

OWNER OPERATORS CAN HAVE ACCESS TO INSURANCE BENEFITS THROUGH VOLUNTARY SETTLEMENT DEDUCTION AUTHORIZATIONS!

- **ZERO DEDUCTIBLE HEALTH PLANS**
- **DENTAL AND VISION INSURANCE**
- **GUARANTEED ISSUE DISABILITY**
- **TERM AND WHOLE LIFE**
- **SUPPLEMENTAL HEALTH PLANS**
- **CRITICAL ILLNESS COVERAGES**
- **CDL LEGAL PLANS**
- **LEGAL AND ID THEFT PROTECTION**
- **VIRTUAL MEDICAL CARE**
- **& MORE**

WE CARRY THE ENROLLMENT WORKLOAD

NO PAPERWORK IS NEEDED TO ENROLL IN THESE PLAN OPTIONS!

**ELECTRONIC ENROLLMENT WILL BE TAKEN VIA PHONE OR
ZOOM MEETING IF YOU DESIRE.**

**ALL BENEFITS BESIDES LEGAL AND ID THEFT WILL BE DEDUCTED
VIA SETTLEMENT DEDUCTIONS**



BENEFITS
FOR TRUCKING

WWW.BENEFITSFORTRUCKING.COM

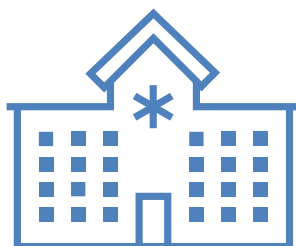
MVP Options

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$7,350 / \$14,700	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$13,200
Preventive, Physician & Diagnostic Services				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)	\$20 Copay
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)	\$40 Copay
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)	\$50 Copay
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)	\$50 Copay
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)	\$400 Copay ¹
Allergy Services	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$40 Copay (Separate copay from PCP or Specialist Office visit.)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Inpatient Hospitalization (Prior Authorization Required)	\$350 Copay per Admission ¹ (5 days per plan year)	\$350 Copay per Admission ¹ (7 days per plan year)	\$350 Copay per Admission ¹ (10 days per plan year)	\$400 Copay per Admission ¹
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)	Included in IP Hospitalization Copay
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay
Emergency Room	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Ambulance Service (Ground Services Only)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (2 per plan year)	\$400 Copay ¹
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits				
Professional Services	Not Covered	\$350 Copay	\$350 Copay	\$50 Copay
Maternity / Childbirth / Delivery (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay per Admission ¹	\$350 Copay per Admission ¹	\$400 Copay per Admission ¹
Other Services				
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)	\$25 Copay (20 visits per plan year)
Hospice (Prior Authorization Required)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Treatment for Chemical Abuse & Dependency – Inpatient (Prior Authorization Required)	\$250 Copay per Day ¹ (5 days per plan year)	\$250 Copay per Day ¹ (7 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (Prior Authorization Required)	\$25 Copay per Day (5 days per plan year)	\$25 Copay per Day (7 days per plan year)	\$25 Copay per Day (10 days per plan year)	\$25 Copay per Day (10 days per plan year)
Chemotherapy / Radiation Therapy (Prior Authorization Required) (Chemotherapy only includes infusion, not oral)	Not Covered ¹	Not Covered	Not Covered	\$400 Copay ¹
Dialysis (Prior Authorization Required)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Authorization Required)	Not Covered	Not Covered	\$50 Copay per Day (12 visits per plan year)	\$75 Copay per Day (20 visits per plan year)

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Transplant – Facility <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Transplant – Physician & Anesthesiologist Charges during Inpatient Hospitalization <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	Benefit Subject to Reference Based Pricing
Pharmacy Benefits (Subject to Formulary)				
Preventive <i>(Generic Only)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive <i>(Retail)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(APS Acute List)</i> \$10 Copay <i>(All Other Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>
Non-Preventive <i>(Mail Order)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(APS Chronic List)</i> \$30 Copay <i>(All Other Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>

¹ After Copay, benefit subject to Reference Based Pricing

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Single	\$433.98	\$480.40	\$516.07	\$670.12
EE + Spouse	\$695.71	\$797.85	\$858.15	\$1,210.17
EE + Child(ren)	\$614.17	\$697.71	\$744.11	\$1,030.16
Family	\$875.87	\$1,015.15	\$1,086.20	\$1,570.23



Network Search Tool

Rates

Proposal Terms & Conditions

- **These plans are not traditional major medical insurance.** These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.
- The benefit options in this proposal are the result of combining one or multiple benefits and/or services from different companies ("Vendor(s)") which may include but are not limited to, insurance companies, stop loss companies, other benefit providers and administrative services providers. As such, the Client is, and the Proposal shall be subject to all Vendor requirements for approval and Client may be required to complete one or more Vendor applications. Some Vendor offerings may include fully insured products.
- **This is not a contract of insurance.** An SPD or Vendor specific policies will contain full plan details that will supersede this Proposal and control in the event of conflict and should be referred to for specific information. All matters regarding the plan are, in all respects, governed by the SPD or Vendor specific policies. The benefit summaries in this proposal and any subsequent material ("Materials") are intended to be brief descriptions of the benefits. In the event there is a conflict between Materials and the SPD or Vendor specific policies, the SPD or Vendor specific policies will control.
- The delivery of products and/or services from any Vendor associated with the plans presented in this proposal will only be provided after receipt and acknowledgment, by the parties, of a fully executed service contract and is subject to the terms and conditions thereof.
- Taxes and fees, including but not limited to the Patient Centered Outcomes Research Institute (PCORI), are the responsibility of the Client and its plan of benefits and are not covered under the policy.
- Charges assessed by the New York Health Care Reform Act (NYHCRA), Massachusetts Health Safety Net, and/or any other state mandated fees are the responsibility of the Client and its plan of benefits. No late fees, penalties, interest, surcharges or other assessments resulting from these requirements are reimbursable under the stop loss policy, if applicable.
- This Proposal is Proprietary and Confidential and is only to be review by the Client and its agents and advisors.

Plans Administered By



27 Years of TPA Experience

500K Lives Under Administration

1K Employer Group Clients

90% Client Retention

99% Claims Financial Accuracy

S&S Health was established 27 years ago in Cincinnati, Ohio. We offer modular technology within a proprietary claims platform that delivers a premiere national healthcare solution. We support Employers, Brokers, Consultants, Other TPA's and Direct to Employer health plan solutions. The company processes just over \$1 Billion in claims, annually, servicing just under 500,000 employee lives in over 1,000 employer groups.

S&S Health prides itself on market leading service in a secure and compliant environment. The company focuses on accurately servicing their clients quickly to alleviate stress on members and providers. S&S Health has achieved 99.97% financial accuracy and 99.04% coding accuracy on claims. We are committed to investing in people, processes, and technology to provide our clients with the best benefits and services available.

Reference-Based Pricing Through



98% Acceptance Rate with Providers

72% Average Savings on Medical Claims

45:1 Return on Investment

\$12,792 Average Savings Per Member

Reference-Based Pricing (aka Value-Based Payments) is an alternative health plan that uses a transparent way to determine the price of service based on value and quality. This process is based on Medicare prices plus a percentage – not some hidden arbitrary number.

In general, Value Based Payments is based on a percentage of Medicare (often 150%) and is used to determine hospital payments.

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 LA

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: All Zip Codes

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 2 - 100/80/50, \$1,000 MAC	\$7.33	\$13.82	\$17.55	\$25.94
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$8.34	\$15.74	\$19.77	\$29.31

Individual Disability - ISTD3000 for LA AA Risk Class

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,500*	\$2,000*	\$2,500*	\$3,000*	\$4,000*
14 days Accident/14 days Sickness	17-49	\$8.38	\$11.17	\$13.96	\$16.75	\$22.34
	50-64	\$10.70	\$14.26	\$17.83	\$21.39	\$28.52
	65-74	\$14.12	\$18.83	\$23.54	\$28.25	\$37.66

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,500*	\$2,000*	\$2,500*	\$3,000*	\$4,000*
14 days Accident/14 days Sickness	17-49	\$11.80	\$15.74	\$19.67	\$23.61	\$31.48
	50-64	\$15.65	\$20.86	\$26.08	\$31.29	\$41.72
	65-74	\$24.99	\$33.32	\$41.65	\$49.98	\$66.65

*monthly benefit amount

Individual Accident (IAC4000) for LA

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$50

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$5.01	\$7.53	\$8.53	\$10.95

Critical Illness 1.0 for LA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$1.61	\$2.42	\$1.61	\$2.42
	25-29	\$1.93	\$2.98	\$1.93	\$2.98
	30-34	\$2.30	\$3.58	\$2.30	\$3.58
	35-39	\$3.41	\$5.24	\$3.41	\$5.24
	40-44	\$4.15	\$6.34	\$4.15	\$6.34
	45-49	\$5.53	\$8.47	\$5.53	\$8.47
	50-54	\$7.19	\$11.05	\$7.19	\$11.05
	55-59	\$8.99	\$13.78	\$8.99	\$13.78
	60-64	\$11.25	\$17.28	\$11.25	\$17.28
	65-70	\$12.82	\$19.68	\$12.82	\$19.68

(Continued...)

Critical Illness 1.0 for LA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$2.07	\$3.16	\$2.07	\$3.16
	25-29	\$2.67	\$4.08	\$2.67	\$4.08
	30-34	\$3.45	\$5.33	\$3.45	\$5.33
	35-39	\$4.98	\$7.64	\$4.98	\$7.64
	40-44	\$6.59	\$10.13	\$6.59	\$10.13
	45-49	\$8.62	\$13.22	\$8.62	\$13.22
	50-54	\$10.98	\$16.82	\$10.98	\$16.82
	55-59	\$14.07	\$21.62	\$14.07	\$21.62
	60-64	\$17.02	\$26.14	\$17.02	\$26.14
	65-70	\$19.52	\$30.02	\$19.52	\$30.02

Individual Medical Bridge for LA

Applicable to policy form Individual Medical Bridge

- \$1000 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, Diagnostic Procedure Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$6.65	\$12.63	\$8.55	\$14.54
50-59	\$8.92	\$16.94	\$10.82	\$18.85
60-64	\$11.25	\$21.37	\$13.15	\$23.27
65-75	\$13.67	\$25.95	\$15.56	\$27.85

Term Life (ITL5000) for LA

Applicable to policy form ITL5000

- 20-Year Term Base Plan, Waiver of Premium Benefit, Accidental Death Benefit

Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$3.53	\$6.15	\$8.77
35	\$3.79	\$6.67	\$9.54
45	\$6.37	\$11.83	\$17.28
55	\$13.22	\$25.52	\$37.82
65	\$28.40	\$55.88	\$83.36

Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$5.30	\$9.69	\$14.08
35	\$5.88	\$10.84	\$15.80
45	\$11.83	\$22.75	\$33.66
55	\$27.00	\$53.08	\$79.15
65	\$47.85	\$94.78	\$141.71

Whole Life (IWL5000) for LA

Applicable to policy forms ICC19-IWL5000-70/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, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$5.51	\$9.45
35	\$7.41	\$13.01
45	\$10.95	\$19.87
55	\$18.66	\$32.44
65	\$24.76	\$48.82

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$8.61	\$13.33
35	\$11.00	\$17.23
45	\$15.43	\$26.23
55	\$28.17	\$43.49
65	\$33.16	\$65.63

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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Makayla Burman | MaKayla@swartzendruberagency.com | (763) 862-2400



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 pregnancy¹
- 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^{2, 3}

- 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.



ColonialLifeDental.com

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. Six-month waiting period in Vermont.

THIS POLICY PROVIDES LIMITED BENEFITS.
A NETWORK ACCESS PLAN IS AVAILABLE.

No benefits will be paid for replacement of teeth missing prior to the effective date of coverage.

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 policy 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
CO-PAYS		
Exam (once per 12 months)	\$10	Up to \$35
Materials	\$25	See below
STANDARD PLASTIC LENSES¹ (once per 12 months)		
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
FRAMES¹ (once per 12 months)		
Choose any frame available at provider locations	\$120 allowance	Up to \$50
CONTACT LENSES² (once per 12 months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses and frames		
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,³ 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 purchases⁴

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,³ 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 | ■ Polarized...\$75 | ■ Standard polycarbonate ...\$40 |
| ■ Solid tinting/gradient tinting...\$15 | ■ Transition...\$75 | ■ High index (single vision) |
| ■ Standard scratch resistance coating...\$15 | ■ Progressive lenses: | – 1.56-1.60...\$60 |
| ■ Standard anti-reflective coating...\$45 | – Standard...\$110 | – 1.66+...20% discount |
| ■ Premium anti-reflective coating...\$70 | – Premium...\$170 | ■ High index (multi-focal) |
| ■ Ultra anti-reflective coating...20% discount | – Ultra...member receives a 20% discount | – 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 | ■ Trifocal lenses...\$70 | ■ Progressive lenses (premium and ultra)...20% discount |
| ■ Bifocal plastic lenses...\$60 | ■ Progressive lenses (standard)...\$110 | |

DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS

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

Service Plus providers

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

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

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.

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

Is your paycheck protected?

It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. But if you're like many Americans, you don't have insurance for the one thing you use to pay for these expenses — your paycheck.

If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses? You never know how long a disability could last, so it's important to have a backup plan.

Colonial Life's disability insurance can help protect your way of life by providing a monthly benefit for a covered disability.



Just over 1 in 4 of today's
20-year-olds will become
disabled before reaching
normal retirement age.

Council for Disability Awareness,
The Crisis of Disability Coverage in America, 2018.

No matter where you are in life, a disability could prevent you from earning an income



Recent college
graduate with
first full-time job

ARIA

While jogging after work one evening, Aria injured her leg. Her doctor advised her to stay off of her leg for three weeks. After using paid time off for a week, Aria stopped receiving a paycheck.

How her disability policy helped:

Aria used her disability benefits to help with her rent and monthly student loan payment.



New parents
living paycheck
to paycheck

EMILY & CALEB

After having a baby, Emily went out on maternity leave. Without her income, the couple was worried about how they'd pay for everyday expenses. Fortunately, Emily purchased a disability policy from her company two years ago.

How her disability policy helped:

Emily's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.



50-year-old
father of the bride

OWEN

Owen suffered a heart attack and had to have surgery. He needed to take an unpaid leave of absence from work to recover. During this time, he received his usual monthly bills.

How his disability policy helped:

Owen's disability benefits helped provide him with the comfort of knowing that his bills wouldn't get in the way of giving his daughter the wedding of her dreams.



Your bills continue, even if your paycheck doesn't

Think about your ongoing monthly expenses — everything from your mortgage or rent to your groceries and utilities. If a disability left you without a paycheck, you might rely on savings as a backup plan, but would you have enough?

Disability insurance can help you pay for your expenses and keep you focused on what really matters — recovery.

Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise), and you can use them however you'd like.
- At enrollment, you can choose the disability benefit amount to best meet your needs (subject to income).
- Benefits are payable regardless of any insurance you may have with other companies.
- Disability benefits may also be available if you return to work part time.



Meet with a benefits counselor

By attending a 1-to-1 counseling session with a Colonial Life benefits counselor, you can learn more about disability insurance and how it can help protect your paycheck and your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.



How much should you have in savings?

A single person with few recurring expenses and no dependents

SAVINGS = 3 MONTHS OF LIVING EXPENSES

A dual-income couple with children and recurring expenses

SAVINGS = 6 MONTHS OF LIVING EXPENSES



Specified Critical Illness Insurance



For more information,
talk with your
benefits counselor.

ColonialLife.com

If you're diagnosed with a covered critical illness or cancer, specified critical illness insurance from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

Face amount: \$_____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Cancer	100%
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Permanent paralysis due to a covered accident	100%
Coma	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease ²	25%
Carcinoma in situ	25%

The maximum benefit amount for this policy is 3x the face amount for the named insured for all covered persons combined. The policy will terminate when the maximum benefit amount for specified critical illness has been paid.

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: cancer, coronary artery bypass graft surgery/disease,² carcinoma in situ, and occupational infectious HIV or occupational infectious hepatitis B, C or D.



LegalShield™ Basic Commercial Drivers Legal Plan

**Legal protection
on and off the road.**

**Only \$6.91
Per Week!**

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.

On and off the road, we're here to help you with any legal matter from the trivial to the traumatic. And since our dedicated law firms are paid in advance, their sole focus is on serving you, rather than billing you.

**Under the protection
of LegalShield, we'll
help you take care
of the legal needs
on the job allowing
you to worry less
and live more.**

Our Promise To You

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.

Why LegalShield

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:



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		
IDShield		
Combined		

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. 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. 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>.