



True
ChoicesSM
RESOURCE
GUIDE

1-800-877-9637
MONDAY - FRIDAY
8:00 A.M. - 5:00 P.M. CST
www.truechoicesvideos.com



TSA Member Benefits

As a **Truckers Service Association (TSA)** member you are entitled to these **profit enhancing benefits and discounts for only \$9 a month.**

Rudolph Tire

Get a **free, no obligation** quote on Rudolph Tires.
Call **1.866.989.7613** and give the promo code: **TSA**

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.

Fuel Discount (Pilot, TA, Love's & Petro)

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

BestPass

Save up to 30% on tolls – Use to by-pass most weight-stations.
Call 1-888-410-9696 and ask for Rich Kellie or visit www.bestpass.com to begin saving.

Accidental Death & Dismemberment

24/7 Accidental Death & Dismemberment and Automatic enrollment for \$10,000 of coverage on yourself. *Please ask your member representative for full coverage detail.*

LensCrafters

Save up to 20% on purchases & 10% on eye exams and contact lenses
Call 1-800-522-LENS for a location near you. Tell them TSA's ID Allowance Code: #9133281 (NAC).

Sprint Mobile Phone Plans

Get a 19% discount on most rate plans, excludes "simply everything"
Call 1-888-860-9572 and mention BAE1

GymAmerica.com

Web-based, interactive exercise and diet program for you and your family.
Receive 3 months for the price of 2.
For more information visit www.gymamerica.com/NAC.

TravelerBonus.com

Discounts and rebates for rooms when you're on the road.
Check out www.travelerbonus.com and use the password NAC to see savings and rebates.

Pharmacy Discount Benefit

Save 10-85% on prescription drugs – and have them delivered to your front door.
Go to <http://www.NBDrugCard.com/DrugCard.aspx?ID=52401> to print your own card and view local and mail order pharmacy details.

Safelite Vehicle Glass Program

Get a discount on repair and replacement services for the glass in your truck.
For more information call safelite AutoGlass® at 888-800-4527 and give account #345297 as reference.

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.

UPS Express Delivery Services

Discounts on UPS delivery services like next day air, 2nd 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/UPS

Truckers Service Association

www.tsatruck.com • service@tsatruck.com • 877-968-8785 • Fax (319) 362-5131 • P.O. Box 1863, Cedar Rapids, IA 52406

All insurance programs provided to Truckers Service Association (TSA) members are exclusively brokered by TrueNorth®, a licensed insurance agency located in Iowa.

Coverage Available

Weekly Rates*

*Based upon 52 deductions/year

Limited Benefit Hospital Indemnity 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 include insurance and non-insurance products.				
DENTAL - LOW OPTION	\$ 4.36	\$ 7.15	\$ 8.57	\$ 12.13
DENTAL - HIGH OPTION	\$ 5.84	\$ 10.11	\$ 10.56	\$ 15.71
Rates include insurance and non-insurance products.				
VISION PLAN	\$ 1.60	\$ 3.05	\$ 3.20	\$ 4.93
Rates include insurance and non-insurance products.				
SHORT TERM DISABILITY	See benefits page for sample rates.			
LONG TERM DISABILITY	See benefits page for sample rates.			
TERM LIFE INSURANCE	See benefits page for sample rates.			
ACCIDENT INSURANCE	See benefits page for rates.			
CRITICAL ILLNESS	See benefits page for sample rates.			
RETIREMENT OPTIONS	See benefits page.			
MAJOR MEDICAL	See benefits page.			
DRIVER'S LEGAL PLAN	See back cover.			

ENROLL TODAY!

Call the TrueChoices Enrollment Hotline at

800-877-9637

Monday – Friday 8am-5pm CST

Speak to a TrueChoices specialist about your individual needs and enroll over the phone.

Limited Benefit Medical Insurance through



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.	\$50 per visit \$300 pp/pcy ² max.	\$70 per visit \$500 pp/pcy ² max.	\$80 per visit \$500 pp/pcy ² max.	\$85 per visit \$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.	\$75 per visit \$75 pp/ pcy max.	\$100 per visit \$100 pp/ pcy max.	\$150 per visit \$150 pp/ pcy max.	\$150 per visit \$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.	\$100 per visit \$500 pp/ pcy max.	\$100 per visit \$500 pp/ pcy max.	\$150 per visit \$600 pp/ pcy max.	\$150 per visit \$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.	---	---	\$200 per test 1 test pp/ pcy max.	\$200 per test 3 tests pp/ pcy max.
Surgical and Surgical Anesthesia Benefit				
Surgical Benefit This benefit pays a preselected fixed dollar 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 This provides benefits 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

Limited Benefit Medical Insurance through



	Choice	Choice Plus	Choice Preferred	Choice Premier
<i>Inpatient Hospital Benefit</i>				
Inpatient Hospital Benefits 500 days per lifetime unless noted				
Benefits are paid on the first day of a covered stay. ICU, substance abuse, mental health and nursing facility stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy.				
Hospital Stay 30 days pp/pcy	\$400 per day	\$600 per day	\$1,000 per day	\$1,500 per day
Intensive Care Unit 30 days pp/pcy	\$800 per day	\$1,200 per day	\$2,000 per day	\$3,000 per day
Substance Abuse Facility 30 days pp/pcy	\$400 per day	\$600 per day	\$1,000 per day	\$1,500 per day
Mental Health Facility 30 days pp/pcy, 180 days lifetime maximum	\$200 per day	\$300 per day	\$500 per day	\$750 per day
Nursing Facility 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.	\$200 per day	\$300 per day	\$500 per day	\$750 per day
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. This benefit will be paid regardless of any other inpatient hospital benefits available to the insured.				
Coverage per confinement Admittances	\$500 1 pp/pcy max.	\$1,000 1 pp/pcy max.	\$1,500 1 pp/pcy max.	\$2,000 1 pp/pcy max.
<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 percent at age 65 and by an additional 35 percent 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 insurance 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	\$5,000
Child	\$2,500	\$2,500	\$2,500	\$2,500
Infant	\$400	\$400	\$400	\$400

Limited Benefit Medical Insurance through



	Choice	Choice Plus	Choice Preferred	Choice Premier
Outpatient Prescription Drug Policy				

Outpatient Prescription Drug Indemnity Benefit

Brand Name

Amount	\$25 per prescription	\$25 per prescription	\$25 per prescription	\$25 per prescription
Number of Prescriptions	5 pp/pcy max	5 pp/pcy max	5 pp/pcy max	5 pp/pcy max

Generic

Amount	\$10 per prescription	\$10 per prescription	\$10 per prescription	\$10 per prescription
Number of Prescriptions	8 pp/pcy max	8 pp/pcy max	8 pp/pcy max	8 pp/pcy max

	Choice	Choice Plus	Choice Preferred	Choice Premier
Critical Illness Policy				

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 *not* be paid for conditions diagnosed before coverage is effective or after the insured's coverage has terminated.

Certificateholder	\$5,000	\$5,000	\$10,000	\$10,000
Spouse or Domestic Partner	\$5,000	\$5,000	\$10,000	\$10,000
Child	\$1,250	\$1,250	\$2,500	\$2,500

	Choice	Choice Plus	Choice Preferred	Choice Premier
Additional Benefits				

PPO Network	Included	Included	Included	Included
Health Advocacy Services	Included	Included	Included	Included
Pharmacy Discount Program	Included	Included	Included	Included
Survivor Benefit	Included	Included	Included	Included
Domestic Partner Benefit	Included	Included	Included	Included

	Choice	Choice Plus	Choice Preferred	Choice Premier
Weekly Premium (52 pay periods)				

Certificateholder	\$27.48	\$33.73	\$45.57	\$53.65
Certificateholder + Spouse	\$57.03	\$70.36	\$95.35	\$112.54
Certificateholder + Children	\$44.04	\$54.30	\$73.17	\$86.41
Certificateholder + Family	\$77.70	\$96.27	\$130.27	\$154.25

¹AD&D=Accidental Death & Dismemberment

²pp/pcy=per person, per calendar year

Insurance benefits are provided under the Select Benefits Indemnity Policy, form number LGC-8786 2/03, and/or Critical Illness Policy, form number LGC-9095 2/07, and/or Outpatient Prescription Drug Indemnity Policy, form number LGC-10018 10/11. It is insured by Symetra Life Insurance Company located at 777 108th Ave NE, Suite 1200, Bellevue, WA 98004. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are paid based on a preselected fixed amount. It may be subject to exclusions, limitations, reductions and terminations of benefits provisions. Please review the description of benefits for additional details. For more information, contact your agent.

additional benefits & services



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

HEALTH ADVOCACY SERVICES

Assistance with a full range of healthcare and insurance issues is available to enrolled participants and their spouses, dependent children, parents and parents-in-law. Services include:

- Help locating the right doctor, hospital, dentist or other leading healthcare providers
- Scheduling appointments and arranging for treatments and tests
- Assistance transferring X-rays, lab results and medical records
- Provision of cost estimates for common medical procedures

A DIRECT LINE TO HEALTHCARE HELP

Talk to a registered nurse and get trusted advice when you need it, 24 hours a day, 7 days a week. A registered nurse can:

- Answer questions about symptoms and medication usage
- Provide immediate information and simple self-care tips for non-urgent care
- Refer you to the appropriate care (doctor, urgent care center or ER), as needed
- Help you avoid unnecessary trips to the ER and get you the medical information you need faster

PHARMACY DISCOUNT

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

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 limited benefit medical plan. Use of MutliPlan's Limited Benefit Plan network will allow 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.

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, benefit eligibility, to verify benefit 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, located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, insures the Survivor Benefit provided under the Select Benefits Group Indemnity Insurance Policy. Health Advocacy Program (provided by Health Advocate) and Pharmacy Discount Program (administered by RESTAT) are offered through Symetra. Health Advocate 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 and RESTAT are not affiliated with Symetra Life Insurance Company. Select Benefit Administrators is a department of Symetra Life Insurance Company.

Your Coverage with a Dentemax Provider

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

Services	Coverage	Low Option	High Option
Type A – Diagnostic & Preventative <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. 	100% MAC	Yes	Yes
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 24 months. ▪Resin Restorations – Anterior – replacement of an existing only if in place for 24 months. 	80% MAC	Yes	Yes
Type C – Major Restorative – 12 month waiting period <ul style="list-style-type: none"> ▪Maintenance Prosthodontics – Adjustments and repairs to dentures 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 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 Inlays and 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. 	50% MAC	No	Yes
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		

Your Weekly Rate

Low Option

High Option

	Low Option	High Option
Member Only	\$4.36	\$5.84
Member & Spouse	\$7.15	\$10.11
Member & Child(ren)	\$8.57	\$10.56
Family	\$12.13	\$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 my.citizensgroup.com

Exam	\$10 copay..... <i>every 12 months</i>
Materials	\$25 copay ▪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 NecessaryUp 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).

Your Weekly Rate

Member Only\$1.60	Member & Spouse\$ 3.05
Member & Child(ren)\$ 3.20	Family\$ 4.93

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

Short Term Disability Insurance through



KANSAS CITY LIFE

Plan Highlights

Elimination Periods:	14 Days Injury / 14 Days Sickness
Benefit Period:	26 Weeks
Benefit Amounts:	Choose from \$250 to \$700 per week. Not to exceed 60% of weekly earnings.
Coverage For:	Members Only
Guaranteed Issue:	Up to \$700 per week.
Hospital Confinements:	Benefits begin on the 1 st day of hospitalization, if confined to a hospital 24+ hours.
Replacement Coverage:	Available up to policy limits if replacing existing coverage.
Pre-existing Condition Limitation:	12/12 waiting period.
Partial Disability Benefit:	Pays 50% of the weekly benefit for up to 13 weeks.
Waiver of Premium:	While receiving Short Term Disability benefits.
Claim Payment:	Paid on a weekly basis on all eligible claims.
Claim Amounts:	Pays in addition to all other sources of income the first 10 days, then pays benefits up to a maximum of 100% of gross income.
Pregnancy Claims:	Covered the same as any other illness.
Non-Occupational Coverage:	Off the job only.
Rates:	Issue age for initial policy and benefit amount increases.

Benefits and Rates

WEEKLY RATE

If You Make At Least:	You May Elect Up To:	18-39	40-49	50-59	60-69
\$ 1,806/mo	\$ 250/wk	\$ 5.37	\$ 6.87	\$ 7.96	\$ 9.45
\$ 2,528/mo	\$ 350/wk	\$ 7.52	\$ 9.61	\$ 11.14	\$ 13.23
\$ 3,612/mo	\$ 500/wk	\$ 10.74	\$ 13.73	\$ 15.91	\$ 18.90
\$ 4,334/mo	\$ 600/wk	\$ 12.89	\$ 16.48	\$ 19.09	\$ 22.68
\$ 5,056/mo	\$ 700/wk	\$ 15.04	\$ 19.22	\$ 22.28	\$ 26.46

The information provided here is only a summary of the Short Term Disability plan. Refer to your certificate/policy for complete details and limitations of coverage.

Long Term Disability Insurance through



KANSAS CITY LIFE

Plan Highlights

Elimination Period:	180 Days
Benefit Period:	Up to 2 years (graded over age 65)
Benefit Amounts:	Choose from \$1,000 to \$3,000 per month. Not to exceed 60% of income.
Coverage For:	Members Only
Guaranteed Issue:	Up to \$3,000 per month.
Partial Disability Benefit:	Pays 50% of the monthly benefit for up to 12 months.
Waiver of Premium:	While receiving Long Term Disability benefits.
Claim Payment:	Paid on a weekly basis on all eligible claims.
Pregnancy Claims:	Covered the same as any other illness.
Coverage:	24 Hour.
Rates:	Issue age for initial policy and benefit amount increases.

Benefits and Rates

WEEKLY RATE

If You Make At Least:	Maximum Benefit Amount:	18-39	40-49	50-59	60-69
\$ 1,667/mo	\$ 1,000/mo	\$.81	\$ 2.05	\$ 4.20	\$ 9.76
\$ 2,500/mo	\$ 1,500/mo	\$ 1.21	\$ 3.08	\$ 6.30	\$ 14.64
\$ 3,334/mo	\$ 2,000/mo	\$ 1.62	\$ 4.11	\$ 8.40	\$ 19.52
\$ 4,167/mo	\$ 2,500/mo	\$ 2.02	\$ 5.13	\$ 10.50	\$ 24.40
\$ 5,000/mo	\$ 3,000/mo	\$ 2.42	\$ 6.16	\$ 12.60	\$ 29.28

The information provided here is only a summary of the Long Term Disability plan. Refer to your certificate/policy for complete details and limitations of coverage.

Term Life and AD&D through



KANSAS CITY LIFE

Plan Highlights

Member Coverage:	\$20,000 to \$500,000 in \$10,000 increments to a maximum amount of the greater of \$100,000 or 5x basic annual earnings.
Spouse Coverage:	Up to the lesser of \$250,000 or 50% of member coverage.
Child(ren) Coverage:	\$10,000 for unmarried dependent child(ren) ages 6 months to 19 years (or to age 23, if full-time student). \$1,500 for ages 14 days to 6 months.
Guarantee Issue:	\$180,000 for Member \$50,000 for Spouse
Health Questions:	Required for benefits over guarantee issue amount.
Accelerated Benefit:	Up to 80% of benefit to a maximum of \$250,000.
Portable:	For up to 3 years.
Waiver of Premium:	Included.
AD&D Rider:	Member: may elect up to 2x life benefit or \$500,000. Spouse: may elect up to spouse life benefit. Child(ren): equals child benefit.

Sample Benefits and Rates*

* Rates include AD&D Rider. Additional age ranges, rates and benefits available. Contact a TrueChoices specialist for more information.

WEEKLY RATE* Non-Tobacco

Age	\$50,000	\$70,000	\$90,000	\$110,000	\$130,000
40-44	\$ 3.92	\$ 5.49	\$ 7.06	\$ 8.63	\$ 10.19
45-49	\$ 5.94	\$ 8.32	\$ 10.69	\$ 13.07	\$ 15.44

WEEKLY RATE* Tobacco

40-44	\$ 7.49	\$ 10.48	\$ 13.47	\$ 16.47	\$ 19.46
45-49	\$ 11.65	\$ 16.31	\$ 20.97	\$ 25.63	\$ 30.29

Child Life and AD&D \$.62

The information provided here is only a summary of the Term Life plan. Refer to your certificate/policy for complete details and limitations of coverage.

Accident Plan through Continental American

**Guaranteed Issue – No health questions asked.
Benefits do not reduce as you get older.
Pays regardless of any other insurance you may have.**

Policy Description Highlights	Benefits
Hospital Benefits Medical Fees, Hospital, Admission, Hospital Confinement, Hospital Intensive Care.	Pays up to \$1,000
Additional Benefits Ambulance, Air Ambulance, Blood Plasma, Appliances, Internal Injuries, Accident, Follow Up Treatment, Exploratory Surgery, Prosthesis, Physical Therapy, Transportation, Family Lodging, Wellness.	Pays up to \$1,000
Fractures Hip/Thigh, Vertebrae, Pelvis, Skull, Leg, Forearm, Hand, Foot, Ankle, Kneecap, Shoulder Blade, Collar Bone, Lower Jaw, Upper Arm, Upper Jaw, Facial Bones, vertebral Processes, Coccyx, Rib, Finger, Toe.	Pays up to \$6,000
Dislocations Hip, Knee, Shoulder, Foot, Ankle, Hand, Lower Jaw, Elbow, Finger, Toe.	Pays up to \$4,000
Burns 2 nd Degree, 3 rd Degree.	Pays up to \$10,000
Lacerations	Pays up to \$400
Specific Injury Ruptured Disc, Tendons, Ligaments, Torn Knee Cartridge, Eye Injuries, Concussions, Coma, Emergency Dental Work, Paralysis.	Pays up to \$10,000
Accidental Death & Dismemberment Accidental Death, Accidental Common Carrier Death (Plane, Train or Bus), Single Dismemberment, Double Dismemberment, Loss of One or More Fingers or Toes, Partial Amputation of Fingers and Toes. <small>*Check your certificate for a complete listing of benefits and benefit amounts. Plan not available in NY, NV, NH, WA, UT & OR.</small>	Pays up to \$100,000

Weekly Rate	
Member	\$4.20
Member and Spouse	\$5.81
Member and Children	\$7.59
Member and Family	\$9.20

Critical Illness through Continental American

Critical Illness Insurance prepares you for the added costs of battling a critical illness. The benefit is lump-sum from \$5,000 to \$30,000 upon the diagnosis of a covered illness paid directly to the insured. Individual and family coverage is available. The first \$5,000 of coverage for the driver is guaranteed issue.

Many people with a critical illness survive their life threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up. According to a recent Harvard Study, the average out-of-pocket costs exceeded \$13,000 in the first 90 days for those that had health insurance!

- **First Occurrence, Lump Sum Benefits are payable upon initial diagnosis of a covered illness** or condition. RMC member amounts are available from \$5,000 to \$30,000. Spousal coverage is available up to \$15,000 for a charge. Children are covered at 25% of the primary insured amount at no additional charge.

- **Additional Occurrence Benefit.** If an insured collects full benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses, then **we pay the full benefit for each additional illness.** Occurrences must be separated by at least 6 months.

- **Re-Occurrence Benefit.** If you collect full benefits for covered condition and are later diagnosed with the same condition, **we will pay the full benefit again.** The two dates of diagnosis must be separated by at least 12 months or 12 months treatment free for cancer.

- **\$50 Health Screening Benefit** (member and spouse only). We will pay this benefit once per calendar year. We will pay this benefit regardless of the results of the test. Please see your certificate for a complete list of tests.

Covered Critical Illnesses*

Illness Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
Renal Failure (end stage).	100%
Internal Cancer	100%
Carcinoma in Situ**	25%
Coronary Artery Bypass Surgery**	25%

*At age 70 benefits are reduced by 50%

**See limitations and exclusions in the back of this booklet.

Sample Weekly Rates

AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-39	\$3.36	\$4.60	\$5.85	\$7.09	\$8.34
40-49	\$5.85	\$8.34	\$10.83	\$13.33	\$15.82
50-54	\$8.09	\$11.70	\$15.31	\$18.92	\$22.53
55-59	\$10.67	\$15.58	\$20.48	\$25.38	\$30.29
60-64	\$14.60	\$21.46	\$28.33	\$35.19	\$42.06

*Plan not available in NY, NV, NH, WA, UT & OR

Retirement Planning for Owner Operators

SIMPLE IRA plans are available for affiliated owner operators that allows for tax deductible savings up to \$11,500 per year. For those age 50+, an additional \$2,500 may be deposited. All accounts accumulate income tax free until withdrawn.

Program Highlights Include...

- The participant can elect any contribution amount from \$50 per month to the maximum allowed and change the amount at any time.
- Contributions are made once each month directly from the participants checking account.
- The plan is portable
- If contributions exceed \$600 in a year, there is no annual fee. If not, it is \$30 per year.
- Interest rate is declared monthly, currently 2% with a 1% bonus at the end of the first year. The plan has a guaranteed minimum interest rate of 1%.
- All contributions and interest are guaranteed by Kansas City Life Insurance Company.
- All plan documents available at no charge.
- Early surrender and tax penalties apply per contract and IRS rules.

Major Medical Plan for Owner Operators

Individual Major Medical options are available for affiliated owner operators through some of the nation's top major medical carriers.

Program Highlights Include...

- Quoting is available in all 50 states
- Underwriting & Application Process
- Call today for a quote!!

The information provided here is only a summary of the Retirement Planning and Major Medical plans. Refer to your certificate / policy for complete details and limitations of coverage.

CDL Protector through



Protect Your Career and Cover Your Legal Costs.

As a professional driver, your driving record is your most valuable asset. Traffic tickets will hurt anyone's driving record, but as a licensed commercial driver, moving violations can threaten your job and your livelihood.

Designed specifically for today's professional truck driver, Open Road Drivers Plan® puts local, licensed attorneys on your side whenever and wherever you need them. Membership privileges extend to your spouse at no additional charge and we cover U.S. and Canadian drivers.

Local Traffic Attorneys

When you receive a traffic ticket, Open Road Drivers Plan finds an attorney to represent you. Our coast-to-coast network consists of attorneys throughout the U.S. or Canada, each with experience in the local courts and communities. The Open Road Drivers Plan pays attorney fees directly up to the scheduled amounts.

*Qualifications and exclusions may apply.

Bonding Services

\$10,000 – Police bail bond

For accident bond coverage, Open Road Drivers Plan will provide bond coverage up to \$10,000 for members arrested for moving violations when involved in vehicular accident.

\$1,000 – Appearance bond

The Open Road Drivers Plan will provide bond services up to \$1,000 to cover your first appearance after a traffic violation.

Bonds are provided by Westchester Fire Insurance Company of Philadelphia, PA.

Personal Legal Fees

\$1,000 – Moving violations

Participation in the Open Road Drivers Plan entitles you to assistance with legal fees, win or lose, up to \$1,000 per occurrence, including appear for any moving violation.

\$1,000 – Non-moving violations

Open Road Drivers Plan members are entitled to legal fee assistance, win or lose, up to \$1,000 for your defense against non-moving violations, including appeal. The plan will cover seatbelt and parking violations when they affect your CDL. Other non-moving violations may include alleged overweight, overwidth, overheight, or overlength citations

\$5,000 – Manslaughter, negligent homicide, vehicular homicide.

By participating in Open Road Drivers Plans, you can receive legal assistance for your defense against manslaughter, negligent homicide or vehicular homicide involving a traffic accident. Up to \$5,000 may be attributed to your legal fees, including appeal, regardless of the outcome of the case.

\$500 – Vehicle damage

If hiring an attorney becomes necessary to recover the cost of repairing your vehicle after an accident, Open Road Drivers Plan will reimburse you or pay your attorney directly, win or lose, for services up to \$500 per occurrence.

Your Weekly Rate \$7.96*

**Spouse included at no additional charge.*

Committed to Professional Drivers Since 1989.