

AFFORDABLE HEALTHCARE SOLUTIONS



see inside
for details

GW2010BW

AFFORDABLE HEALTHCARE SOLUTIONS. THIS ISN'T LIKE THE OTHER PLANS YOU'VE SEEN. Check out the difference and participate in the open enrollment. Information about the program is included for your review, but a more detailed package is easy to access through the web or by making a phone call. **Try it!**



Simple, Easy and Quick!

- **Your enrollment period is now.**
- Newly leased independent contractors will be able to enroll 30 days after their contract date.
- **Guaranteed Issue coverage**, modified Guaranteed Issue, and Simplified Issue are available to all new members and your only requirement is to say “yes” or “no” to the benefits offered.
- You can pick one, none, or **any combination of benefits** that best suit your needs.

Enrollment Instructions

- **The enrollment is handled through our call center.** Representatives visit some terminals—watch for announcements!
- **A PIN will serve as your signature for membership and applications for insurance.** The PIN you use will be assigned by your motor carrier or created by you. Your driver number or truck number are common.
- **Please review the information in this booklet.** After you have reviewed the benefits and **rates call our representative at 1-877-517-8900** and they can answer your questions and assist in your enrollment. More information is available at **Truckercare.com/Greatwide.**
- **A confirmation** of your benefit elections, cost, effective date, and deduction start date **will be mailed or emailed** to you upon completion.



Dear Prospective CDAoA Member,

An overview of the ITC program is enclosed. Take a moment to review the benefits and services, so you can take full advantage of the valuable program set up for you and/or your family.

There are two types of benefits available to members: Those included in your CDAoA membership and those that can be obtained through the ITC program, on a voluntary basis, for an additional premium.

Included in ITC Membership for \$3.46/wk

- Roadside Support
- Legal Services
- Pharmacy Discounts
- Hotel Discounts
- Medical Supplies Service has been designed to offer members a convenient solution for ordering medical supplies and equipment
- Movie Discount Tickets
- VIP Health and Wellness
- Identity Protection

This is NOT insurance.

Exclusive ITC Insurance Options

- Three Types of Health Insurance
 - Major Medical
 - MidMed*
 - Limited Medical*
- Disability Income Protection*
- Life Insurance
- Accident Insurance
- Dental and Vision Insurance

All insurance products are available on a guaranteed issue, contingent guaranteed issue basis or simplified issue basis.

This is group insurance.

Additional information is attached regarding each benefit listed above. If you wish to become a member, ITC representatives will review all benefits and help you complete the necessary forms to activate membership. **Call now: 1-877-517-8900.** Thank you for your interest in the ITC program and Consumers Direct Association of America (CDAoA).

*The plan provides discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. Discount Medical Disclosures: Travel Assist not available to resident of Connecticut, Oregon, Florida or Washington. Pharmacy discounts are not insurance and are intended as a substitute for insurance.

This discount card program contains a 30-day cancellation period.

Medical Discount Plan Organization: New Benefits, Ltd., 14240 Proton Rd., Dallas, TX 75244, 800-800-7616. Internet website address to obtain participating providers, www.locateproviders.com.

FL, LA, MD, ND, OK, SC, SD and TX residents: Member shall receive a full

refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days (after effective date). AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received in SC and SD. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.

*Underwritten by Continental American Insurance Company.

**Underwritten by Fidelity Security Life Insurance Company or Companion Life Insurance Company, depending on state availability.

Membership
\$3.46
per week

The Independent Trucking Contractor Program in CDAoA includes various discounts and services listed below for you/your family.

Roadside Assistance: Get one free service call per disablement (up to three per year) on tire change, battery service, lost keys/unlock, fuel delivery (fuel not included), winching & towing (up to \$250 value), and other programs providing discounts or assistance with parts, collision repair, and mechanical repair.

Legal Services: Toll free access to a network of over 20,000 attorney's providing free and discounted legal services. 9 FREE SERVICES including phone and face-to-face consultations, document review (six pages or less), simple and living will preparation. Discounted fees for many additional services. Costs and filing fees additional, specific definitions apply.

Pharmacy Discount: Members and family save 10-60% at over 56,000 national chains. Conveniently organized into \$10, \$20, \$40, and "all other" tiers, in a convenient directory, to help consumers and their doctors pick the best Rx to fit their personal needs.

Hotel Discounts: Save up to 50% off standard rack rates at thousands of hotel properties around the world.

Durable Medical Equipment: Medical Supplies Service has been designed to offer members a convenient solution for ordering medical supplies and equipment.

Movie Discount Tickets: Discounts available nationwide at Lowes, Regal Cinema, UA, and more.

VIP Health and Wellness: Members receive a 15% discount.

Identity Protection: Online identity protection, 24-hour live customer service, and personal recovery advocates to help protect credit reports, set fraud alerts, recovery plans, and discounted complete recovery hourly rates.



ITC Has You Covered

Three types of coverage available to meet your individual budget:

Individual Major Medical • Group MidMed • Group Limited Medical (HI Plus)

Individual Major Medical

UnitedHealthCare, underwritten by Golden Rule Insurance Company, provides a choice of two Major Medical Plans, coverage up to \$3,000,000 lifetime. Both plans have deductible choices \$1500, \$2500 and \$5000. Plan 100 (100% coinsurance) pays 100% of charges after the deductible. CoPay Select pays 70% or 80% coinsurance after the deductible, but offers copays for doctor visits and RX.

Because the Major Medical is not a group plan, but individual insurance, members must go through an underwriting process to be approved. This process is simple and can be conducted telephonically or self-serve internet. Prices will vary based on plan type, age, location, health, and the number of lives covered. Pre-existing condition clauses apply. Not available in all states.

Group MidMed Plan

MidMed Plan is not a major medical insurance plan; however, it is designed to function like one with a \$25,000 (bronze plan) or \$50,000 (gold plan) annual maximum. It is not a scheduled or indemnity type plan. It's a NEW and different program than those offered in the past. The PPO networks, provide great discounts (making your benefit dollars go further) and the doctors and hospitals accept assignment, you do not have to pay and be reimbursed like most plans!

Coverage is available for qualified individuals or families on a guaranteed issue basis during the open enrollment period (regardless of health) as long as you are actively working. There is a 12 month pre-existing condition clause. Pre-existing conditions will not be covered for the first 12 months.

Group Limited Medical (HI Plus)

The CAIC HI Plus plans are a lower cost alternative to Major Medical insurance and CAIC's MidMed plans. The HI Plus offers a fixed payment policy of limited medical benefits and a fully insured prescription plan for generic drugs.

This design helps make routine healthcare services, hospital stays and emergencies more affordable for members who have a limited budget. There are no pre-existing condition limitations, no deductibles, no coordination with other health insurance plans, and no medical underwriting. These plans are for members and eligible dependents that are looking for alternative methods to help pay or supplement their healthcare costs.

Group MidMed Plan | Underwritten by CAIC

IN NETWORK (PPO) COVERED *	BRONZE PLAN	GOLD PLAN
Schedule of Benefits		
Policy Year Deductible (Individual/Family)	\$250/\$750	\$500/\$1,500
In-patient Care		
Surgery-Inpatient, Physician Services	70%	80%
Hospital Inpatient (Facility)	70%	80%
Other Hospital Charges (Including hospital based professional charges)	70%	80%
Physician Services (Inpatient visits)	70%	80%
Out-patient Care Categories		
Physician/Specialist Office Visit (Co-pay does not apply to any other service rendered in the office.)	\$20 Co-pay Then 100%	\$20 Co-pay Then 100%
Other Office Services provided during Office Visit	70% No Calendar Deductible	80% No Calendar Deductible
Urgent Care Facility	70%	80%
Surgery, Outpatient	70%	80%
Maternity Care (Insured Person and covered spouse only)	70%	80%
Emergency Room (if not admitted inpatient)	1st \$100 then 70%	1st \$100 then 80%
Cardiac, Occupational, Physical, Pulmonary & Speech Therapies	70%	80%
<small>(subject to 20 visits/calendar year max per category)</small>		
Transplant-Related Expenses	70%	80%
Routine Physical Exams, including Well Child Care	\$15 Co-pay Then 100% \$100 Calendar Benefit	\$15 Co-pay Then 100% \$300 Calendar Benefit
Other Services	70%	80%
Mental Health/Substance Abuse	Varies by State	Varies by State
Calendar Year Plan Maximum	\$25,000	\$50,000
Lifetime Plan Maximum	\$100,000	\$150,000

Calendar year deductible applies to every expense listed below, unless other wise noted. Co-payments are not applied to the Calendar Year Deductible. This is only a summary of the Midmed Limited Benefit Medical insurance plan benefits and is subject to the Terms, Conditions, state mandated benefits and limitations of the group policy. This is not comprehensive major medical coverage or designed as a substitute for comprehensive major medical coverage. Out of Network is covered at 60%. *After deductible.

Bronze Weekly Rates		Gold Weekly Rates	
Member Only	\$69.03	Member Only	\$82.04
Member Plus Spouse	\$132.97	Member Plus Spouse	\$160.52
Member Plus Child	\$111.31	Member Plus Child	\$131.19
Member & Family	\$175.03	Member & Family	\$209.46

Note: Rx-Tiered Discount Benefit is included with your association membership. Premiums include insurance and noninsurance benefits. For a price breakdown, please contact your agent.

Plan Enhancements



Disease management and fatigue prevention programs focused on delivering realistic sleep health solutions to the trucking industry. This benefit offers drivers who suffer from obstructive sleep apnea (OSA) the ability to be scheduled, tested, and treated according to best practices processes, enabled through GOMEDEGE technology at significant discounts.

A FULLY INSURED OUTPATIENT PRESCRIPTION DRUG CARD (State Specific)

Managed by **IDEALSCRIPTS**

The MidMed Silver and Gold Plans includes this separate Co-Pay plan for outpatient generic prescription drugs purchased at participating pharmacies. The Ideal Scripts Plan utilizes an affordable generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level. The preferred drug list contains generic products available at the co-pay level. Choose from over 50,000 pharmacies nationwide to provide you with broad access to pharmacy services. Please see the Plan Enhancements page for a list of covered services, weekly rates and states covered by the plan (Rx card not available in all states.) This is only a summary, please see the IdealScripts page for full details of the benefits.

Blue States—Rx underwritten by Fidelity Security Life Insurance Company, managed by IdealScripts

\$15.00 Co-Pay For Generic Formulary
 \$1,000 Maximum Per Calendar Year

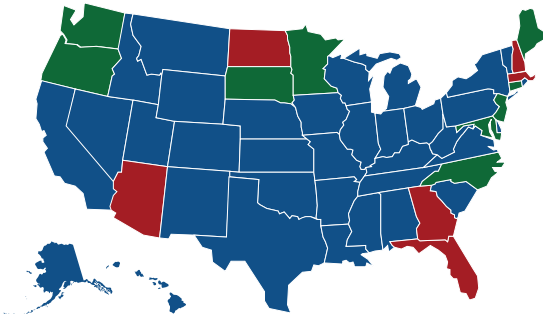
Red States—Rx underwritten by Companion Life Insurance Company, managed by IdealScripts

\$15.00 Co-Pay for Generic Formulary or 50% whichever is greater
 \$50.00 Deductible
 \$2400 Maximum Per Calendar Year/ \$200 Maximum Per Month

The Plan includes a separate Co-pay plan for outpatient generic prescription drugs purchased at participating pharmacies. The IdealScripts plan, utilizes an affordable generic formulary with a preferred drug list. The **IDEALSCRIPTS** formulary is a list of all products available at one co-pay. The preferred drug list contains generic products available at lower co-pay levels.

IdealScripts services include:

- Claims Adjudication
- National Pharmacy Networks
- Mail Order Services
- Online Reporting
- Internet Pharmacy Services
- Customer Service Center
- Preferred Drug Lists
- Clinical Services
- Querying Capabilities
- Coverage Levels vary by state



Green States Term Life underwritten by CAIC

- Provides \$20,000 of Term Life Coverage for Members
- Coverage is Guaranteed Issue in states where RX is not available)

Group HI Plus Plans 1 and 2 |

Underwritten by CAIC



Features:

- **Guaranteed Issue—No Health Questions Asked!**
- **No pre-existing condition exclusion.**
- Benefits paid directly to you or to your assigned doctor or hospital.
- Supplements and pays regardless of any other insurance program.

Benefits:

Physician Office/Hospital Emergency Room Visit (per visit)	PLAN 1 \$50	PLAN 2 \$75
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If you are injured in a covered accident or have treatment as the result of a covered sickness, benefits will be paid for each visit as shown for Physician's office charges and Emergency room charges. This benefit is limited to 6 visits (Plans 1 and 2) per calendar year.

Hospital Admission Benefit (per admission)	PLAN 1 \$500	PLAN 2 \$1,000
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This benefit is payable when you are admitted to a hospital other than a recovery room and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

Daily Hospital Confinement Benefit (per day)	PLAN 1 \$400	PLAN 2 \$1,000
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This benefit is payable for a maximum of 30 days when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident (\$12,000-Plan 1 or \$30,000-Plan 2 maximum per confinement).

Intensive Care Benefit (per day)	PLAN 1 \$500	PLAN 2 \$1,000
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If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, the daily benefit amount shown will be paid for a maximum of 30 days. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident. This benefit pays in addition to the Daily Hospital Confinement Benefit (\$15,000-Plan 1 or \$30,000-Plan 2 maximum per confinement).

Surgical Benefit (up to)	PLAN 1 \$500	PLAN 2 \$2,000
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If surgery due to an injury received in a covered accident or because of a covered sickness is performed by a physician, we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown per surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

Anesthesia Benefit (up to)	PLAN 1 \$125	PLAN 2 \$500
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When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay for anesthesia administered by a physician in connection with such procedure. Benefits will be 25% of the amount paid under Surgical Benefit.

Ambulance Benefit (per accident)	PLAN 1 \$100	PLAN 1 \$200
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If you require transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

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Group HI Plus Plans 1 and 2 | Underwritten by CAIC

Diagnostic Tests (up to)

PLAN 1 | \$1,250

PLAN 2 | \$2,500

We will pay the amount shown for the following diagnostic procedures performed on an outpatient basis because of a covered sickness or injuries received in a covered accident:

- Magnetic Resonance Imaging (MRI) \$250/\$500
- Computed Axial Tomography (CAT Scan) \$250 /\$500
- X-ray \$50/\$100

We will pay no more than the amount shown per calendar year for each insured due to the above outpatient diagnostic procedures.

Outpatient Diagnostic Lab (per test)

PLAN 1 | \$75

PLAN 2 | \$75

We will pay the amount shown for tests performed in an Outpatient Lab because of a covered sickness or injuries received in a covered accident. We will pay no more than 3 tests per calendar year for each insured due to outpatient diagnostic lab procedures. Not paid in addition to Wellness Benefit.

Outpatient Accident Expense (per accident–up to)

PLAN 1 | \$500

PLAN 2 | \$1,000

If you are injured in a covered accident and receive treatment in an outpatient facility from a physician within one year after the accident, we will pay up to the amount shown for actual expenses related to: emergency room services and supplies; appliances; physician services.

Outpatient Facility Surgery Fee (per surgery)

PLAN 1 | \$100

PLAN 2 | \$100

We will pay an additional indemnity benefit (as shown) for Outpatient Surgery fees facility.

Wellness Benefit

PLAN 1 | \$50

PLAN 2 | \$100

We will pay the amount shown per calendar year when you visit a doctor and you are neither injured nor sick.

Well Baby Care

PLAN 1 | \$50

PLAN 2 | \$50

We will pay the amount shown per visit. Pays for up to 4 visits per calendar year per insured baby. (Our definition of a baby is a dependent child 12 months of age or younger.)

Group TermLife

PLAN 1 | \$5,000

PLAN 2 | \$10,000

Spouses covered at 50% and children covered at 25% of the amount shown.

PLAN 1 MONTHLY PREMIUMS		PLAN 1 WEEKLY PREMIUMS	
Member	\$90.39	Member	\$20.86
Member and Spouse	\$165.35	Member and Spouse	\$38.16
Member and Children	\$133.08	Member and Children	\$30.71
Member and Family	\$206.39	Member and Family	\$47.63
PLAN 2 MONTHLY PREMIUMS		PLAN 2 WEEKLY PREMIUMS	
Member	\$165.49	Member	\$38.19
Member and Spouse	\$315.76	Member and Spouse	\$72.87
Member and Children	\$245.68	Member and Children	\$56.70
Member and Family	\$392.65	Member and Family	\$90.61

Premiums include insurance and non-insurance products (breakout available upon request). Voluntary rates shown.

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Group Accident Plan | Underwritten by CAIC

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

Hospital Benefits **Pays up to \$1,000.00**
Medical Fees, Hospital, Admission, Hospital Confinement, Hospital Intensive Care.

Additional Benefits **Pays up to \$1,000.00**
Ambulance, Air Ambulance, Blood, Plasma, Appliances, Internal Injuries, Accident, Follow Up Treatment, Exploratory Surgery, Prosthesis, Physical Therapy, Transportation, Family Lodging, Wellness.

Fractures **Pays up to \$6,000.00**
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.

Dislocations **Pays up to \$4,000.00**
Hip, Knee, Shoulder, Foot, Ankle, Hand, Lower Jaw, Hand, Elbow, Finger, Toe.

Burns **Pays up to \$10,000.00**
2nd Degree, 3rd Degree.

Lacerations **Pays up to \$400.00**

Specific Injury **Pays up to \$10,000.00**
Ruptured Disc, Tendons, Ligaments, Torn Knee Cartridge, Eye Injuries, Concussions, Coma, Emergency Dental Work, Paralysis.

Accidental Death & Dismemberment **Pays up to \$100,000.00**
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.

WEEKLY PREMIUMS

Member	\$3.74
Member and Spouse	\$5.35
Member and Children	\$7.13
Member and Family	\$8.74



Group Disability Income Protection | Underwritten by CAIC

Disability Income Protection

replaces your income in the event of a non-occupational accident or illness that causes you to miss work. Benefits start after 14 days out of work and continues up to 1 year. Coverage is for 50% of your income up to \$3,000/month. The first \$1500 of monthly benefit is guaranteed issue.



Guaranteed Income During Illness . . .

- **Non-Occupational Coverage** Covers disability due to off-the-job injuries and sickness.
- **Total Disability** Pays the monthly benefit when a covered member is totally disabled and unable to work.
- **Elimination Period** Accident: 14 days or Sickness: 14 days
- **Benefit Duration** Maximum monthly benefit period: 12 months
- **Guaranteed Issue Amount** \$1500 per month
- **Minimum and Maximum Benefit** \$300 to \$3,000 (up to 50% of monthly income)

For a benefit of \$18,000 year or \$1500/monthly see the sample premiums. More or less coverage available—call or go online for more details!

AGE	PREMIUMS	
	Monthly	Weekly
18–49	\$50.40	\$11.63
50–59	\$66.60	\$15.37
60–69	\$99.00	\$22.85

Term Life | Underwritten by KMG, Owned by Humana



Term Insurance makes sense during your working years. Most people are worried about paying off a mortgage, children's education, or replacing income in the event of a premature death. It's a fact, between 2003 and 2005 more than 38% of all deaths occurred among people between the ages of 25 and 64 (U.S. Census Bureau). Affordable term insurance, available in policy durations of 10 years, is part of the answer.

Level Term Life Base Benefits

Life Benefit Amounts available to meet your personal needs from \$25,000 to \$200,000
Automatically included:

- Double indemnity for accidental death.
- Terminal Illness "accelerated" Benefit at 50% of the Life Benefit Amount, is included.
- Waiver of Premium, if disabled.
- Issue Ages from 18-65, waiver of premium through age 55.
- No physical or exams required first \$100,000 of coverage if guaranteed issue. Up to \$200,000 simplified issue (Health Questions).
- Spouse and Children coverage is available.

WEEKLY PREMIUMS

		Age					
Face Amount	Tobacco	35	40	45	50	55	60
\$25,000	No	\$2.08	\$2.66	\$3.18	\$4.62	\$5.95	\$8.02
	Yes	\$3.06	\$4.22	\$5.43	\$8.37	\$11.25	\$15.81
\$50,000	No	\$3.64	\$4.79	\$5.83	\$8.72	\$11.37	\$15.52
	Yes	\$5.60	\$7.91	\$10.33	\$16.21	\$21.98	\$31.10
		Age					
Face Amount	Tobacco	35	40	45	50	55	60
\$100,000	No	\$6.75	\$9.06	\$11.14	\$16.91	\$22.21	\$30.52
	Yes	\$10.68	\$15.29	\$20.14	\$31.90	\$43.44	\$61.67
\$200,000	No	\$10.91	\$15.52	\$19.68	\$31.22	\$41.83	\$58.45
	Yes	\$18.76	\$27.99	\$37.68	\$61.22	\$84.29	\$120.76

Dental Plan

Calendar year deductible	<ul style="list-style-type: none"> • Applied to basic and major services • Waived on preventive services 	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> • Applied to preventive, basic, and major services 	\$1,000
Preventive services	<ul style="list-style-type: none"> • Oral examinations • Full mouth X-rays (once every 5 years) • Bitewing X-rays (1 set per calendar year) • Periapicals and other X-rays • Cleanings • Topical fluoride treatments • Sealants • Space maintainers 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> • Fillings • Denture repair and adjustments • Routine extractions • Emergency care for pain relief • Appliances for children • Prefabricated stainless steel crowns 	80 percent after deductible
Major services	<ul style="list-style-type: none"> • Endodontics (root canal) • Periodontics (gum therapy) • Oral surgery • Inlays or onlays • Other crowns • Dentures (complete and partial) • Bridgework • Denture relines and rebases 	50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> • Covers child orthodontia 	12-month waiting period \$1,000 lifetime maximum benefit 50% no deductible

WEEKLY RATES

Custom | Traditional Preferred | 100/80/50
\$1000 Annual Maximum | Ortho Benefits

Member	\$6.62
Member + Spouse	\$14.87
Member + Child(ren)	\$14.79
Member + Family	\$23.27



Vision Insurance

Vision care services	Visit a participating provider	Visit a nonparticipating provider
Exam with dilation as necessary	100% after copay	\$40 allowance
Lenses		
Single vision	100% after copay	\$20 allowance
Bifocal	100% after copay	\$40 allowance
Trifocal	100% after copay	\$60 allowance
Lenticular	100% after copay	\$100 allowance
Frames	\$45 wholesale frame allowance	\$45 retail allowance
Contact lenses Elective (conventional and disposable)	\$105 Contact lens allowance	\$105 Contact lens allowance
Medically necessary "	100%	\$210 allowance
Frequency (based on date of service)		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Exam/material copay	\$10/\$20	
Wholesale frame allowance*	\$90–\$135 approximate retail value	
Contact lens allowance	The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.	

Lasik and PRK

Members receive substantial reductions when procedures are done by network providers. Members can expect to pay no more than \$1,800 per eye for conventional Lasik procedures and \$2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

- Conventional Lasik \$895 per eye
- Custom Lasik \$1,295 per eye
- Custom Lasik with IntraLase \$1,895 per eye

* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eye glasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Weekly Rates

Custom | VisionCare Plan | 12/12/24
 Frequency | \$10/\$20 Deductible
 \$45 WFA/\$105 ECL

Member	\$1.79
Member + Spouse	\$2.84
Member + Child(ren)	\$2.90
Member + Family	\$4.61

Limitations and Exclusions

MidMed

The following are not Eligible Expenses and not covered under the Group Policy: 1. Injury arising out of or in the course of employment, or activity for wage or profit, or which is compensable under Workers' Compensation or Occupational Disease Act or Law. 2. Experimental or investigational services, drugs, or supplies except to the extent required by law; 3. Educational testing or training related to learning disabilities or developmental delays; except to the extent that coverage is specifically provided under the Group Policy; 4. Custodial care or personal items; 5. Any expense incurred before the Effective Date of an insured's insurance under the Policy or after the termination date of an Insured's insurance. 6. Eye surgery mainly to correct refractive errors; 7. Therapy, supplies, or counseling for sexual dysfunctions 8. Performance, or lifestyle enhancement drugs or supplies 9. Artificial insemination, in vitro fertilization, or embryo transfer or any related procedures, unless coverage is elected by policyholder; 10. Routine physical, vision, or hearing exams, immunizations, or other preventive services or supplies, except to the extent that coverage is specifically provided under the Group Policy; 11. Dental care except for injury to sound natural teeth; 12. Elective surgery; 13. Cosmetic Surgery other than reconstructive Surgery incidental to or following surgery resulting from trauma, infection, or other Diseases of the involved part; or reconstructive surgery because of a congenital Disease or anomaly; or according to the requirements of the Women's Health and Cancer Rights Act 14. Speech therapy except as otherwise specifically covered under the Group Policy; 15. Inpatient or outpatient treatment of alcoholism, drug abuse, and mental illnesses; except where required by law 16. Private duty nursing; 17. An Injury sustained while the Insured is legally intoxicated or under the influence of alcohol as defined by the jurisdiction where the Accident occurred; 18. Charges made to treat an Sickness or Injury sustained while flying as a pilot or crew member of any aircraft or travel or flight; 19. Voluntary sterilization procedure or the reversal of a sterilization procedure; except to the extent that coverage is specifically provided under the Group Policy; 20. Weight control services including surgical procedures, medical treatments, weight control/loss programs; food supplements or exercise programs or equipment; and 21. Prescription drugs; 22. Intentionally self inflicted injury or action unless the result of a medical condition; 23. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence. 24. Services and supplies not medically necessary, recommended or approved for the diagnosis, care, or treatment of the disease or injury involved by the treating physician. 25. Charges made for: manipulative (adjustive) treatment; or treatment of any condition caused by or related to biomechanical or nerve conduction disorders of the spine. 26. Those made for prescription drugs and medicines prescribed by a physician on an inpatient and/or outpatient basis 27. Charges in excess of the excess of the Recognized Charge, based on the 90th percentile of the Medicode Medical Data Research Tables. 28. Charges for any treatment received while in a skilled nursing facility will not be covered. 29. Charges for any treatment under Home Health Care will not be covered, except as covered under maternity. 30. Transportation charges, including ambulatory services, will not be covered. 31. Charges for biofeedback will not be covered. 32. Any Treatment received under hospice care will not be covered. 33. Elective or voluntary abortions will not be covered except in the case of rape, incest or congenital deformities. 34. Charges for Prosthetics and/or orthotics will not be covered. 35. Charges for Temporomandibular Joint Disorder (TMJ) will not be covered.

RX Exclusions Plan A

Prescription Drug benefits are not payable for the following items except as set forth above: 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 supplements and all other over-the-counter products and medications; 2. blood glucose meters; insulin injecting devices; 3. Depo-Provera; levonorgestrel; condoms, contraceptive sponges and spermicides; sexual dysfunction drugs; 4. biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug; 5. Aerochamber, Aerochamber with Mask; Peak Flow Meter; all other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug; 6. liquid nutritional supplements; pediatric Legend Drug vitamins; prenatal 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; 7. Anorexiant; 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; 8. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription; 9. 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; 10. any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs; 11. any drug that the FDA has determined to be contraindicated for the specific treatment; 12. 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; 13. 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 Forces; 14. any expenses related to the administration of any drug; 15. needles or syringes unless shown under the definition of Prescription Drug; 16. drugs or medicines taken while in or administered by a hospital or any other health care facility or office; 17. drugs covered under Workers' Compensation, Medicare, Medicaid or other Governmental program; 18. drugs, medicines or products that are not Medically Necessary; 19. Brand Name Prescription Drugs; 20. Diaphragms; Erectile dysfunction Legend Drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend Drugs; 21. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection; or 22. smoking deterrents, Legend or over-the-counter.

Limitations

Dispensing Limits and Authorized Refills - Retail: the lesser of a 30-day supply or specified unit doses.

Plan A Underwritten by Fidelity Security Life Insurance Company Policy Form Number M-9031. Some provisions, benefits, exclusions or limitations may vary by state. Not available in all states.

RX Exclusions Plan B

1. All new generic drugs for the first 6 months. 2. Drugs covered under Workers' Compensation unless otherwise indicated. 3. Experimental or investigational medications. 4. Medication administered by a healthcare provider or charges for the administration of such drug. 5. Medications

administered while in a hospital or other care facility. 6. Medications that are used in research trials sponsored by their manufacturers or a government. 7. Medications or services furnished in a research trial, if the sponsor of the research trial furnishes the drugs or services without charge to any participant in the research trial. 8. Medications that do not require a prescription. 9. Medications that are not prescribed in writing or verbally by a physician. Plan B underwritten by Companion Life Insurance Company. Not available in all states.

Disability

Benefits will not be paid for disability due to: 1. Any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot; 2. An intentionally self-inflicted injury; 3. A commission of, or attempt to commit, an assault, battery, or felony, or engagement in any illegal occupation; 4. Travel in, jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 5. Mental or emotional disorders without demonstrable organic disease; 6. Alcoholism or drug addiction; 7. An injury arising from any employment; and 8. Injury or sickness covered by Worker's Compensation.

Pre-existing Condition Limitation

We will not pay benefits for any period of Total Disability starting within 12 months of the Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits starting after 12 months from the Effective Date of the member's coverage will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a pre-existing condition if conception occurs before the effective date of the certificate.

Pre-existing condition means a sickness or physical condition which, within the 12-month period prior to the effective date of the certificate, either: 1. Resulted in the insured receiving medical advice or treatment; or 2. Caused symptoms for which an ordinarily prudent person would seek medical advice or treatment.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicine.

Accident

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. Participating in war or any act of war, declared or not, or participating in the armed forces of any country or international authority. We will return the prorate of premium for any period not covered when you are in such service. 2. Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven. 3. Participating or attempting to participate in an illegal activity or working at an illegal job. 4. Committing or attempting to commit suicide, while sane or insane. 5. Injuring or attempting to injure yourself intentionally. 6. Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness. 7. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands and Jamaica except under the Accidental Common Carrier Death Benefit. 8. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. 9. Participating in any professional or semi-professional organized sport. 10. Being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician. 11. Mountaineering using ropes and/or other equipment, parachuting or hang-gliding. 12.

Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

HI Plus

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally. 4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica. 5. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician. 6. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.

Non-Insurance Disclosures

1. The products are not insurance; 2. The products provide discounts at certain health care providers for medical services; 3. The products do not make payments directly to the providers of medical services; 4. The plan member is obligated to pay for all health care services, but will receive a discount from those health care providers who have contracted with the network; 5. Providers are subject to change without notice and program may vary in some states. This is a membership program and may be discontinued or modified at any time.

These pages are a brief description of coverage and not a contract. Read your certificate carefully for exact terms and conditions. These products are subject to the terms, conditions, and limitations of policy form series AGP 5000-MP, ACI 2100-MP, ACA7700-MP-TX, ACA 6500-MP, AWL 9800-MPTX and CAI 1000-AJ608TX. Not available in all states.

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