



# Decide Today to Protect Tomorrow



## Voluntary Insurance & Association Benefits Specifically Designed for



## Independent Contractors

# Why UTBA?

Universal Trucking Benefits Association has one of the most competitive and affordable insurance programs for drivers in the transportation marketplace today.

Through UTBA you will be eligible to enroll in various Guaranteed Issue Voluntary Insurance Plans at a discounted group rate and enjoy a full package of association benefits and discounts.

You can choose from the plans that best fit your needs and premiums can be conveniently deducted through your weekly settlement.

Health Indemnity

Dental

Vision

Disability

Universal life

Term Life

24-Hour Accident

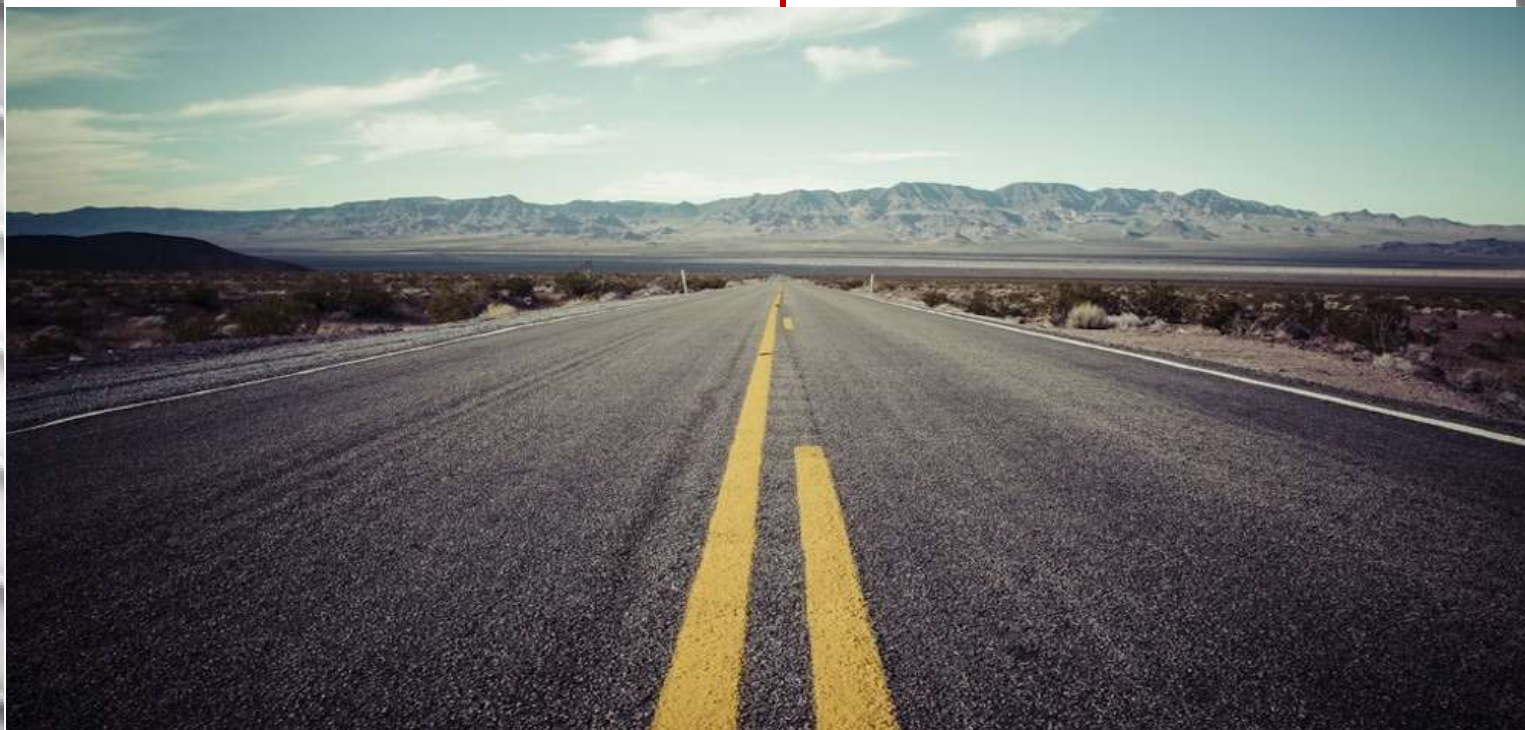
Critical Illness

Legal Plan

Association Member Benefits

Individual Major Medical Insurance

In addition to your settlement-deducted benefits, UTBA's licensed agents can also assist with your major medical needs by providing rate quotes, reviewing enrollment procedures, penalties and other questions about the Affordable Care Act.



# UTBA Member Benefits

*Not only do you get access to group-rated insurance plans, UTBA also provides numerous association benefits and discount programs to our members. Members are responsible for the \$4.99 weekly member fee in addition to insurance benefit costs.*

## Health Services

MyTelemedicine

RxCut

AeroFlow

Gateway Medicaid

LensCrafters

GymAmerica.com

Association Hearing Services

Swanson Vitamin

## Travel Services

Car Rental Discounts

Road America 24 Hour Roadside Assistance

Travel Assistance Plan

Motel 6 Lodging

CLC Lodging Discounts

TravelerBonus.com

## Consumer Services

Delta Community Credit Union

IRAs, Savings, Loans, Money Markets, CDs

1800Flowers

HoptheShops

Safety Net Child ID Card Services

Customized Web Services

Savers Club Book

Moving Services

Magazine Discounts

## Support Services

UTBA National Service Center

877-472-5541 / [www.utba.com](http://www.utba.com)

Policy Questions

Member Eligibility

Changes/Cancellations/Additions

Verification of Benefits

Claims

ID cards

my+elemedicine.com



LENSCRAFTERS





# Individual Major Medical Insurance

Until 2019, under the Affordable Care Act you and your family must either be enrolled in a Major Medical ACA-compliant plan, or possibly be subject to a penalty when you file taxes. If you want to avoid the penalty or if you just want major medical to stay healthy and get the care you need, ***WE CAN HELP!*** UTBA agents can walk you through your options, help determine eligibility, and advise you on enrollment procedures. **Call UTBA for major medical assistance at 1-877-472-5541.**



## Can I pay for major medical through settlement deductions?

- **NO.** Individual Major Medical Plans are not eligible for settlement deduction. You must pay the insurance carrier directly through either a bank draft or credit card payment.



## How much does a major medical plan cost?

- Cost depends on many things: type of plan (Bronze, Silver, Gold level), insurance carrier, what state you live in, the number of family members covered, and if you qualify for any tax credits.
- Average National Premium for a Silver Marketplace plan:
  - A 27-year-old with household income of \$25,000:
    - \$302/month without a tax credit ➢ \$142/month with a tax credit
  - Family of Four with household income of \$60,000
    - \$1,090/month without a tax credit ➢ \$405/month with a tax credit



## Do I qualify for lower major medical premiums?

- This is dependent on your household size and income, and can vary by state. UTBA agents can help you determine if your estimated income qualifies for savings.



## When can I enroll in Major Medical?

- Enroll during the nationwide open enrollment: November 1<sup>st</sup> – December 15<sup>th</sup>  
**OR**
- Enroll at any time after you have a Qualifying Life Event (*marriage, divorce, permanently move, birth/adoption, loss of other major medical, etc.*)



## What is the fee\* if I don't enroll in a Major Medical (ACA-compliant) plan?

The higher of:

- |                         |  |
|-------------------------|--|
| 1) Percentage of income | • 2.5% of household income                         |
|                         | • Max: Premium average for Bronze Marketplace plan |
| OR                      |  |
| 2) Per person lump sum  | • \$695 per adult and \$347.50 per child under 18  |
|                         | • Max: \$2,085                                     |

\*The elimination of the individual mandate fee goes into effect in 2019 per the Tax Bill passed in Dec. 2017.

# Hospital Indemnity Medical Plans



**Highlights:** Benefits paid direct to insured | Pays in addition to other medical coverage

| Summary of Benefits*   | Low (MedChoice)               | High (MedChoice)               |
|--|-------------------------------|--------------------------------|
| Hospital Admission Benefit   | \$500 per day; max 1 day      | \$500 per day; max of 1 day    |
| Hospital Confinement Benefit   | \$400 per day; max of 30 days | \$800 per day; max of 30 days  |
| Intensive Care Unit Benefit  | \$300 per day; max of 30 days | \$800 per day; max of 30 days  |
| Accident & Sickness Surgery Benefit  |                               |                                |
| • Surgery in a Hospital, Hospital Outpatient Facility of Freestanding Outpatient Surgery Center  | \$500 per day, max of 2 days  | \$1,000 per day; max of 2 days |
| • Surgery in a Physician's Office  | \$125 per day; max of 4 days  | \$125 per day; max of 4 days   |
| Outpatient Accident & Sickness Treatment Benefit   |                               |                                |
| • Emergency Room   | \$100 per day; max of 2 days  | \$150 per day; max of 2 days   |
| • Urgent Care Facility   | \$50 per day; max of 5 days   | \$75 per day; max of 1 day     |
| • Physician's Office   | \$50 per day; max of 5 days   | \$75 per day; max pf 6 days    |
| • Physical, Speech, or Occupational Therapy Facility   | \$15 per day; max of 1 days   | \$30 per day; max of 1 day     |
| Routine Health Screening Benefit   |                               |                                |
| • Tier 1   | \$50 per day; max of 1 day    | \$75 per day; max of 1 day     |
| • Tier 2   | \$25 per day; max of 1 day    | \$50 per day; max of 1 day     |
| • Tier 3   | \$75 per day; max of 1 day    | \$100 per day; max of 1 day    |
| Diagnostic Testing Benefit   |                               |                                |
| • Medical Imaging Tests  | \$100 per day; max of 1 day   | \$200 per day; max of 1 day    |
| • Advanced Study/Follow-up Test  | \$100 per day; max of 1 day   | \$100 per day; max of 1 day    |
| Ambulance Benefit  |                               |                                |
| • Ground   | \$300 per day; max of 1 day   | \$500 per day; max of 1 day    |
| • Air  | \$300 per day; max of 1 day   | \$500 per day; max of 1 day    |
| Outpatient Prescription Drug Benefit   | \$20 per day; max of 10 days  | \$25 per day; max of 12 days   |
| Critical Illness Rider - Individual / Spouse / Child(ren)  | \$2,000 / \$2,000 / \$1,000   | \$4,000 / \$4,000 / \$2,000    |
| • Benefits amount payable is 100% for invasive cancer, heart attack, permanent damage due to a stroke, major organ failure or end stage renal failure; 25% for carcinoma in situ |                               |                                |
| Occupational Exclusion Rider   | Included                      | Included                       |
| Group Term Life insurance  | \$10,000                      | \$20,000                       |
| WEEKLY RATES   | Low High (MedChoice)          | High (MedChoice)               |
| Individual Only  | \$26.92                       | \$42.43                        |
| Individual + Spouse  | \$47.85                       | \$78.26                        |
| Individual + Children  | \$40.49                       | \$65.63                        |
| Individual + Family  | \$65.94                       | \$109.20                       |

\* This is not major medical insurance and does not satisfy the individual mandate for minimum essential coverage under the Affordable Care Act. This is a brief summary; consult policy for complete benefit descriptions, exclusions, and limitations.

# Dental

**Highlights:** Preventative services covered at 100% | Pays Any Dentist



| Benefits*  | Coverage   |                 |                     |         |
|--|--|-----------------|---------------------|---------|
| Preventative   | 100% Coverage <ul style="list-style-type: none"><li>No Waiting Period and No Deductible</li><li>Periodic Exams, Bitewing X-rays, Prophylaxis (cleaning &amp; scaling), Space Maintainers, Fluoride treatments for children and Sealants</li></ul>  |                 |                     |         |
| Basic  | 80% Coverage <ul style="list-style-type: none"><li>No Waiting Period</li><li>Full mouth or Panoramic X-rays, Palliative (emergency) Treatment of Dental Pain, Simple Extractions, X-rays (Intraoral Periapical, Extraoral, Vertical Bitewings and Sialography), Amalgams and Resin-Based Composites</li></ul>  |                 |                     |         |
| Major  | 40% Coverage – <ul style="list-style-type: none"><li>12 month Waiting Period</li><li>Inlay, Onlay, Crown, Fixed Partial Denture (bridge), Partial and Complete Denture; Root Canal (Anterior, Bicuspid and Molar) Therapeutic Pulpotomy; Gingivectomy, Osseous Surgery, Periodontal Scaling and Root Planing; Rebase, Reline, Repair Broken Clasp and Repair Cast Framework; Removal of Impacted Tooth, Frenulectomy, Incision and Drainage of Abscess</li></ul> |                 |                     |         |
| \$50 Annual Deductible - per person with \$150 max per family/per year; deductible for 80% and 40% Coverages is combined.<br>\$1,500 Calendar Year Maximum Benefit |  |                 |                     |         |
| WEEKLY RATES   | Member   | Member + Spouse | Member + Child(ren) | Family  |
|  | \$5.31   | \$10.62         | \$10.15             | \$14.77 |
| *This is a brief summary; consult policy for full benefit descriptions and provisions.   |  |                 |                     |         |

# Vision

**Highlights:** Large network | Website tools



| Benefits*  | Coverage  |                 |                     |        |
|--|---|-----------------|---------------------|--------|
| Exam   | \$10 Copay <ul style="list-style-type: none"><li>once every 12 months</li><li>comprehensive eye examination</li></ul>                       |                 |                     |        |
| Materials  | \$25 Copay <ul style="list-style-type: none"><li>Lenses and Contacts - once every 12 months</li><li>Frames - once every 24 months</li></ul> |                 |                     |        |
| Spectera Network - over 24,000 private/retail providers nationwide; Discounts for laser vision correction, progressive lenses, and other specialized materials |   |                 |                     |        |
| WEEKLY RATES   | Member  | Member + Spouse | Member + Child(ren) | Family |
|  | \$1.85  | \$3.24          | \$5.50              | \$5.50 |
| *This is a brief summary; consult policy for full benefit descriptions and provisions.   |   |                 |                     |        |

# Life Insurance



## Universal Life - *TransElite<sup>SM</sup>*

**Highlights:** Permanent Coverage | Living Benefits

| Benefits*  | Coverage   |                   |                   |                   |
|--|--|-------------------|-------------------|-------------------|
| Death Benefit  | Up to \$150,000 (25K on spouse, 25K on children) <ul style="list-style-type: none"> <li>Contingent Guaranteed Issue</li> </ul> Up to \$500,000 (100K on spouse) <ul style="list-style-type: none"> <li>Simplified Issue (additional health questions asked)</li> </ul>   |                   |                   |                   |
| Additional Benefits  | <b>Accident Death Rider</b> <ul style="list-style-type: none"> <li>Pays double the death benefit or \$150,000 -whichever is less- for an accidental death.</li> </ul> <b>Chronic Condition Rider with Extension of Benefits Rider (<i>Living Benefit</i>)</b> <ul style="list-style-type: none"> <li>Pays a benefit now if you have severe memory or reasoning problems or if you can't perform at least two activities of daily living for yourself (i.e. dressing, bathing, eating)</li> </ul> |                   |                   |                   |
| WEEKLY RATES   | Vary by age, tobacco use, and selected benefit amount  |                   |                   |                   |
| Example:<br>\$50,000   | Age 25   | Age 35            | Age 45            | Age 55            |
|  | \$5.59   | \$7.80            | \$11.87           | \$20.31           |
|  | \$7.68 (tobacco)   | \$11.23 (tobacco) | \$17.97 (tobacco) | \$31.54 (tobacco) |
| *This is a brief summary; consult policy for full benefit descriptions and provisions. |  |                   |                   |                   |

## Term Life - *Trans Select 20<sup>SM</sup>*

**Highlights:** Low premiums | Critical Illness Rider

| Benefits*  | Coverage   |                  |                   |                   |
|--|--|------------------|-------------------|-------------------|
| Death Benefit  | Up to \$150,000 (25K on spouse, 25K on children) <ul style="list-style-type: none"> <li>Contingent Guaranteed Issue</li> </ul> Up to \$500,000 (100K on spouse) <ul style="list-style-type: none"> <li>Simplified Issue (additional health questions asked)</li> </ul>   |                  |                   |                   |
| Additional Benefits  | <b>Critical Illness Rider</b> <ul style="list-style-type: none"> <li>Pays 25% of death benefit for heart attack, stroke, renal failure, major organ transplant</li> </ul> <b>Terminal Illness rider</b> <ul style="list-style-type: none"> <li>Pays 50% of death benefit if diagnosed with a terminal illness</li> </ul> |                  |                   |                   |
| WEEKLY RATES   | Vary by age, tobacco use, and selected benefit amount  |                  |                   |                   |
| Example:<br>\$50,000   | Age 25   | Age 35           | Age 45            | Age 55            |
|  | \$2.76   | \$4.45           | \$7.98            | \$14.11           |
|  | \$3.75 (tobacco)   | \$5.75 (tobacco) | \$13.02 (tobacco) | \$24.17 (tobacco) |
| *This is a brief summary; consult policy for full benefit descriptions and provisions. |  |                  |                   |                   |

# Disability Insurance



**Highlights:** Off-the-Job Accident & Sickness Disabilities | No rate increase with age

| Benefits*                   | Coverage  |
|-----------------------------|---|
| Monthly Income              | <p><b>Up to \$6,000/month</b></p> <ul style="list-style-type: none"> <li>• Wait period: <i>14 days</i></li> <li>• Benefit Period: <i>Up to 6 months</i></li> <li>• Off-the-Job Accidents and Sickness</li> <li>• Up to 60% of gross income</li> </ul> |
| Waiver of Premium Provision | This benefit goes further to ease the financial burden of disability. Premiums are covered after 90 consecutive days of total disability. Refer to the contract provisions for limitations.   |
| Accidental Death Benefit    | <b>\$25,000</b> will be paid if you die as a direct result of an injury and death occurs within 90 days after the date of the injury.   |

| WEEKLY RATES    |   |           |           |         |
|-----------------|---|-----------|-----------|---------|
| Monthly Benefit | Age 18-39   | Age 40-49 | Age 50-59 | Age 60+ |
| \$1,000         | \$8.91  | \$9.69    | \$11.17   | \$14.08 |
| \$1,500         | \$13.36   | \$14.54   | \$16.75   | \$21.12 |
| \$2,000         | \$17.82   | \$19.38   | \$22.34   | \$28.15 |
| \$2,500         | \$22.27   | \$24.23   | \$27.92   | \$35.19 |
| \$3,000         | \$26.72   | \$29.08   | \$33.51   | \$42.23 |
|                 | Benefits over \$3,000 require additional underwriting |           |           |         |
| \$3,500         | \$31.18   | \$33.92   | \$39.09   | \$49.27 |
| \$4,000         | \$35.63   | \$38.77   | \$44.68   | \$56.31 |
| \$4,500         | \$40.08   | \$43.62   | \$50.26   | \$63.35 |
| \$5,000         | \$44.54   | \$48.46   | \$55.85   | \$70.38 |
| \$5,500         | \$48.99   | \$53.31   | \$61.43   | \$77.42 |
| \$6,000         | \$53.45   | \$58.15   | \$67.02   | \$84.46 |

- **Optional \$10,000 Critical Illness Benefit** – Pays insured lump sum benefit for Heart Attack, Kidney Failure, Stroke, Major Organ Failure, Paralysis. Add to this Disability plan for: **\$3.56 / Week**

*\*This is a brief summary; consult policy for full benefit descriptions and provisions.*



# Accident Insurance



**Highlights:** 24-hour coverage | AD&D

| Benefits*  |                        |                    | Coverage |
|--|------------------------|--------------------|----------|
| Outpatient Treatment Benefits  |                        |                    |          |
| Hospital Emergency Room<br>(if treatment received within 72 hours)                     |                        |                    | \$750    |
| Physician’s Office<br>(if treatment received within 30 days)                           |                        |                    | \$150    |
| Emergency Dental Work<br>(if treatment received within 72 hours)                       |                        |                    | \$150    |
| Inpatient Treatment Benefits   |                        |                    |          |
| Hospital Admission   |                        |                    | \$750    |
| Daily Hospital Confinement<br>(per day up to 30 days)                                  |                        |                    | \$300    |
| Intensive Care Unit<br>(per day up to 15 days)   |                        |                    | \$600    |
| Accidental Death & Dismemberment Benefits**  |                        |                    |          |
| Death  |                        |                    | \$45,000 |
| Dismemberment  |                        |                    |          |
| Both arms and legs   |                        |                    | \$45,000 |
| Both arms, legs, hands, feet or eyes   |                        |                    | \$22,500 |
| One arm, leg, hand, foot or eye  |                        |                    | \$11,250 |
| One or more finger(s) or toe (s)   |                        |                    | \$3,000  |
| **Eligible child benefit is ½ the Insured’s Benefit Amount.                            |                        |                    |          |
| Ambulance Benefit – Ground or Air  |                        |                    | \$750    |
| Medical Imaging  |                        |                    | \$300    |
| WEEKLY RATES   |                        |                    |          |
| Member   | Member +<br>Child(ren) | Member +<br>Spouse | Family   |
| \$4.32   | \$6.95                 | \$7.06             | \$11.19  |
| *This is a brief summary; consult policy for full benefit descriptions and provisions. |                        |                    |          |

# Critical Illness Insurance



**Highlights:** Guaranteed Issue | Pays in addition to other coverage

## \$10,000 Benefit

| Benefit  | Coverage                |
|--|-------------------------|
| Heart Attack   | 100% of CI Benefit      |
| <ul style="list-style-type: none"> <li>Coronary Artery Bypass Surgery</li> </ul> | 25% of CI Benefit       |
| <ul style="list-style-type: none"> <li>Coronary Angioplasty</li> </ul>           | \$500 indemnity benefit |
| Permanent Damage Due to a Stroke   | 100% of CI Benefit      |
| Major Organ Failure  | 100% of CI Benefit      |
| End Stage Renal Failure  | 100% of CI Benefit      |
| Permanent Paralysis (Accidental Spinal cord injury)                              | 100% of CI Benefit      |
| Invasive Cancer  | 100% of CI Benefit      |
| <ul style="list-style-type: none"> <li>Carcinoma in situ</li> </ul>              | 25% of CI Benefit       |
| <ul style="list-style-type: none"> <li>Skin cancer</li> </ul>                    | \$250 indemnity benefit |
| Complete Loss of Sight   | 100% of CI Benefit      |
| Complete Loss of Hearing   | 100% of CI Benefit      |
| Advanced Alzheimer's Disease   | 100% of CI Benefit      |
| Recurrent Diagnosis Benefit Rider  | 50% of CI Benefit       |
| Health Screening Test Benefit Rider  | \$50 indemnity benefit  |
| Waiver of Premium Benefit Rider  | Waive Premium           |

The CI Benefit for Dependents is 50% of the primary insured with the exception of the Coronary Angioplasty and Skin Cancer.

| WEEKLY RATES | Vary by age and tobacco use |                            |                            |                             |
|--------------|-----------------------------|----------------------------|----------------------------|-----------------------------|
|              | Age 25                      | Age 35                     | Age 45                     | Age 55                      |
|              | \$2.27<br>\$2.62 (tobacco)  | \$3.25<br>\$4.23 (tobacco) | \$5.30<br>\$8.13 (tobacco) | \$8.98<br>\$15.06 (tobacco) |

\*This is a brief summary; consult policy for full benefit descriptions and provisions.

# Legal Plan



**U.S. Legal Services**  
Providing legal benefit plans.

## Highlights:

Attorney's fee covered at 100% | Coverage in all 50 states

**Don't take chances...help protect your career for just \$1 a day!** This CDL Defender coverage provides covered drivers 100% paid legal representation for all moving, non-moving, DOT, and CSA violations.

## Program Description:

Covered violations include, but not limited to:

- Speeding
- Load Spill
- Overweight
- Overlength
- HOS Violations
- Hazmat
- Lane Violations
- Expired Medical Certificate
- Parking Violations
- Weight Receipt

Attorney's fees:

100% covered

Representation area:

All 50 states, Canada, Mexico

CSA/DataQ challenges:

Covered in full for covered driver

Cases that are reduced or dismissed:

90%

*US Legal Representation always retains local attorneys*

## Additional benefits for enrolled drivers:

- Reduced attorney's fees for bankruptcies, divorce, child custody, IRS-tax issues, Criminal and civil law
- Identity Shield – ID theft protection
- Financial coaching-credit card debt, retirement accounts, and credit repair
- Drivers and spouses are covered in their personal vehicles
- Educational emails sent to drivers regarding trouble areas and changes to various laws
- Helps protect your commercial driver's license

**WEEKLY RATE: \$7.61**