



## EMPLOYEE & OWNER OPERATOR BENEFITS

- ✓ PERSONAL HEALTH PLANS FROM REDIRECT HEALTH
- ✓ DENTAL AND VISION
- ✓ DISABILITY INSURANCE
- ✓ TERM AND WHOLE LIFE INSURANCE
- ✓ ACCIDENT & HOSPITAL INDEMNITY
- ✓ CRITICAL ILLNESS & CANCER

**ALL BENEFITS ARE AVAILABLE FOR  
EMPLOYEES AND CONTRACTORS**





## iEverydayCARE<sup>®</sup> with Hospitalization

Member-Only  
Benefits Summary

Managed by Redirect Health

Routine Care can  
**Always be \$0**  
when Redirect Health  
prepares your appointment

**24/7/365**  
In English & Spanish

Welcome to SIMPLE AND TRULY AFFORDABLE virtual-first healthcare on your terms. Your iEverydayCARE<sup>®</sup> membership provides real savings, 24/7/365 access to care, and a dedicated care team to ensure you always get the healthcare you need. Your membership includes primary care (virtual and in-office), mental health, free chiropractic, prescriptions, a large network of doctors, plus low costs for hospitalization and so much more.

# Say hello to healthcare that works for everyone

Low out-of-pocket costs, including \$0 for routine care.

## Nationwide Virtual-First Healthcare

\$0 routine visits  
when you use the  
Member App



Always ready for ALL healthcare needs

- 1 **USE THE APP:** You and your family get 24/7 access to their medical team
- 2 **WE WILL:** Connect you with a medical provider virtually or in-office at a conveniently scheduled time
- 3 **WE WILL:** Coordinate all prescriptions, referrals, and follow-up to make sure you and your family have everything they need

EXPEDITE ANYTHING at [RedirectHealth.com/ExtraHelp](https://RedirectHealth.com/ExtraHelp)

Routine Care can  
**Always be \$0**  
when Redirect Health  
prepares your appointment

**24/7/365**  
In English & Spanish

## iEverydayCARE® with Hospitalization membership highlights



### Low cost

Affordable pricing, low copays,  
and out-of-pocket maximums



**24-hour Concierge**  
Member App  
English & Spanish



**Multiplan PHCS  
Practitioner Network**  
Freedom to choose  
your own provider




**Prescription Benefit**  
Thousands of  
prescriptions under \$10




**Mental Health**  
No cost  
Tele-Counseling



# Benefit Summary

FEATURES	BENEFITS
iEverydayCARE®	
Always Use the Member App FIRST	
Network	Multiplan  PHCS Practitioner Network (or add a doctor) <sup>†</sup>
Virtual Primary Care Visits (24/7/365)	<div>\$0</div> <b>member responsibility</b> with Appointment Preparation through the Redirect Member App
Primary & Urgent Care Office Visits	
Annual Adult Physical <sup>1</sup> & Well Child <sup>1</sup>	
Chiropractic Office Visits (12 visits per plan year)	
Labs (most routine - <a href="https://RedirectHealth.com/labcorp2021">RedirectHealth.com/labcorp2021</a> )	
X-ray	<div>OR</div> <b>\$50 member responsibility</b> for self-directed care or out-of-network <sup>2</sup>
Mental Health & Tele-Counseling	
Rx and Immunizations - <a href="https://RedirectHealth.com/formulary">RedirectHealth.com/formulary</a>	<b>No Cost Tele-Counseling</b>
	<b>Tiered Member Responsibilities</b> (\$10, \$25, \$50, \$100, \$250, \$500)

## Specialist/Hospital/Advanced Imaging (Directed through Redirect Health or no benefit)

Network	Multiplan  PHCS Practitioner Network (or add a doctor) <sup>†</sup>
Specialist Consults & Care	<b>\$50 member responsibility</b> with Appointment Preparation through the Redirect Health App
MRI, CT Scans, Ultra-Sound & other imaging	
Hospital Care - Inpatient Care & Outpatient Services (Pre-authorization required)	<b>\$100 member responsibility for out-of-network<sup>3</sup> with Appointment Preparation through the Redirect Health App</b>
	<b>Individual</b> - \$2,000 Initial Member Responsibility then 20% \$4,000 out-of-pocket max <sup>4</sup> <b>Family</b> - \$4,000 Initial Member Responsibility then 20% \$6,000 out-of-pocket max <sup>4</sup>
Emergency Room	<b>\$500 + 20% member responsibility</b>

## Limitations & Exclusions

<b>Excluded Services<sup>5</sup></b> – Always appointment preparation, coordination, navigation, alternative funding management, and pre-negotiations	Pre-existing conditions, organ transplants, dialysis, skilled nursing and specialty & non-formulary medications <sup>5</sup>
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This program is NOT insurance. iEverydayCARE is managed by Redirect Health exclusively for members of the Reimagined Society. The Medical Cost Share risk pool is managed by Newpath Medical Inc., a Wyoming Medical Cost Share organized pursuant to Wyo. Stat. Ann. 26-1-104. See program guide for details. Redirect Health and Newpath Medical Inc. are not insurance companies. This program does NOT meet the minimum requirements for MEC (Minimal Essential Coverage) or the ACA (Affordable Care Act). New Jersey, Massachusetts, Vermont, California, Rhode Island and the District of Columbia have passed their own state-level individual mandate laws that mirror the Federal Affordable Care Act. Redirect Health and Medical Cost Share memberships do not satisfy the new individual mandate requirements of these states. It should be expected that state enforced penalties may apply in these states. See State Specific Disclosures [www.RedirectHealth.com/state-disclosures](https://www.RedirectHealth.com/state-disclosures) for more information regarding program limitations. **1** Routine physical/exam; gynecological exam; mammogram; pap smear; prostate testing (PSA); other routine lab and immunizations. **2** Maximum allowable is 140% of Medicare allowable. **3** Pre-authorization required, self-directed visits with out-of-network providers are 100% member responsibility. Maximum allowable is 140% of Medicare allowable. **4** Subject to program sub-limits. Prescription drug benefits are not included in out-of-pocket max calculation. **5** See Membership Guidelines for coverage limitations and details. <sup>†</sup> Any doctor who accepts the Redirect Health Usual, Customary & Reasonable (UCR) Agreement can be in-network This overview is intended only as an illustration of the benefit plan design. Please refer to Membership Guidelines for actual coverage, limitation, and exclusion provisions.

## How your membership works

Get the most out of your healthcare by following these simple steps.

### What if I need care?

**Always use the Member App to schedule care and prepare for your appointments.** Many times you'll get everything you need over the phone. Your Care Team will make sure you always get the right care. Never spend more than you should.

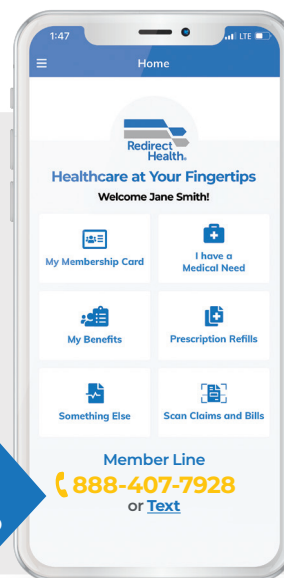
### What if I get a bill?

Submit doctor's bills through the SECURE Member App (but most times we'll pay your doctor before you get a bill)

### What if I have extra questions?

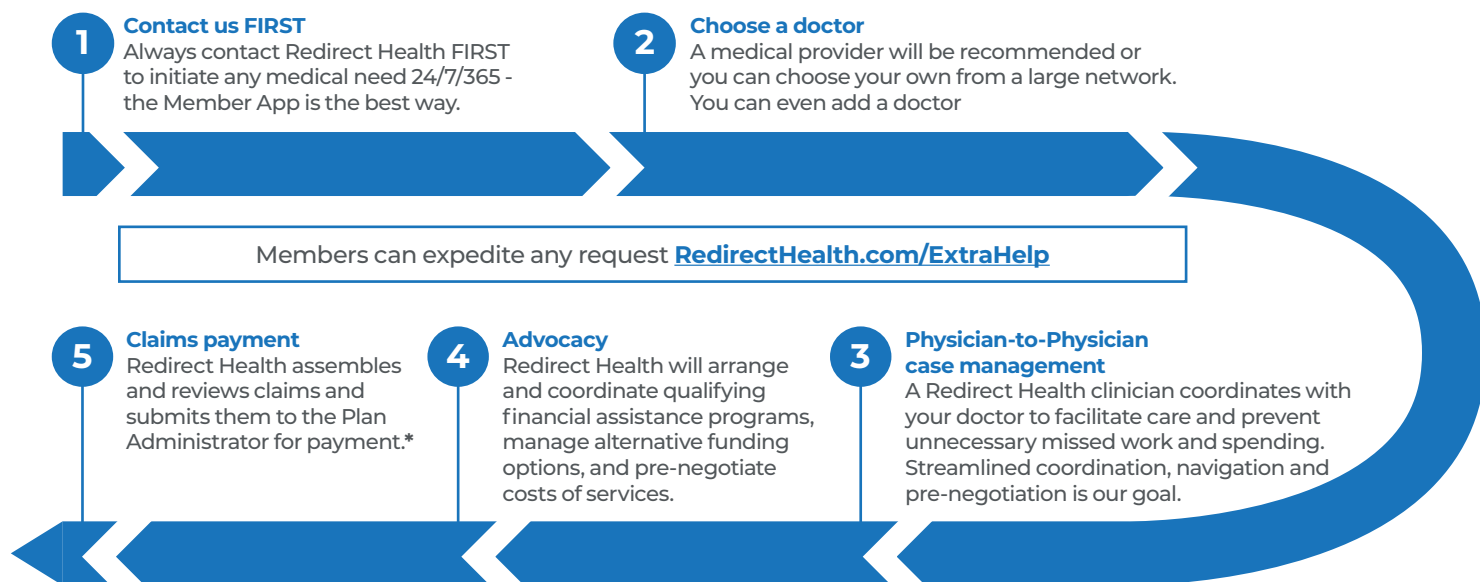
Expedite any request or obstacle on the Member App or use [RedirectHealth.com/ExtraHelp](https://RedirectHealth.com/ExtraHelp)

**Click here to download the App**  
[RedirectHealth.com/app](https://RedirectHealth.com/app)



## How Needs are Shared with the Community

Your Redirect Health membership protects you and your family from high-dollar medical expenses



## How Pre-Existing Conditions are shared

A condition is considered pre-existing for a member or dependent if symptoms or treatment have occurred within the 12 months prior to joining the Medical Cost Share. See the Membership Guidelines for detailed description of what will be considered a pre-existing condition. **Controlled diabetes, hypertension, high cholesterol, seasonal allergies and intermittent asthma will not be considered pre-existing when reported prior to membership effective date.**

Conditions beginning after a member's effective date will be shared after paying their \$2,000 initial member responsibility then 20% with a maximum out-of-pocket of \$4,000<sup>^</sup> per year. See the Membership Guidelines for sharing rules.

### Additional Sharing Restrictions

See Member Guidelines for detailed shareable restrictions.

Pre-existing conditions become eligible for sharing based on members' tenure with the plan, as indicated by the following graduated sharing schedule:

Time After Membership Effective Date	Shareable
First 12 months	Not shareable
Months 13-24	Shareable to \$25,000
Months 25-36	Shareable to \$50,000
Month 37 and after	Shareable to \$125,000

\*Specialist, advanced imaging, and hospital claims must be pre-authorized and coordinated by Redirect Health to be eligible for payment. <sup>^</sup>Subject to program sub-limits. Prescription drug benefits are not included in out-of-pocket max calculation..

# Financial protection that fits your needs

## With most Colonial Life plans:

- Coverage is available for your spouse and eligible dependent children.
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums.
- You may receive benefits regardless of any insurance you may have with other companies.



Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

- ☐ **Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- ☐ **Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- ☐ **Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- ☐ **Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- ☐ **Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.
- ☐ **Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.
- ☐ **Dental insurance** — Provides the same benefit amounts with any dentist you choose and covers a variety of dental procedures, from routine cleanings to more advanced procedures such as crowns and root canals. Additional savings are available by visiting a network dentist.



**BENEFITS**  
FOR TRUCKING



## Individual Dental PPO(IDN8000) for OH

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: 434, 435, 436, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 450, 451, 452, 453, 454, 455, 458, 459

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 2 - 100/80/50, \$1,000 MAC	\$27.87	\$52.21	\$66.27	\$97.73
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$31.69	\$59.46	\$74.65	\$110.41

## Individual Disability - ISTD3000 for OH *B Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness with Psychiatric and Psychological Condition

### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,500*	\$2,000*	\$2,500*	\$3,000*	\$3,500*
0 days Accident/14 days Sickness	17-49	\$61.05	\$81.40	\$101.75	\$122.10	\$142.45
	50-64	\$78.00	\$104.00	\$130.00	\$156.00	\$182.00
	65-74	\$100.05	\$133.40	\$166.75	\$200.10	\$233.45
14 days Accident/14 days Sickness	17-49	\$54.15	\$72.20	\$90.25	\$108.30	\$126.35
	50-64	\$69.90	\$93.20	\$116.50	\$139.80	\$163.10
	65-74	\$91.05	\$121.40	\$151.75	\$182.10	\$212.45

\*monthly benefit amount

## Term Life (ITL5000) for OH

Applicable to policy form ITL5000

- 20-Year Term Base Plan, Accidental Death Benefit

### Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$14.54	\$25.08	\$35.62
35	\$15.58	\$27.17	\$38.75
45	\$25.79	\$47.58	\$69.37
55	\$50.33	\$96.66	\$142.99
65	\$123.08	\$242.16	\$361.24

### Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$22.21	\$40.42	\$58.62
35	\$24.62	\$45.25	\$65.87
45	\$49.46	\$94.91	\$140.37
55	\$110.04	\$216.08	\$322.11
65	\$207.37	\$410.73	\$614.10

(Continued...)

## Whole Life (IWL5000) for OH

Applicable to policy forms ICC19-IWL500-70/IWL5000-70,  
ICC19-IWL5000-100/IWL5000-100,  
ICC19-IWL5000J/IWL5000J and rider forms  
ICC19-R-IWL5000-STR/R-IWL5000-STR,  
ICC19-R-IWL5000-CTR/R-IWL5000-CTR,  
ICC19-R-IWL5000-WP/R-IWL5000-WP,  
ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD,  
ICC19-R-IWL5000-CI/R-IWL5000-CI,  
ICC19-R-IWL5000-CC/R-IWL5000-CC,  
ICC19-R-IWL5000-GPO/R-IWL5000-GPO

- Adult Base Plan Paid-Up at Age 100, Accidental Death Benefit

### Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$23.42	\$40.00
35	\$31.44	\$54.96
45	\$45.85	\$82.87
55	\$73.87	\$126.58
65	\$107.29	\$211.58

### Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$36.87	\$56.83
35	\$47.00	\$73.25
45	\$65.29	\$110.45
55	\$115.06	\$174.49
65	\$143.70	\$284.41

## Individual Accident (IAC4000) for OH

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$100

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Premier	0-80	\$24.62	\$41.50	\$50.66	\$67.54

## Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$6.25	\$9.50	\$7.85	\$11.20
	25-29	\$8.25	\$12.60	\$9.85	\$14.30
	30-34	\$10.35	\$15.80	\$11.95	\$17.50
	35-39	\$13.45	\$20.60	\$15.05	\$22.30
	40-44	\$16.15	\$24.70	\$17.75	\$26.40
	45-49	\$21.05	\$32.40	\$22.75	\$34.00
	50-54	\$29.15	\$44.80	\$30.75	\$46.40
	55-59	\$35.85	\$55.10	\$37.55	\$56.80
	60-64	\$47.45	\$72.90	\$49.15	\$74.60
	65-70	\$52.55	\$80.80	\$54.25	\$82.40



## Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$10.35	\$15.70	\$13.55	\$19.10
	25-29	\$14.35	\$21.90	\$17.55	\$25.30
	30-34	\$18.55	\$28.30	\$21.75	\$31.70
	35-39	\$24.75	\$37.90	\$27.95	\$41.30
	40-44	\$30.15	\$46.10	\$33.35	\$49.50
	45-49	\$39.95	\$61.50	\$43.35	\$64.70
	50-54	\$56.15	\$86.30	\$59.35	\$89.50
	55-59	\$69.55	\$106.90	\$72.95	\$110.30
	60-64	\$92.75	\$142.50	\$96.15	\$145.90
	65-70	\$102.95	\$158.30	\$106.35	\$161.50
\$30,000	17-24	\$14.45	\$21.90	\$19.25	\$27.00
	25-29	\$20.45	\$31.20	\$25.25	\$36.30
	30-34	\$26.75	\$40.80	\$31.55	\$45.90
	35-39	\$36.05	\$55.20	\$40.85	\$60.30
	40-44	\$44.15	\$67.50	\$48.95	\$72.60
	45-49	\$58.85	\$90.60	\$63.95	\$95.40
	50-54	\$83.15	\$127.80	\$87.95	\$132.60
	55-59	\$103.25	\$158.70	\$108.35	\$163.80
	60-64	\$138.05	\$212.10	\$143.15	\$217.20
	65-70	\$153.35	\$235.80	\$158.45	\$240.60

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$7.95	\$12.20	\$9.65	\$13.90
	25-29	\$11.25	\$17.30	\$12.95	\$18.90
	30-34	\$15.35	\$23.60	\$17.05	\$25.30
	35-39	\$20.25	\$31.10	\$21.95	\$32.80
	40-44	\$25.35	\$39.00	\$27.05	\$40.70
	45-49	\$32.55	\$50.10	\$34.25	\$51.70
	50-54	\$44.25	\$68.00	\$45.95	\$69.70
	55-59	\$56.25	\$86.40	\$57.85	\$88.00
	60-64	\$71.75	\$110.20	\$73.45	\$111.90
	65-70	\$80.15	\$123.20	\$81.85	\$124.80

## Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$13.75	\$21.10	\$17.15	\$24.50
	25-29	\$20.35	\$31.30	\$23.75	\$34.50
	30-34	\$28.55	\$43.90	\$31.95	\$47.30
	35-39	\$38.35	\$58.90	\$41.75	\$62.30
	40-44	\$48.55	\$74.70	\$51.95	\$78.10
	45-49	\$62.95	\$96.90	\$66.35	\$100.10
	50-54	\$86.35	\$132.70	\$89.75	\$136.10
	55-59	\$110.35	\$169.50	\$113.55	\$172.70
	60-64	\$141.35	\$217.10	\$144.75	\$220.50
	65-70	\$158.15	\$243.10	\$161.55	\$246.30
\$30,000	17-24	\$19.55	\$30.00	\$24.65	\$35.10
	25-29	\$29.45	\$45.30	\$34.55	\$50.10
	30-34	\$41.75	\$64.20	\$46.85	\$69.30
	35-39	\$56.45	\$86.70	\$61.55	\$91.80
	40-44	\$71.75	\$110.40	\$76.85	\$115.50
	45-49	\$93.35	\$143.70	\$98.45	\$148.50
	50-54	\$128.45	\$197.40	\$133.55	\$202.50
	55-59	\$164.45	\$252.60	\$169.25	\$257.40
	60-64	\$210.95	\$324.00	\$216.05	\$329.10
	65-70	\$236.15	\$363.00	\$241.25	\$367.80

### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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# Dental PPO Insurance

Plan 4 Premier – \$2,000 | 100% | 80% | 50%

Life is full of unexpected smiles, and good oral health helps maintain them. Colonial Life dental insurance helps you pay for routine and costly dental care for you and your family, so you can focus on what's important.

## POLICY DETAILS

**The policy year maximum benefit for this policy is \$2,000 per person.**

Class A, B and C services apply toward the maximum.

**This policy has a deductible of \$50 per person, per policy year for class B and C services.**

Each covered family member pays a deductible up to a maximum of three members each policy year.

**The co-insurance for this policy is:**

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

## LARGE NATIONAL NETWORK

- Save more with 117,000+ unique providers
- Claims filed for members by providers
- Easy provider search on ColonialLifeDental.com
- In-house recruiting team dedicated to expanding the network

## How does this policy pay benefits for network and out-of-network care?

### NETWORK BENEFITS

Network providers have agreed to charge discounted rates for covered services. You receive the benefit of discounted services, and pay only your co-insurance portion and any applicable deductible. Plus, network providers will file your claim for you, so you don't have to deal with the paperwork.

### OUT-OF-NETWORK BENEFITS

Out-of-network providers haven't agreed to discounted rates, and their fees may vary significantly. Your policy's co-insurance may not cover the total costs of dental care and, in addition to any deductible, you are responsible for any remaining balance. This is referred to as "balance billing" and only happens when you go out of network.



# Covered procedures and waiting periods

## PREVENTIVE SERVICES (CLASS A): NO WAITING PERIOD

- Routine exams and cleanings (twice every 12 months)
  - One additional cleaning per 12 months if member is in second or third trimester of pregnancy<sup>1</sup>
- X-rays
  - Bitewing X-rays (up to four films, once every 12 months)
  - Full mouth X-rays (once every five years)
- Children's services (up to age 14)
  - Fluoride treatment (once every 12 months)
  - Sealants (once every 36 months)
  - Space maintainers (up to age 14, once every 24 months)
- Oral cancer screening (for age 40 +, once every 12 months)

## BASIC SERVICES (CLASS B): NO WAITING PERIOD

- Fillings
- Simple extractions
- Periodontics (gum treatments)
- Endodontics (root canals)
- Repair of crowns, dentures or bridges
- Emergency treatment

## MAJOR SERVICES (CLASS C): 12-MONTH WAITING PERIOD<sup>2,3</sup>

- Oral surgery (extractions and impacted teeth)
- Anesthesia (covered with complex oral surgery)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in place of a three-unit bridge)

Oral wellness is an essential component of our overall health. Based on experience with my own patients, people who actively seek regular dental care have a greater chance to be healthier and happier than people who don't.

Jim Di Marino

*DMD, Dental Director for  
Colonial Life*



**For more information  
about this dental policy,  
talk with your  
benefits counselor.**

1. Member may have one additional periodontal maintenance in place of an additional cleaning.
2. Waiting periods may be waived if takeover applies.
3. No waiting period in Maine.



ColonialLifeDental.com

THIS POLICY PROVIDES LIMITED BENEFITS.

This product is not available in ZIP codes beginning with 025.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8000 (including state abbreviations where used, for example: IDN8000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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# Individual Dental PPO Insurance

## Vision Rider



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

Dental insurance offers an optional vision rider to help pay for eye exams and materials, such as glasses and contact lenses. This coverage can help you maintain healthy vision and overall wellness, as well as provide valuable financial protection for you, your spouse and dependent children.

Vision benefits	IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
<b>CO-PAYS</b>		
Exam (once per 12 months)	\$10	Up to \$35
Materials	\$25	See below
<b>STANDARD PLASTIC LENSES<sup>1</sup> (once per 12 months)</b>		
Single vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Polycarbonate lenses (for children to age 19)	Covered by co-pay	N/A
<b>FRAMES<sup>1</sup> (once per 12 months)</b>		
Choose any frame available at provider locations	\$120 allowance	Up to \$50
<b>CONTACT LENSES<sup>2</sup> (once per 12 months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses and frames</b>		
Elective	Up to \$120 allowance	Up to \$100 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

## Freedom of choice

You'll have access to a national vision network that includes independent optometrists, ophthalmologists and retail stores including Walmart, Sam's Club Optical, Costco, Pearle Vision and Target. You can search for providers at ColonialLifeVision.com.

## Additional vision benefit advantages

- Eye exams and materials (frames, lenses) can be purchased from different locations and providers. For example, you could have an eye exam with your favorite eye care professional and order contacts online.
- Check the network for Value Added and Service Plus providers. They can provide special discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.





## Special discounts on material purchases<sup>4</sup>

Providers identified as Value Added or Service Plus in our online provider directory offer the following additional values for our members on vision material purchases.

We encourage you to contact your selected provider prior to visiting their location to confirm their continued participation. Not all providers, such as Walmart, Sam's Club and Costco Optical,<sup>3</sup> choose to participate in these special discounts.

### Value Added providers

#### DISCOUNTS FOR FIRST PAIR OF GLASSES

Lens options (add-ons for insured purchases):

- UV coating...\$15
- Solid tinting/gradient tinting...\$15
- Standard scratch resistance coating...\$15
- Standard anti-reflective coating...\$45
- Premium anti-reflective coating...\$70
- Ultra anti-reflective coating...20% discount
- Polarized...\$75
- Transition...\$75
- Progressive lenses:
  - Standard...\$110
  - Premium...\$170
  - Ultra...member receives a 20% discount
- Standard polycarbonate ...\$40
- High index (single vision)
  - 1.56-1.60...\$60
  - 1.66+...20% discount
- High index (multi-focal)
  - 1.56-1.60...\$75
  - 1.66+...20% discount

#### PURCHASE A SECOND PAIR OF GLASSES AND RECEIVE PREFERRED PRICING

Lenses:

- Single vision plastic lenses...\$40
- Bifocal plastic lenses...\$60
- Trifocal lenses...\$70
- Progressive lenses (standard)...\$110
- Progressive lenses (premium and ultra)...20% discount

#### DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS

- **Frames** – Up to 35% discount
- **Contact Lenses** – 5-15% discount, depending on type
- **Other products** – 20% discount on non-prescription sunglasses and other ancillary products/solutions<sup>5</sup>

### Service Plus providers

#### RECEIVE UP TO A 20% DISCOUNT FOR THE FOLLOWING ADD-ONS TO INSURED PURCHASES:

- UV coating
- Solid tinting/gradient tinting
- Standard scratch resistance coating
- Standard anti-reflective coating
- Premium anti-reflective coating
- Transition
- Standard polycarbonate

ColonialLife.com

1 Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

2 The contact lenses benefit is paid in lieu of eyeglass lenses and frames. Contact lenses consist of three components: materials, exams and fittings. Coverage is for materials and the exam, up to the contact lenses allowance. Fittings may be covered but only up to the amount of any unused contact lenses allowance – after materials.

3 Optometrists at Costco Optical outlets are independent of Costco and may not be in network. To verify that your vision exam will be fully covered after co-pay, confirm that your doctor is an in-network provider. Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.

4 Not a covered benefit. These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and vary by network. Many providers are not able to offer discounts on "Prestige" frames. Special lens packages that combine numerous lens enhancements at value price points are not covered by these added value programs. Cannot be combined with any other promotions or discounts.

5 Some retail chains sell sunglasses in departments outside of their optical shops where discounts do not apply.

The policy or its provisions may vary or be unavailable in some states. The policy had exclusions and limitations, which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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At LegalShield, we've been offering legal plans to our members for 45 years, creating a world where everyone can access legal protection—and everyone can afford it. As a commercial driver, your livelihood depends upon being on the road and unexpected legal situations can arise every day. With LegalShield you and your spouse will have access to a qualified law firm when you need it.

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help you take care  
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As one of the first companies in the United States to provide legal expense plans to consumers, we now provide legal services to over 1.65 million families across the U.S. and Canada—representing approximately 4.1 million people. And with over 700 employees dedicated to serving you, our promise remains the same: to provide outstanding legal coverage by quality law firms at an affordable price.			

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For a low monthly cost, LegalShield gives you the ability to talk to a lawyer on any matter without worrying about high hourly costs. We understand that because of your profession, any legal situation you might find yourself in not only affects you, but your family as well, and possibly even your ability to earn a living as a commercial driver.	

When you call your Provider Law Firm, they will locate an attorney to act on your behalf. Your Provider Law Firm has the support of qualified attorneys across the country who will help you protect your rights anywhere in the U.S.



# Basic Commercial Drivers Legal Plan Benefits

## Tragic Accident Representation

If you or your spouse is charged with a criminal act because of a serious traffic accident, a Commercial Drivers Legal Plan attorney will defend you in the court of original jurisdiction for the following charges:

- Manslaughter
- Involuntary manslaughter
- Vehicular homicide
- Negligent homicide

## License Reinstatement

You and your spouse have 2.5 hours of legal help from a Commercial Drivers Legal Plan attorney in each of the following situations:

- You are denied a driver's license.
- Your driver's license is cancelled, suspended, or revoked by the Department of Public Safety or Department of Motor Vehicles where a right to appeal is provided to you by statute.
- Assistance is needed to reinstate or maintain a driver's license because of job-related or medical reasons.

## Moving Violations

- Defense of non criminal moving violations in the court of original jurisdiction.
- Defense by an attorney located through your Commercial Drivers Legal Plan Provider Law Firm.
- The attorney appointed for you is usually located in the area where you received the ticket.

## DOT and Non-Moving Violations

You and your spouse are entitled to defense of non criminal citations issued in your motor vehicle including:

- Logbook
- Overheight
- Hazardous material
- Equipment violations
- Overlength
- Overwidth
- Overweight
- Load spillage
- No placard
- Permit violations
- No medical card
- No insurance
- No motor carrier authority

## Property Damage Collection

A Commercial Drivers Legal Plan attorney will help you or your spouse collect property damage claims of \$2000 or less for damage as a result of driving, riding in, or being struck by any motor vehicle or boat.

- Covers minor damage to your car or truck.
- You may receive up to 2.5 hours of attorney time per incident.

## Personal Injury Collection

A Commercial Drivers Legal Plan attorney will help you or your spouse collect personal injury claims of \$2000 or less for injuries resulting from driving, riding in, or being struck by any motor vehicle or boat. You may receive up to 2.5 hours of attorney time per claim.

## CSA Consultation

You can consult with the Provider Attorney about any points assessed against your record by the Federal Motor Carrier Safety Administration (FMCSA) pursuant to regulations of the FMCSA's Compliance, Safety, Accountability (CSA) program. Plus, an attorney will handle a challenge of any assessed points at the Preferred Member discount rate.

## All Other Transportation Related Legal Work

You and your spouse can receive this and any other transportation-related legal work not specifically covered by this plan at a 25% discount from the Provider Law Firm's standard hourly rate. Members are responsible for paying court costs, fines and related fees.

FOR MORE INFORMATION, CONTACT YOUR  
INDEPENDENT ASSOCIATE:

[BenefitsForTrucking.com](http://BenefitsForTrucking.com)



**Additional Information and Exclusions:** Benefits are available on the eleventh (11th) day after the date of enrollment. Matters occurring before the 11th day will be considered pre-existing conditions. The driver and their spouse are protected by one low monthly fee.

**All benefits are subject to the following conditions and exclusions:** Any fines, court costs, penalties, expert witness fees, bonds, bail bonds, and any out-of-pocket expenses are at the member's expense. Preexisting conditions, charges of DUI/DWI related matters, drug-related matters, hit-and-run related charges, leaving the scene of an accident, and unmeritorious cases are excluded. Also excluded are acts or omissions performed in the commission of any crime under any municipal, state, or federal statute, except as otherwise specifically provided for and covered within the contract.

**Moving:** Representation provided in the court of original jurisdiction. Representation provided for you and your spouse if you are properly licensed, insured, and are operating a motor vehicle with the express consent and permission of the owner of the vehicle. In order to receive legal services under this benefit, you must call your Provider Law Firm by phone within three (3) business days of receiving the citation. Appeals are not covered.

**Personal Injury and Property Damage Assistance:** Driver's license and personal injury assistance are limited to two and one-half (2-1/2) hours of lawyer time per claim and do not include the filing of a lawsuit and exclude personal injury and property claims that exceed \$2,000. Applies to claims arising as a result of driving, riding in, or being struck by any motor vehicle.

**All Other Transportation Related Legal Work:** Depending on your legal needs, a retainer may be required by your Provider Law Firm prior to services being rendered under this discount. Your Provider Law Firm is responsible for determining the amount of the retainer and any other anticipated costs. Other costs you may incur include fines, court costs, penalties, expert witness fees, bonds, bail bonds, and any out-of-pocket expenses. These costs are your responsibility and are not included as part of membership benefits. Your Provider Law Firm cannot provide any legal services until payment of the retainer and other costs have been made. If you need representation in court, you must notify your Provider Law Firm at least five business days in advance so they may prepare for your case.

*Plan not available in AK and MA. Plan is available in NY and includes an additional monthly handling fee.*

*The information contained in this material is for illustrative purposes only and is not a contract. It is intended to provide a general overview this plan. Please consult the plan contract for actual terms, coverage, amounts, conditions, and exclusions.*

*Contracts issued by: Pre-Paid Legal Services, Inc. and subsidiaries; Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation*







# Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

## The LegalShield Membership Includes:

- Dedicated Law Firm Direct access, no call center
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access for covered situations

## The IDShield Membership Includes:

- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Privacy and Reputation Management Consultation and Restoration** IDShield provides consultation and guidance on ways participants can protect their privacy, reputation and personally identifiable information across the internet and on their smart devices. IDShield provides anti/cyber bullying, password, privacy and reputation management consultation for:
  - Data broker sites (Spokeo, MyLife, etc.)
  - Social media platforms (Facebook, LinkedIn, Twitter, Instagram and YouTube)
  - Voice assistance devices (Alexa, Google, etc.)
  - Online browsers (Brave, Ghost, etc.)
  - Smart TVs
- **\$1 Million Protection Policy** coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** ensures that we won't give up until your identity is restored!
- **Identity Restoration** performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

Monthly Rates	Family Price	Individual Price
LegalShield	\$20.95	\$20.95
IDShield	\$20.95	\$10.95
Combined	\$38.90	\$31.90

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/summary-of-benefits>.



***THANKS SO MUCH!***

***NEXT STEP IS TO GET YOUR ENROLLMENT MEETING  
SCHEDULED BY UTILIZING THE TOOL PROVIDED BELOW.  
YOU ARE PROVIDED A PRIVATE, 1-ON-1, MEETING VIA  
PHONE OR ONLINE IF YOU'D LIKE TO BE ON VIDEO WITH A  
BENEFITS ADVISOR FROM BENEFITS FOR TRUCKING!***



**BENEFITS**  
FOR TRUCKING

