



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

ABOUT

Independent Advantage is designed exclusively for Owner Operators.

. 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:

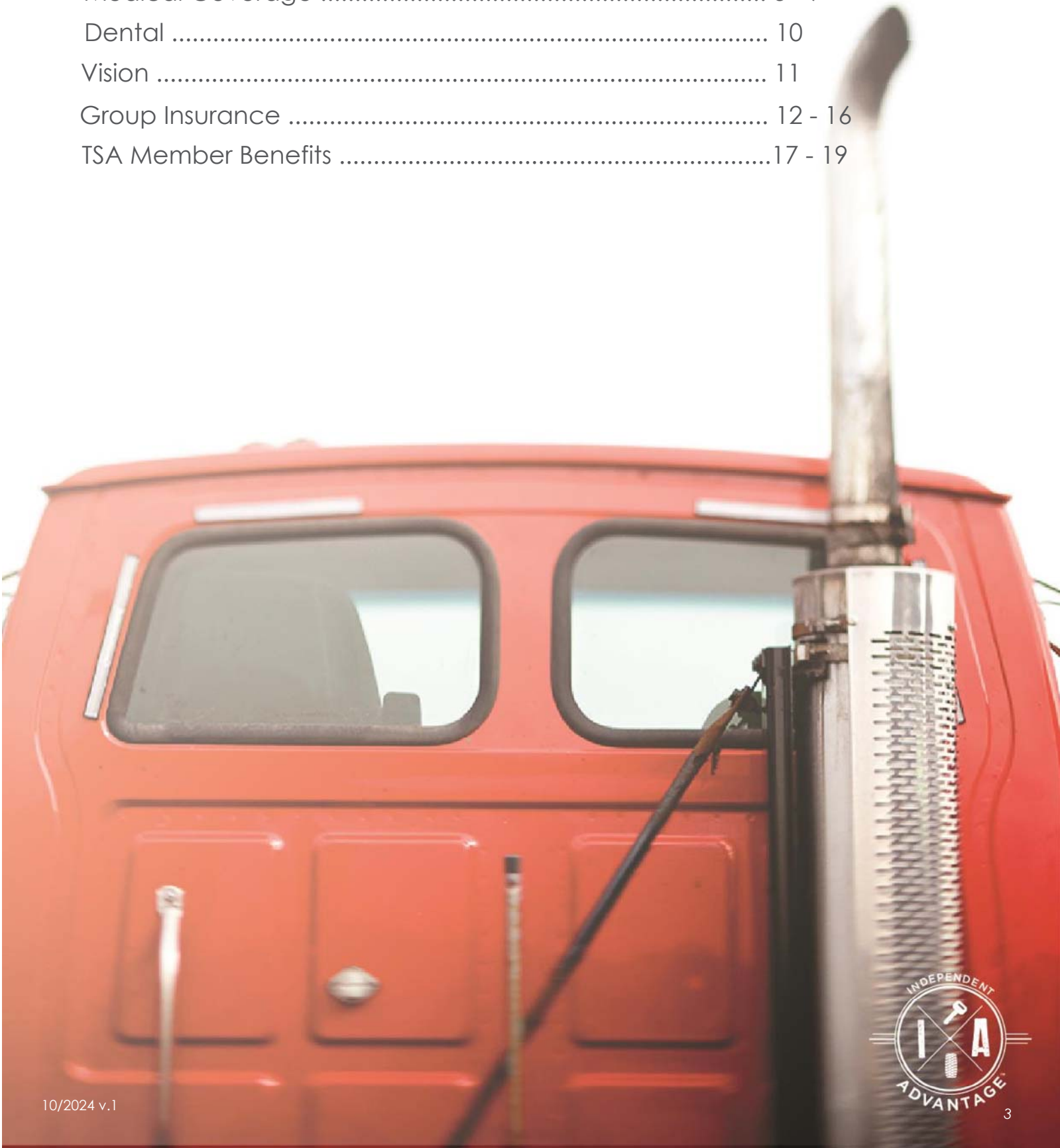
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MEDICAL FOR OWNER OPERATORS

COVERAGES AVAILABLE

Monthly Rates

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILD(REN)	MEMBER +FAMILY
PLAN OPTIONS				
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 High	\$28.84	\$54.18	\$71.10	\$119.66
Dental Low	\$27.98	\$51.56	\$60.52	\$89.92
Vision	\$6.50	\$12.42	\$13.32	\$19.10

Weekly Rates (Based upon 48 weekly deductions/year)

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILD(REN)	MEMBER +FAMILY
PLAN OPTIONS				
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 High	\$7.21	\$13.55	\$17.78	\$29.92
Dental Low	\$7.00	\$12.89	\$15.13	\$22.48
Vision	\$1.63	\$3.11	\$3.33	\$4.78

*These are standard TrueChoices rates. Please check with your motor carrier for your specific deduction schedule

Weekly Rates (Based upon 52 weekly deductions/year)

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILD(REN)	MEMBER +FAMILY
PLAN OPTIONS				
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 High	\$6.66	\$12.50	\$16.41	\$27.61
Dental Low	\$6.46	\$11.90	\$13.97	\$20.75
Vision	\$1.50	\$2.87	\$3.07	\$4.41

*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 TrueChoices 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.

As a member of TSA, 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.¹

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
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)	\$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
Surgery benefits				
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
Emergency room and physician's office/ urgent care benefits				
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
Lab, x-ray, and diagnostic testing benefits				
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
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	\$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
Other benefits				
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">• 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	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. CA License # 2868-8. The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM0001. 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.

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.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 Plan

Enhanced Telemedicine

Virtual Urgent Care services provide access, 24/7 through phone and video interactions, no matter the member's location or circumstance. Plus get access to counseling and psychiatry when you need it.

**\$0
Copay**

Product Highlights

Virtual Urgent Care

24/7 Access

Recuro physicians are available whenever patients need them, day or night

\$0 Consult

Access virtual urgent care services with no consult fee or copay

Easy Access

Live video and phone options let each patient receive care the way they like

Full Family Coverage

Provides the same access and benefits for your entire household

Consult Transcription

Consults can be recorded and transcribed, allowing patients continuous access to information



Sample Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Anxiety
- Depression
- Marital issues
- And More

Virtual Behavioral Health

Psychiatry

Psychiatry and behavioral health medication management.*

Therapy and Counseling:

Therapy and counseling services from social workers and psychologists. Members receive 3 \$0 consults per family per year.*

Health Risk Assessment

Behavioral Health-focused risk assessment

Electronic Prescription Ordering

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup

Full Family Coverage

Provides the same access and benefits for your entire household

*Additional visits are subject to consult fees



SUMMARY OF COVERAGE	HIGH PLAN			LOW PLAN		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating	Delta Dental PPO™	Delta Dental Premier®	Non-Participating
Deductible						
Individual	\$50*	\$75*	\$100*	\$50*	\$75*	\$100*
Family	\$150*	\$225*	\$300*	\$150*	\$225*	\$300*
Annual Period Maximum per person per calendar year	\$2,000			\$1,500		

BENEFIT CATEGORIES

Coinsurance paid by member

Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays)	0%	0%	20%	0%	0%	20%
Periodontal Maintenance Therapy**	50%	60%	70%	50%	60%	70%
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	30%	40%	20%	30%	40%
Posterior Composites (tooth-colored filling on back teeth without alternative processing)	20%	30%	40%	20%	30%	40%
Endodontic Services*** (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)	50%	60%	70%	50%	60%	70%
Periodontal Services*** (gum and bone diseases, complex procedures, athletic mouth guards)	50%	60%	70%	50%	60%	70%
High Cost Restorations*** (cast restorations – crowns, inlays, onlays, posts, cores)	50%	60%	70%	50%	60%	70%
Prosthetics*** (bridges, dentures)	50%	60%	70%	50%	60%	70%
Implants	Not Covered			Not Covered		
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19	50% coinsurance and \$1,500 lifetime maximum			Not Covered		

MONTHLY RATES

	High Option	Low Option
Single	\$28.84	\$27.98
Member / Spouse	\$54.18	\$51.56
Member / Child(ren)	\$71.10	\$60.52
Family	\$119.66	\$89.92

Eligible children through age 25. Full-time (unmarried) students eligible through age 99. Percentages shown are what the member pays.

*Deductible is waived for all diagnostic and preventive care.

** Deductible applies to Periodontal Maintenance Therapy - 12 month waiting period may apply.

*** 12 month waiting period may apply to Endodontic, Periodontal, Cast Restorations and Prosthetic Services.

Dental plans and rates are effective October 1, 2024 through September 30, 2025. The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.

VISION CARE SERVICES	In-Network Member Cost	Out-of-Network Allowance
Benefit Frequency		
Contact Lenses or Lens		Once every calendar year
Exam		Once every calendar year
Frame		Once every two calendar years
Exam	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	\$0	N/A
Frames	80% of Balance over \$130	Up to \$65
Lens		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
- Tier 1	\$110 Copay	N/A
- Tier 2	\$120 Copay	N/A
- Tier 3	\$135 Copay	N/A
- Tier 4	\$90 Copay, plus 80% of Balance less \$120	N/A
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
Lens Options		
Standard Polycarbonate	\$40 Copay	
Standard Plastic Scratch Coating	\$15 Copay	
Tint (Solid and Gradient)	\$15 Copay	
UV Treatment	\$15 Copay	
Standard Anti-reflective (a/r) Coating	\$45 Copay	
Photochromatic/ Transitions	\$75 Copay	N/A
Other Lens Options	80% of Charge	
Premium Anti-reflective (a/r) Coating		
- Tier 1	\$57 Copay	
- Tier 2	\$68 Copay	
- Tier 3	80% of Retail	
Contact Lenses		
Conventional	85% of Balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0	Up to \$200
Contact Lens Fit & Follow-up Exam		
Standard	Up to \$40	N/A
Premium	10% Discount Off Retail Price	
Non-Scheduled Items		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction	85% Retail Price or 95% Promotional Price	N/A

MONTHLY RATES	Single	Member / Spouse	Member / Child(ren)	Family
Rate	\$6.50	\$12.42	\$13.32	\$19.10

Vision plans and rates are effective October 1, 2024 through September 30, 2028. Veratrus Benefit Solutions, Inc. underwrites DeltaVision, using the EyeMed Vision Care Insight network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus visit, deltadentalia.com/veratrus.

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 income 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 hours worked or working 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.

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

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

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**. Income 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.

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

#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.

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
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.

Monthly premium amount												
Coverage type	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	60 – 74
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.

MEMBER BENEFITS



As a Truckers 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 or call us at (877) 968-8785 or email 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 Truckers 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

Independent Advantage Business Coverage

Independent Advantage provides protection for independent contractors. Do you have affordable physical damage, non-trucking liability, bobtail and occupational accident coverage? Independent Advantage has business solutions designed to assist you in meeting your driving needs. Please call 877-968-8785 or visit TNTruck.com to learn more.

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Why pay more for your car insurance? Save up to 17% by bundling your personal insurance with the same company that covers your truck. Independent Advantage was created specifically for Owner-Operators. TSA's trusted partner at 800-877-9637 or visit TNTruck.com to learn more.

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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. 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.

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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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Save Time, Save Fuel, Save Money! Give PrePass weigh station bypass a try. TSA members get your first 2 months free. Visit PrePass.com/TSA to sign up or call 866-228-1424 and mention your TSA membership.

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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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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.

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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.

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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.

MEMBER BENEFITS



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Get a free, no obligation quote on Rudolph Tires. Visit RudolphTire.com for more information.

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