



AFFORDABLE HEALTH INSURANCE & PERSONAL PROTECTION PLANS

(800) 877-9637

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

TNtruck.com

TRUE NORTH
Insurance and Financial Strategies

DRIVER RESOURCE:

PLEASE CONSIDER THE FOLLOWING BEFORE CALLING YOUR ADVISOR:

Name _____

Primary Contact Phone Number _____

Motor Carrier _____

Contractor Driver ID _____

Who are you looking to cover?

- Member
- Member + Spouse
- Member + Child(ren)
- Member + Family

Name, date of birth and phone for dependent or beneficiaries.

Dependent/Beneficiary 1)

Dependent/Beneficiary 2)

Dependent/Beneficiary 3)

Have you had insurance in the past **90** days?

- Yes
- No

What questions do you have for your advisor?

Your Advisor: _____



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

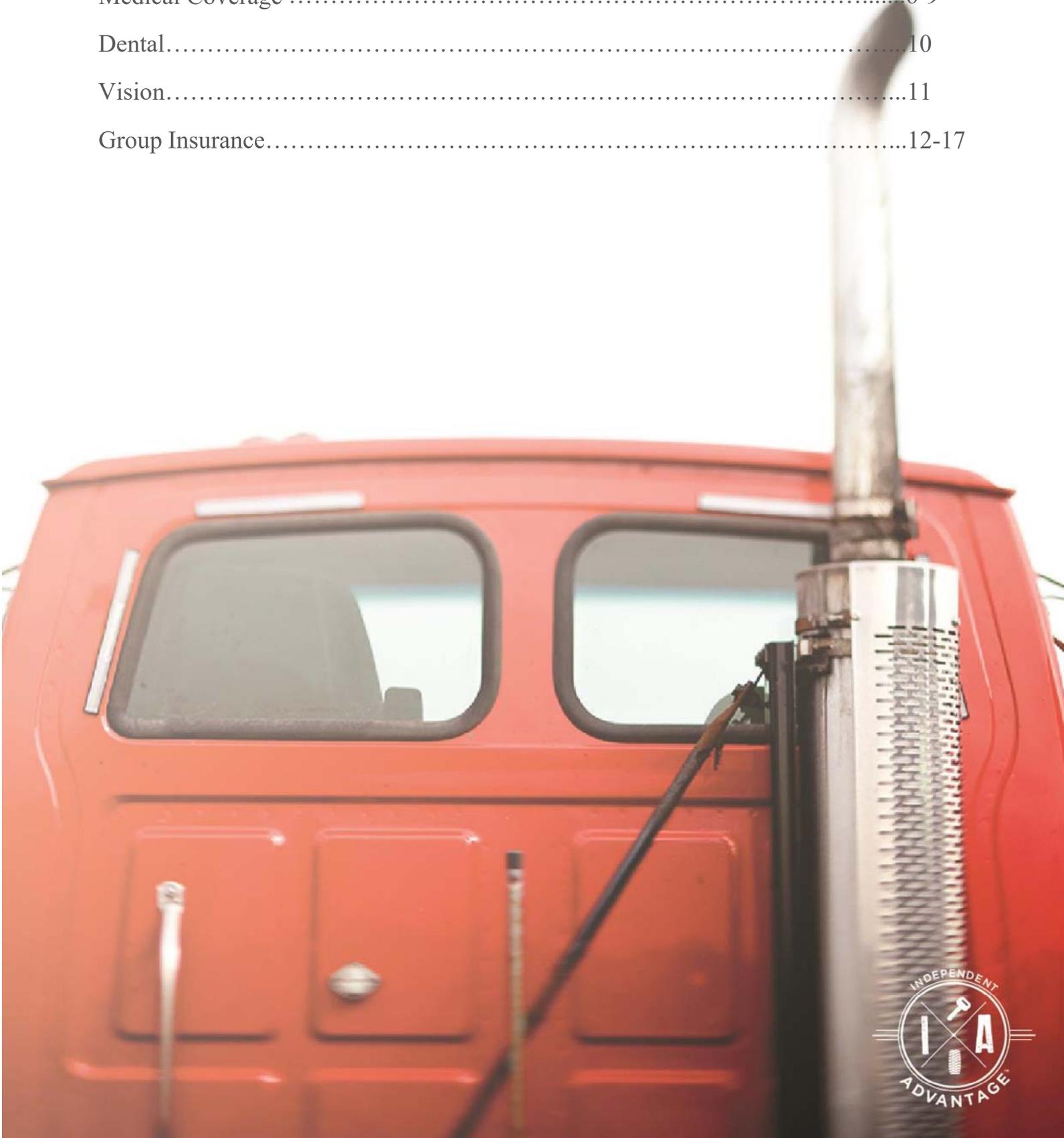
Independent Advantage is a driver insurance platform offered through TrueNorth® Companies, L.C.

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	MEMBER	MEMBER+ SPOUSE	MEMBER+ CHILDREN	MEMBER+ FAMILY
PLAN OPTIONS				
Choice Plus	\$146.18	\$304.91	\$235.32	\$417.17
Choice Premier	\$232.47	\$487.67	\$374.46	\$668.43
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	MEMBER	MEMBER+ SPOUSE	MEMBER+ CHILDREN	MEMBER+ FAMILY
PLAN OPTIONS				
Choice Plus	\$36.55	\$76.23	\$58.83	\$104.29
Choice Premier	\$58.12	\$121.92	\$93.62	\$167.11
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	MEMBER	MEMBER+ SPOUSE	MEMBER+ CHILDREN	MEMBER+ FAMILY
PLAN OPTIONS				
Choice Plus	\$33.73	\$70.36	\$54.30	\$96.27
Choice Premier	\$53.65	\$112.54	\$86.41	\$154.25
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 Team 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.

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

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.

Why do I need GLI?

54%

of U.S. adults have delayed health care, because they can't afford it.¹

40%

of people say they have trouble paying medical bills or affording premiums.²

1 PwC Health Research Institute: Medical Cost Trend, 2018

2 Kaiser Family Foundation/LA Times: Employer Health Benefits Survey, 2019

What are the specific plan benefits?

Group Limited Indemnity

Definition	Benefit amount/maximum	
	Choice Plus	Choice Premier
Hospital indemnity benefits		
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)	\$600 per insured, per day 30 days per insured, per year	\$1,500 per insured, per day 30 days per insured, per year
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.	\$1,000 per insured, per admission 1 admission per insured, per year	\$2,000 per insured, per admission 1 admission per insured, per year
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$1,200 per insured, per day 30 days per insured, per year	\$3,000 per insured, per day 30 days per insured, per year
Surgery benefits		
Inpatient Surgery For inpatient surgery in a hospital, due to sickness or injury	\$1,500 per insured, per day 2 days per insured, per year	\$3,500 per insured, per day 2 days per insured, per year
Outpatient Major Surgery For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	\$1,000 per insured, per day 2 days per insured, per year	\$1,500 per insured, per day 2 days per insured, per year
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist	\$500 per insured, per day 2 days per insured, per year	\$1,000 per insured, per day 2 days per insured, per year
Emergency room and physician's office/urgent care benefits		
ER for Sickness For treatment in an ER due to sickness	\$100 per insured, per day, 1 day per insured, per year	\$150 per insured, per day, 1 day per insured, per year
ER for Accidental Injury For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	\$250 per insured, per day 1 day per insured, per year	\$350 per insured, per day 1 day per insured, per year
Physician's Office/Urgent Care For services rendered by a physician at physician's office or urgent care facility	\$70 per insured, per day 6 days per insured, per year	\$85 per insured, per day 6 days per insured, per year
Wellness Visit For physician office visits for routine physical examinations and well baby care, including immunizations for infectious diseases	\$100 per insured, per day 1 day per insured, per year	\$150 per insured, per day 2 days per insured, per year
Lab, x-ray, and diagnostic testing benefits		
Outpatient Lab For lab test, ordered by a physician	\$100 per insured, per day 3 days per insured, per year	\$100 per insured, per day 3 days per insured, per year
Outpatient X-ray For x-ray, ordered by a physician	\$100 per insured, per day 3 days per insured, per year	\$100 per insured, per day 3 days per insured, per year
Outpatient Major Diagnostic Testing For major diagnostic testing, ordered by a physician	N/A	\$400 per insured, per day 2 days per insured, per year
Mental health and substance abuse benefits		
Mental or Nervous Disorders Confinement For confinement and treatment of a mental or nervous disorder in a Mental or Nervous Treatment Facility	\$150 per insured, per day 30 days per insured, per year 1 confinement per year	\$400 per insured, per day 30 days per insured, per year 1 confinement per year
Substance Abuse Confinement For confinement and treatment of Substance Abuse in a Substance Abuse Treatment Facility	\$150 per insured, per day 30 days per insured, per year 1 confinement per year	\$400 per insured, per day 30 days per insured, per year 1 confinement per year
Other benefits		
Skilled Nursing For confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$150 per insured, per day 30 days per insured, per year	\$400 per insured, per day 30 days per insured, per year

Critical Illness

Definition	Choice Plus	Choice Premier
<p>Pays a lump sum benefit upon diagnosis of a serious disease:</p> <ul style="list-style-type: none"> • Cancer: A malignant tumor characterized by spread of malignant cells and invasion of tissue. (30-day waiting period). • Coma: A state of unconsciousness that requires the use of life support systems. • Heart Attack: The death of a portion of the heart muscle. • Organ transplant: Transplant of a human heart, lung, liver, kidney or pancreas. • Paralysis: Complete and permanent loss of function of 2 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. • Stroke: Rupture of a cerebral artery, or a cerebral vascular accident or incident. <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 Plus	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: \$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. It is a subsidiary of The Beazley Group, which was founded in 1986. Beazley Benefits is Beazley's U.S. group insurance division, which provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

Contact Us

Beazley Benefits
8500 Normandale Lake Blvd | Suite 955
Minneapolis, MN 55437 USA

www.beazley.com/beazley-benefits

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 # 2868-8 The Group Limited Indemnity policy is offered under **Policy Form Series AHGLIMM001**. The Critical Illness policy is offered under **Policy Form Series AHCI0001**. This is a limited benefit policy. The AD&D policy is offered under **Policy Form Series AHPAC0001**. 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.



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.arriverx.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 or call 800-226-5116



Telemedicine Benefits

Offered by MDLIVE

MDLIVE has the nation's largest telehealth network which provides anytime access to board certified doctors and pediatricians. There is \$0 Copay and an unlimited number of visits. You can have a virtual consult to diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone.

Locate a participating provider at: www.mdlive.com/myewellness or call 888-976-0802



Discount Services

Offered by WellDyne Health

WellCard Health helps members save on prescription drugs and a wide range of health services including:

- Prescription Drugs
- Dental
- Vision
- Hearing
- Diabetic Care Services
- Vitamins
- Lab
- 24/7 Doctor
- MRI & Imaging
- Daily Living Products
- Medical Bill Help
- WellCard Rewards

Your Coverage with a Dentemax Provider

To locate a Dentemax provider go to www.citizensgroup.com

Services	Coverage	
Type A - Diagnostic & Preventative <ul style="list-style-type: none"> Clinical Oral Examinations – maximum 2 procedures per 12months Dental Prophylaxis – maximum 2 procedures per 12 months Bitewing X-rays – maximum of 1 set per 12 months, set includes up to 4films Space Maintainers – limited to dependent children under the age of 16 – for the premature loss of a primary tooth Sealants – limited to dependent children under the age of 16, maximum of 1 procedure per lifetime, applications made to permanent molar teeth only 	100% MAC	
Type B - Basic Care <ul style="list-style-type: none"> Full Mouth X-rays – including panoramic films – maximum of 1 procedure in a 5 year period Emergency Care Treatment – maximum of 1 procedure per 12 months Extractions (Simple) – includes local anesthesia, suturing, if needed and routine follow up care Amalgam Restorations – replacement of an existing only if in place for 24months Resin Restorations – anterior – replacement of an existing only if in place for 24months 	80% MAC	
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.	50% MAC	
<ul style="list-style-type: none"> Maintenance Prosthodontics – adjustments and repairs to denture and fixed bridges, limited to adjustments and repairs performed more than 12 months after initial insertion 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 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 Periodontics – Surgical Services – maximum of 1 procedure per 36 months, per quadrant Extractions (Surgical) – includes impactions, residual roots and unerupted teeth Oral Surgery – includes pre-operative and post-operative care Anesthesia – only in conjunction with eligible complex oral surgery procedures and subject to review 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 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 		
Annual Maximum for all Types A-B-C	\$1,250 per covered person per calendar year	
Deductible	\$50 per calendar year, with a maximum of 3 deductibles per family on Types B-C services	
	Monthly Rate	52 Week Rate
Member Only	\$25.30	\$5.84
Member & Spouse	\$43.79	\$10.11
Member & (Child)ren	\$45.77	\$10.56
Family	\$68.06	\$15.71

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

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

Your Coverage with Other Providers

ExamUp to \$40	Single Vision LensesUp to \$40
FramesUp to \$45	Bifocal LensesUp to \$60
Contact Lenses – Medically Necessary ...Up to \$225	Trifocal LensesUp to \$80
Contact Lenses – ElectiveUp 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.



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 Premiums¹

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 Benefits¹

- 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.

- ¹ 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.
- ¹ 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

#N-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.



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

INCURRAL PERIOD FOR LOSS

72 hours following an Accident

INCURRAL 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

Repaired with stitches, sutures or staples:

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.
Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best.

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.

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 #2868-8 This policy is offered under Policy Form Series AHIC0001. This is a limited benefit policy. The Critical Illness product is filed as a Non-Participating Specified Disease policy in North Carolina. The Portability benefit is filed as Continuation of Coverage in Oregon. 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. 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.



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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!

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