage Surgery	\$500
Tendon/Ligament Surgery	\$500
Rotator Cuff Surgery	\$500
Exploratory Surgery without repair	\$150

### BURNS AND SKIN GRAFT BENEFIT

Second Degree Burns:	
Covering over 35% of the Body Surface	\$1,000
Third Degree Burns:	
Covering over 50% of the Body Surface	\$12,000
Covering 10% to 50% of the Body Surface	\$4,000
Covering Less than 10% of the Body Surface	\$2,000
Skin Graft Benefit:	Additional 50% of Burn Benefit

**EMERGENCY DENTAL BENEFIT** \$300

**EYE INJURY BENEFIT** \$300

## FOLLOW-UP TREATMENT BENEFITS

**BLOOD, PLASMA AND PLATELETS BENEFIT** \$300

**PAIN MANAGEMENT BENEFIT** \$100

### MEDICAL IMAGING BENEFIT

X-Ray	\$30
Major Diagnostic Imaging	\$150

**MEDICAL APPLIANCE BENEFIT** \$100

**FOLLOW UP TREATMENT BENEFIT** \$50 per day

Maximum days per Accident 3

**OUTPATIENT THERAPY SERVICES BENEFIT** \$25 per day

Maximum days per Accident 10

**LODGING BENEFIT** \$100 per day

Maximum days per Accident 30

Distance from Insured's primary residence 50 miles

**TRANSPORTATION BENEFIT** \$500 per day

Maximum days per Accident 3

Distance from Insured's primary residence 50 miles

**PROSTHETIC DEVICE BENEFIT** \$1,000

\*See Certificate for additional details or exceptions. See Master Policy and Certificate for a full description of all terms, conditions, exclusions and limitations.

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# Ready for whatever's down the line.

## Critical Illness Insurance Policy

You never know what's coming down the line. It could be a critical condition that requires extended treatment, and you might incur more medical bills or need extra help with household expenses. An insurance policy can help keep your health expenses in line.

### What is Critical Illness insurance?

The Critical Illness insurance policy can help relieve this unexpected financial burden by providing a lump-sum benefit. You can use it to help manage your illness or put it toward household expenses, such as childcare, transportation, housecleaning or special equipment.

#### Plan benefits include:

- 10 critical conditions: Covers Cancer, Heart Attack and Stroke, as well as Coronary Artery Bypass (25% of benefit), Coma, Loss of Sight, Organ Transplant, Paralysis, Renal Failure and Severe Burns.
- Additional occurrence benefit: Covers an additional occurrence of a different disease at 100%, after a 6-month separation period.
- Recurrence benefit: Covers a recurrence of the same disease at 25% after a 6 month separation period.
- Health screening benefit: Provides \$50 for health screenings, such as blood tests, cancer screening, heart function testing and other common health tests.

You may opt for coverage for your spouse and/or child(ren) at 50% of benefit. You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage. A 12-month pre-existing condition limitation applies. The benefit is reduced by 50% at age 70.

(Note: Critical Illness is NOT health insurance; it does not replace your medical coverage.)

### How much does it cost?

The grid identifies the monthly premium amount based on your age, coverage amount you choose, and whether you choose dependent coverage.

Coverage type	Monthly premium amount											
	For \$10,000 of benefit				For \$20,000 of benefit				For \$30,000 of benefit			
	Member age	<39	40 - 49	50 - 59	60 - 74	<39	40 - 49	50 - 59	60 - 74	<39	40 - 49	50 - 59
Member only	\$14.57	\$25.37	\$39.17	\$63.27	\$25.37	\$46.97	\$74.57	\$122.77	\$36.17	\$68.57	\$109.97	\$182.27
Member + Spouse	\$18.40	\$33.50	\$58.70	\$92.10	\$32.30	\$62.50	\$112.90	\$179.70	\$46.20	\$91.50	\$167.10	\$267.30
Member + Child(ren)	\$15.80	\$26.40	\$40.00	\$63.90	\$27.70	\$48.90	\$76.10	\$123.90	\$39.60	\$71.40	\$112.20	\$183.90
Member + Family	\$19.00	\$34.20	\$59.40	\$92.90	\$33.50	\$63.90	\$114.30	\$181.30	\$48.00	\$93.60	\$169.20	\$269.70

#### Critical Conditions

- **Cancer:** A malignant tumor characterized by spread of malignant cells and invasion of tissue
- **Heart Attack:** The death of a portion of the heart muscle
- **Stroke:** Rupture of a cerebral artery, or a cerebral vascular accident or incident
- **Coma:** A state of unconsciousness that requires the use of life support systems
- **Coronary artery bypass:** Open heart surgery to correct narrowing or blockage of arteries (pays 25% of benefit amount)
- **Loss of sight:** Irreversible loss of sight in both eyes
- **Organ transplant:** Transplant of a human heart, lung, liver, kidney or pancreas
- **Paralysis:** Complete and permanent loss of function of two or more limbs for at least 90 days
- **Renal failure (end-stage):** Chronic, irreversible failure of both kidneys to function
- **Severe burns:** Third degree burns covering at least 20% of the body

See Master Policy and Certificate for all terms, conditions, exclusions and limitations.

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## MEMBER BENEFITS



As a Trucker Service Association (TSA) member, you are entitled to these profit enhancing benefits and discounts! *Learn details about these and other benefits at [www.tsatruck.org](http://www.tsatruck.org) or call us at (877) 968-8785 or email [service@tsatruck.com](mailto:service@tsatruck.com)*

### MEMBER BENEFITS

#### Scholarship Program

TSA offers educational scholarships to members and their dependents. Scholarships are awarded annually, in July. For more information and an application, please visit <http://www.tsatruck.com/your-membership/tsa-scholarship-guidelines.aspx>

#### TruckTalk

TruckTalk is the monthly e-newsletter of Trucker Service Association. We provide important business and industry updates designed to arm our members with the information needed to be more effective and efficient, on and off the road.

#### The Road Home

TSA's Original Podcast, **The Road Home** delivers business-driving information, industry news, new benefit updates, and entertainment. Trucking industry veteran John Piper provides information and resources to improve your life on the road - wherever the road may take you. Listen on the TSA website or wherever you find your favorite podcasts including, Google Podcasts, iHeart Radio, Apple Podcast or Spreaker. Be sure to SUBSCRIBE to get new episodes as they become available!

### PREMIUM PARTNER PROGRAMS

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#### Truck Insurance

Become a member of TSA and get quick price quotes, quality service and competitive pricing. TSA can help get your rig covered for the road ahead! Get a quote in minutes by calling 844-889-8474 or online at [TNTruck.com](http://TNTruck.com). Be sure to reference TSA when calling!

#### ATBS - Trusted Tax and Accounting for Owner-Operators

Our owner-operators earn 40% more profit than their peers. ATBS will handle your bookkeeping, tax prep, tax estimates, monthly P&L statements, plus a client portal to archive receipts and financials and a business coach dedicated to your success. Call 1-888-640-4829 and mention TSA to receive the TSA member preferred rate for standard business services.



## Drivers Legal Plan

Your CDL is your ability to make a living. Drivers Legal Plan is an actual national law firm dedicated to protecting the rights of truck drivers. The basic concept of the Plan is simple: to make the highest quality legal representation available to the driver force, and to make it affordable.

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## MASA Assist

MASA MTS provides you with coverage for BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports you – you're covered in all 50 states and Canada! Visit <https://www.mtsdemo.masaassist.com/tsa> for more information.

## EpicVue

Stay Connected, Wherever You Are! The comforts of home are available right in your truck with EpicVue satellite TV. With the EpicVue dome & DIRECTV receiver you're ready to watch 100+ channels of premium entertainment. **Code: TSAMember** Learn more <https://tsatruck.org/benefits/your-tsa-benefits/>

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### UPS

TSA members can save up to 18% off UPS Express air & international shipments and 9% off UPS ground shipments. All with the peace of mind that comes from using the carrier that delivers outstanding reliability, greater speed, more service, and innovative technology. UPS guarantees delivery of more packages around the world than anyone, and delivers more packages overnight on time in the US than any other carrier. *Setting up a new account?* Call 800-325-7000 between 8 am - 9 am Eastern to set up an account. Use code: BTBC37KZ5 *Already have an account?* Call to add the new TSA code.

### LensCrafters

Save up to 20% on purchases and 10% on eye exams and contact lenses at LensCrafters. Call 1-877-753-6727 for a location near you

### Pharmacy Discount Benefit

Save 10-85% on prescription drugs - and have them delivered to your front door. Go to <http://bit.ly/QG8N9U> to print your card and view local and mail order pharmacy details.

### Hewlett-Packard Computer & Digital Equipment

Receive discounts on HP notebooks, laptops, desktops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more. Find out more at [hp.com](http://hp.com).

### Roadside Assistance

Interstar provides 24-7 access to lower rates for towing, tire replacement and minor mechanical work. Save 20% on Interstar management fees at the time of repair with your TSA coupon code. For more information, visit [roadsidemasters.com](http://roadsidemasters.com).

## MEMBER BENEFITS



### **RudolphTire**

Get a free, no obligation quote on Rudolph Tires. Visit [RudolphTire.com](http://RudolphTire.com) for more information.

### **TravelerBonus.com**

Discount and rebates for rooms when you're on the road. Learn more at [TravelerBonus.com](http://TravelerBonus.com).

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