



TRUE CHOICES

BENEFITS CREATED EXCLUSIVELY FOR TSA MEMBERS

**AFFORDABLE
HEALTH INSURANCE &
PERSONAL PROTECTION PLANS**

(800)877-9637

Monday - Friday, 8:00 A.M. - 5:00 P.M. CST

www.TrueChoicesMarketplace.com

TRUE NORTH[®]
Insurance and Financial Strategies

DRIVER RESOURCE:

Please consider the following before calling your advisor:

1. Name
2. Primary Contact Phone Number
3. Motor Carrier
4. Contractor Driver ID
5. Who are you looking to cover? Member, Member +Spouse, Member +Child(ren) or Member+Family.
6. Name, date of birth and phone for dependent or beneficiaries.
7. Have you had insurance in the past 90 days?
8. What questions do you have for your advisor?

Your Advisor: _____

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MEDICAL FOR OWNER OPERATORS

COVERAGES AVAILABLE

Monthly Rates

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
PLAN OPTIONS				
Choice	\$119.06	\$247.12	\$190.86	\$336.72
Choice Plus	\$146.18	\$304.91	\$235.32	\$417.17
Choice Preferred	\$197.45	\$413.17	\$317.07	\$564.52
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 INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
PLAN OPTIONS				
Choice	\$29.77	\$61.78	\$47.72	\$84.18
Choice Plus	\$36.55	\$76.23	\$58.83	\$104.29
Choice Preferred	\$49.36	\$103.29	\$79.27	\$141.13
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 INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILDREN	MEMBER +FAMILY
PLAN OPTIONS				
Choice	\$27.48	\$57.03	\$44.04	\$77.70
Choice Plus	\$33.73	\$70.36	\$54.30	\$96.27
Choice Preferred	\$45.57	\$95.35	\$73.17	\$130.27
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 Enrollment Hotline at 800-877-9637

Fixed-Payment Medical Insurance



Coverage to Include	Choice	Choice Plus	Choice Preferred	Choice Premier
Outpatient Benefits				
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit Benefits are paid at a preselected, fixed dollar amount per visit, up to a calendar year maximum. This benefit excludes preventive care and vaccinations.	<u>\$50 per visit</u> \$300 pp/pcy ² max.	<u>\$70 per visit</u> \$500 pp/pcy ² max.	<u>\$80 per visit</u> \$500 pp/pcy ² max.	<u>\$85 per visit</u> \$500 pp/pcy ² max.
Preventive Care Benefit This benefit pays a preselected, fixed dollar amount per visit for routine exams, immunizations and medical treatments up to a calendar year maximum.	<u>\$75 per visit</u> \$75 pp/ pcy max.	<u>\$100 per visit</u> \$100 pp/ pcy max.	<u>\$150 per visit</u> \$150 pp/ pcy max.	<u>\$150 per visit</u> \$300 pp/ pcy max.
Outpatient Diagnostic, X-Ray & Lab Benefit This benefit pays a preselected, fixed dollar amount for one or more diagnostic X-ray or lab tests performed by a doctor during a <i>single</i> visit to a provider. A visit means one sitting for one or multiple diagnostic X-ray procedures or one sitting for one or multiple diagnostic laboratory procedures. Benefits are subject to a calendar year maximum and will be paid when hospital confinement is not required.	<u>\$100 per visit</u> \$500 pp/ pcy max.	<u>\$100 per visit</u> \$500 pp/ pcy max.	<u>\$150 per visit</u> \$600 pp/ pcy max.	<u>\$150 per visit</u> \$600 pp/ pcy max.
Outpatient Major Diagnostic Testing Benefit Benefits will be paid at a preselected, fixed dollar amount up to a calendar year maximum number of tests for the following: magnetic resonance imaging (MRI), computed tomography (CT, CAT scan), mammography, stress test, electrocardiogram, (ECG, EKG), ultrasound, bone density, amniocentesis and chromosome analysis.	---	---	<u>\$200 per test</u> 1 test pp/ pcy max.	<u>\$200 per test</u> 3 tests pp/ pcy max.
Inpatient Hospital Benefits				
Inpatient Hospital Benefits 500 days per lifetime unless noted Benefits are paid at a preselected, fixed dollar amount beginning on the first day of a covered stay lasting a minimum of 24 hours. Each benefit has maximums of 10 to 90 days per calendar year. ICU, substance abuse, mental health, and nursing facility stays are included under this benefit.				
Hospital Stay	\$400 per day	\$600 per day	\$1,000 per day	\$1,500 per day
30 days pp/pcy				
Intensive Care Unit	\$800 per day	\$1,200 per day	\$2,000 per day	\$3,000 per day
30 days pp/pcy				
Substance Abuse Facility	\$400 per day	\$600 per day	\$1,000 per day	\$1,500 per day
30 days pp/pcy				
Mental Health Facility	\$200 per day	\$300 per day	\$500 per day	\$750 per day
30 days pp/pcy, 180 days lifetime maximum				
Nursing Facility	\$200 per day	\$300 per day	\$500 per day	\$750 per day
60 consecutive days per stay maximum. This benefit is paid only if following a covered hospital stay of at least three consecutive days and the insured is under age 65.				
Hospital Inpatient Admission Benefit This benefit pays for admission to a healthcare facility for a minimum of 24 hours when confinement is medically necessary and is the result of a nonoccupational illness or injury. The benefit will be paid regardless of any other inpatient hospital benefits available to the insured.				
Coverage per confinement	\$500	\$1,000	\$1,500	\$2,000
Admittances	1 pp/pcy max.	1 pp/pcy max.	1 pp/pcy max.	1 pp/pcy max.

Fixed-Payment Medical Insurance



	Choice	Choice Plus	Choice Preferred	Choice Premier
<i>Surgical and Surgical Anesthesia Benefit</i>				
Surgical Benefit This benefit pays a preselected, fixed dollar amount for surgeries performed by a doctor. Benefits are paid according to the surgical schedule.	\$3,000 pp/pcy max. Schedule D	\$5,000 pp/pcy max. Schedule D	\$7,500 pp/pcy max. Schedule D	\$10,000 pp/pcy max. Schedule D
Surgical Anesthesia Benefit Provides a benefit for anesthesia administered by an anesthesiologist or anesthetist in connection with a covered surgical procedure. The benefit is a preselected percentage of the benefit payable for the surgical procedure.	20% of Surgical procedure benefit, \$600 pp/pcy max. Schedule D	20% of Surgical procedure benefit, \$1,000 pp/pcy max. Schedule D	20% of Surgical procedure benefit, \$1,500 pp/pcy max. Schedule D	20% of Surgical procedure benefit, \$2,000 pp/pcy max. Schedule D
<i>Certificateholder Life/Accidental Death and Dismemberment Insurance Benefits (AD&D)</i>				
Certificateholder Life/AD&D¹ Insurance Benefit Life insurance and AD&D amounts reduce by 35% at age 65 and by an additional 35% each five-year period thereafter.	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
<i>Dependent Life Insurance Benefit</i>				
Dependent Life Insurance Benefit Life coverage on a spouse or domestic partner terminates when the certificateholder's coverage terminates. Life coverage on a child terminates when the child ceases to be an eligible dependent or when the certificateholder's insurance coverage terminates.	Spouse or Domestic Partner	\$5,000	\$5,000	\$5,000
	Child	\$2,500	\$2,500	\$2,500
	Infant	\$400	\$400	\$400
<i>Critical Illness Policy</i>				
Critical Illness Benefit Coverage is provided upon the first ever diagnosis of specific conditions covered under the policy. Covered conditions include: invasive cancer, heart attack, stroke, end-stage renal failure, major organ transplant, severe burns, paralysis and coma. No other critical illnesses are covered under this policy. The amount is reduced by 50 percent beginning at age 65. Insureds can only be paid once during their lifetime for each covered condition. Benefits will <i>not</i> be paid for conditions diagnosed before coverage is effective or after the insured's coverage has terminated.	Certificateholder	\$5,000	\$5,000	\$10,000
	Spouse or Domestic Partner	\$5,000	\$5,000	\$10,000
	Child	\$1,250	\$1,250	\$2,500
<i>Additional Benefits</i>				
PPO Network	Included	Included	Included	Included
Health Advocacy Services	Included	Included	Included	Included
EAP+Work/Life Program	Included	Included	Included	Included
Wellness Program	Included	Included	Included	Included
Survivor Benefit	Included	Included	Included	Included
Domestic Partner Benefit	Included	Included	Included	Included

*For premium costs and complete details, please consult your broker or benefit advisor.

¹AD&D=Accidental Death & Dismemberment

²pp/pcy=per person, per calendar year

Select Benefits policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004 and provide benefits at a preselected, fixed dollar amount. They are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Base policy form number are LGC-8786 and LGC-9095 in most states. Not available in all U.S. states or any U.S. territory.

additional benefits & services



In addition to the insurance benefits provided by Symetra Life Insurance Company, all plans include a provider network and other services as noted below.

Value-add Services

Available with all policies at no additional charge to enrolled members, their spouse, dependent children, parents and parents-in-law.

➤ Health Advocacy

Personalized assistance with a full range of health care and insurance-related issues such as locating doctors and other providers, scheduling appointments, resolving claims and billing issues and more.

➤ NurseLine™

Direct access to a registered nurse 24/7 for non-urgent concerns. Nurses are available to answer questions about symptoms or medications, explain medical conditions and direct you to appropriate care for immediate attention, if needed.

➤ Medical Bill Saver™

Expert negotiators will work with providers to reduce the cost of medical and dental bills that are not covered by your insurance.

➤ EAP+Work/Life™

Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family- and work-related issues.

➤ Wellness Program

Unlimited access to highly trained wellness coaches by telephone, email or secure web messaging for participants age 18 and over. Additional, self-guided resources are available on a secure wellness website.

Survivor Benefit

If the primary insured dies while covered under the policy, all eligible dependents may choose to extend their medical benefits coverage for two years (limitations apply) with no additional premium payments. The group policy must remain in-force and the eligible dependent(s) must meet the coverage requirements of the policy. We can work with policyholders to help surviving dependents transition their benefits.

MultiPlan Network

Access to health care professionals and services at negotiated, discounted rates is one of the benefits offered with your group fixed-payment medical coverage. Use of MultiPlan's Limited Benefit Plan network allows members to save money on their medical services by providing access to more than 445,000 health care professionals, 4,400 hospitals and 83,000 ancillary facilities nationwide. For more information, visit www.multiplan.com/symetra

Member Services

Select Benefit Administrators (SBA), is a dedicated resource for Select Benefits' policyholders and plan participants. Call or email SBA for information on filing claims, to verify benefit eligibility or coverage, ask general policy questions, find in-network providers, and more.

Toll-free phone: 1-800-497-3699

Email: symsba@symetra.com

Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, insures the Survivor Benefit provided under the Select Benefits insurance policy. Value-add services are offered by Health Advocate™ through Symetra. Health Advocate, a subsidiary of West Corporation, is not affiliated with any insurance or third party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment. Health Advocate is not affiliated with Symetra Life Insurance Company or its affiliates.

Select Benefit Administrators is an administrative division of Symetra Life Insurance Company.

Schedule of Benefits

ANNUAL DEDUCTIBLE	
Per Family	N/A
Per Insured Family	N/A
RETAIL CO-PAY	
Generics	\$10 Lessor of Logic
Preferred Brands	\$50 Greater of Logic
Non-Preferred Brands	N/A
MAIL ORDER CO-PAY	
Generics	\$30
Preferred Brands	\$150 or 50%
Non-Preferred Brands	N/A
MONTHLY MAXIMUM BENEFITS PAYABLE	
Per Insured Person	\$300
Per Insured Family	\$600

COVERED AND EXCLUDED ITEMS

Covered Items

Prescription Drug: All outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded, and any of the following. Outpatient means a Prescription Drug is not taken in, or administered by, a hospital or any other health care facility or office.

Diabetic Products- over-the-counter

- Diabetic Supplies – alcohol swabs, lancets, lancet devices, test strips & Tablets (urine, blood glucose, ketone)
- Inulin & insulin syringes

Family Planning

- Oral Contraceptives

Other Legend Drugs

- Acne products (Retin-A, up to 24th birthday)
- Compounds, one ingredient must be legend
- Cough & Cold
- Immunosuppressants

Nutritional Products

- Prenatal Legend Vitamins

All over-the-counter and injectable medications are excluded unless shown above. If classifications contain both prescribed and over-the-counter or both injectable and non-injectable products, only the non-injectable, prescribed products will be covered unless shown above.

Exclusions/Limitations

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplement and all other over-the-counter products and medications.	11. Drugs needed due to conditions caused, directly or indirectly, by an insured person taking part in a riot or other civil disorder; or the insured person taking part in the commission of a felony.
2. Blood glucose meters; insulin injecting devices.	12. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed force.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.	13. Any expenses related to the administration of any drug.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug.	14. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.
5. All other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug.	15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental program.
6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin-used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements.	16. Drugs, medicines, or products which are not medically necessary.
7. Anorexiants; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; any drugs or products used for the treatment of baldness topical dental fluorides.	17. Diaphragms; Erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; infertility Legend drugs.
8. Refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription.	18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection.
9. Any drug labeled "Caution-limited by Federal Law for Investigational Use" or experimental drugs.	19. Smoking deterrents, Legend or over-the-counter.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.	20. Vacation Supplies and replacement of lost, stolen, spilled, broken, or dropped Prescription Drugs.
	21. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication

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

DENTAL INSURANCE THROUGH

Your Coverage with a Dentemax Provider

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

Services		Coverage
Type A—Diagnostic & Preventative		100% MAC
<ul style="list-style-type: none"> Clinical Oral Examinations – maximum 2 procedures per 12 months Dental Prophylaxis – maximum 2 procedures per 12 months Bitewing X-rays – maximum of 1 set per 12 months, set includes up to 4 films 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 		
Type B—Basic Care		80% MAC
<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 24 months Resin Restorations – anterior – replacement of an existing only if in place for 24 months 		
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 procedures per lifetime; root canal therapy – maximum of procedure per 24 months 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		\$1,000 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.

Your Coverage with a Davis Vision Provider

To locate a Davis Vision provider go to www.citizensgroup.com

Exam	\$10 Copay.....every 12 months
Materials	\$25 Copay <ul style="list-style-type: none"> Lenses.....every 12 months Frames (up to \$130).....every 24 months
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

Group Disability Insurance



You never know when a disability could prevent you from earning an income. Fortunately, there's a way to help protect your income. If an accident or sickness prevents you from earning a paycheck, Colonial Life's Group Disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPENSES		AMOUNT
Mortgage or rent		\$
Utilities (electric/gas, phone, water, TV, Internet)		\$
Transportation costs (gas, car payments)		\$
Food		\$
Health (medical needs and prescription drugs)		\$
Other		\$
	TOTAL	\$

BENEFITS WORKSHEET
How much coverage do I need? Monthly benefit amount for off-job accident and off-job sickness: _____ Choose a monthly benefit amount between \$400 and \$4,000.*
How long will I receive benefits? Benefit period: 6 or 12 months The partial disability benefit period is three months.
When will my total disability benefits start? After an accident: 14 days After a sickness: 14 days

*Subject to income requirements

Product information:

- If you are partially disabled you may be able to receive 50% of your disability benefit. You will have had to be paid at least 14 days of total disability.
- Your premium will be based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change due to age.
- Premium payments will be waived after 90 consecutive days of a covered disability.
- Issue age 17 to 74.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Underwritten by Colonial Life & Accident Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life & Accident Insurance Company.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GDIS-P or call 1-800-877-9637 to speak with a representative."

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Group Term Life Insurance

How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life & Accident Insurance Company's Group Term Life Insurance can help provide financial security for your family.



Immediate costs

- Funeral expenses
- Medical bills



Ongoing living expenses

- Mortgage
- Utilities
- Groceries



Future needs

- College tuition
- Money for retirement

Why is group term life insurance a good option?

- Death benefit which includes accidental death coverage
- Lower cost option
- Coverage for specified periods of time, which can be during high-need years
- Benefit is typically paid tax-free to your beneficiaries

Additional benefits and services

- **Built-in Accelerated Death Benefit** provides an advance of up to 75% of the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness.¹
- **LifeWorks** provides 24-hour confidential personal support and referral service, including will preparation services. Face-to-face sessions with mental health professionals are available.²

ONLINE

LifeWorks.com

Username: **coloniallife**

Password: **lifeworks**

TELEPHONE

English: **1-888-645-1772**

Spanish: **1-888-732-9020**

TTY: **1-800-346-9188**

- **Life Planning Financial and Legal Resources** offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.²

Get the most out of your coverage

- **Portability:** If you retire or change careers, you may still be able to take your coverage with you at an affordable rate.
- **Conversion:** You may be eligible to convert your coverage to an individual life policy without proof of good health when coverage ends under the group policy.

¹ Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less.

² LifeWorks and Life Planning Financial and Legal Resources are available with select insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GTL1.0-P or call 1-800-877-9637 to speak with a representative.

Underwritten by Colonial Life & Accident Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life & Accident Insurance Company.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GTL1.0-P or call 1-800-877-9637 to speak with a representative."

Group Accident Plan



Colonial Life's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident. **Offered with guaranteed issue underwriting - No health questions asked.*

Benefits listed are for each covered person per covered accident unless otherwise specified. There may be additional benefits available.

Initial Care

■ Accident Emergency Treatment	\$125	■ Ambulance	\$200
■ Air Ambulance	\$1,500	■ X-ray Benefit	\$30

Accidental Injuries

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (acromioclavicular and separation)	\$150	\$300
One Toe or Finger	\$150	\$300
Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$3,750	\$7,500
Non-Depressed Skull	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,125	\$2,250
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow and Shoulder	\$525	\$1,050
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Process	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$150	\$300

Please see the Outline of Coverage for a full list of covered injuries and expenses.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

How do I know how much a benefit pays?

Benefit amounts are preset and not based on the medical expenses you are charged. You get a lump sum payment that is specific to the injury or treatment required.

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have, and the benefits are paid directly to you (unless you specify otherwise).

Exclusions and Limitations

We will not pay any benefits for losses that are caused by, contributed to by or occur as a result of: felonies or illegal occupations; hazardous avocations; racing; semi-professional or professional sports; sickness; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: intoxicants and narcotics. The covered person must incur a charge and the certificate must be in force for benefits to be payable.

For complete details, please see your plan documents. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). This is not an insurance contract and only the actual policy provisions will control. Colonial Life Group Accident is not available for sale to New York residents.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For cost and complete details, contact 1-800-877-9637.

Underwritten by Colonial Life Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life Insurance Company.

THIS IS A LIMITED BENEFIT POLICY

The base policy provides ACCIDENT insurance only and does not provide coverage for sickness. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Group Specified Disease Insurance



Group specified disease insurance helps pay for non-medical and out-of-pocket medical expenses upon diagnosis of a specified critical illness. This specified disease coverage from Colonial Life & Accident Insurance Company offers the protection you need to concentrate on what is most important—your treatment, care and recovery.

How will you pay for what your health insurance won't?

It's true—a serious medical event such as cancer, heart attack or stroke could leave you in a period of financial difficulty. Even if you have major medical coverage, there are typically uncovered expenses to consider, such as deductibles and copayments, travel expenses to and from treatment centers and the loss of wages or salary. If faced with this situation, would you be able to maintain your current way of life?

Critical Illness Benefit: This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of a covered critical illness.

Covered Critical Illness Conditions	
For this critical illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Coronary Artery Bypass Graft Surgery/Disease ¹	25%

¹ Benefit for Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when Health Savings Account (HSA) compliant plan is selected.

Diagnosis of Cancer Benefit: This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of cancer (internal or invasive).

Covered Cancer Benefits	
For this condition...	We will pay:
Diagnosis of Cancer	100% of the face amount
Diagnosis of Carcinoma in Situ	25% of the face amount
Skin Cancer	\$500 flat amount

Please see the Outline of Coverage for a full list of covered injuries and expenses.

Exclusions and Limitations for Critical Illness - We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of Critical Illness that occurs as a result of a covered person's: drug addiction; illegal activities; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with critical illness.

Exclusions and Limitations for Cancer - We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed with having cancer (internal or invasive), carcinoma in situ or skin cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-MO. Please see your plan documents for details.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For cost and complete details, contact 1-800-877-9637. Underwritten by Colonial Life Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life Insurance Company.

THIS IS A LIMITED BENEFIT POLICY

This policy provides limited benefit health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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BENEFITS BULLETIN

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Save up to 8 cents/gallon below the cash price. Call 801-656-4701 and ask for Steve to begin saving. TSA TCH Fuel Card required for discounts.

InterStar - Roadside Assistance

24-7 Access to lower rates for towing, tire replacement and minor mechanical. Save 20% on InterStar management fees at the time of repair by giving your TSA coupon code "BBTSA10." Call 1-800-888-1001 to inquire, or to setup an account.

24-Hour Nurse Line

Unlimited access to registered nurses - 24 hours a day, 365 days a year. Call toll-free at 1-800-982-2401 for this confidential service.

Patriot Mobile

Exclusively offers members unlimited talk, text and 1 GB of data for just \$45 - all this, and 5% of your monthly bill will help fund TSA programs. Switch now and join the cause - your cause: www.patriotmobile.com/mailler/01/tsa.html

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Discounts on UPS delivery services like next day air, second day air, standard and international. To sign up, call 1-800-325-7000 and ask to be linked to the Business AdvantEdge Association discount program. Can also sign up online by going to www.business-edge.net and click on Member Benefits/UPS0.

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