

Freight Haulers of America, Inc

Plans Designed Exclusively
for the Trucking and
Transportation
Industry



www.freighthaulersofamerica.com · 866-893-1168 ·

300 Jere B Ford Memorial Hwy, P.O. Box 784 Dyersburg, Tennessee 38024

Freight Haulers of America, Inc

Association Information:

Freight Haulers of America, Inc. is an Association established in the State of Tennessee pursuant to the provisions of T.C.A 48-52-101-102 of the Tennessee Nonprofit Corporation Act.

Eligible members consist of any person who is actively engaged in the profession of trucking , transportation, freight hauling, warehousing, logistics, or any other person interested in advancing the cause of said professions.

Freight Haulers of America, Inc. has contracted with several A+ Insurance companies and is the group master contract holder of certain group benefit insurance plans along with other member services. All insurance plans are fully insured with A+ rated national insurance companies.

Interested parties will be required to join *Freight Haulers of America, Inc.* in order to participate in any member services.

Member Services:

As a member of *Freight Haulers of America, Inc.* you will have access to several different association benefits. You will receive a full plan description for each benefit once your membership is activated.

- **Heavy Truck Roadside Assistance Plan**
- **Identity Management Services**
- **Pharmacy RX Discount Card**
- **Pre-paid Lab & Diagnostics Discounts** (not available in NY, NJ, MA or RI)
- **Access Development Everyday Savings**

Eligibility:

All benefits are subject to membership eligibility requirements to Freight Haulers of America. ***Membership fees are \$5.00 per week, per household***

Available Benefit Plans

Proposal Highlights:

This proposal highlights some features of the policies offered but is **NOT** the insurance contract. Only the actual policies provisions control coverage. The Policies themselves set forth in detail, the right and obligation of both the insured and the insurance company. For a copy of the actual policies, please contact Freight Haulers of America by Phone: 866-893-1168 or write to Freight Haulers of America, P.O. Box 784,300 Jere B. Ford Memorial Hwy Dyersburg, TN 38024, FAX: 731-285-00945, or email from www.freighthaulersofamerica.com

All products displayed here were designed for **Freight Haulers of America, Inc.** and the **Transportation Industry**

Full Portfolio of Group Benefits Available to each member (employee or non-employee) without participation requirements for group which include:

- *Select Medical– FHA 500, 750 or 1000
- *Dental
- *Vision
- *Accident Select I
- *Aflac Group 24-Hour Accident
- Aflac Group Critical Illness
- Short Term Disability – Own Occupation with 12/12
- Long Term Disability – Own Occupation 1st yr, 2nd yr with Residual
- *Term Life – Guaranteed Issue available up to \$100,000
- *Term Life Spouse Guaranteed Issue available up to \$25,000
- Critical Illness
- Universal Life
- Accidental Death and Dismemberment (*Member Only Benefit*)

**Guaranteed Issue Products*

***NOT ALL plans are available in ALL STATES*

Enrollment Process:

All benefits outlined in this proposal are enrolled conveniently through the enrollment center (**866-893-1168**). * Some products are guaranteed issue and have no health questions to answer or applications to fill out. All enrollments are completed over the phone with Voice Stamp Authorization. We accept payments via: ACH Bank Draft , Credit Card and If your company sponsors the FHA program, you may also choose Settlement Deduction.

Benefit Highlights

What is the Select Medical Benefit?

The Select Medical Benefit is a Group Limited Medical Benefit plan designed to pay first dollar coverage for MOST medical claims. The Select Medical Benefit has a Nationwide Network with benefits assignable at the point of service. Benefits will be paid whether the patient is in or out of network, keeping in mind that in network services make benefits go much farther.

Plan Features:

- First Dollar Benefits paid at the point of service.
- Nationwide Network choosing the strongest network in the physical location of the insured. www.multiplan.com
- Select Medical Benefit is NOT Major Medical Insurance, the benefits made available to you in this brochure are SELECT which means they pay a SPECIFIED BENEFIT for each Selected service covered. The benefits pay EXACTLY what is outlined in your brochure. Because the benefits are SELECTED we are able to offer you GUARANTEED ACCEPTANCE.
- Fully insured RX Drug Coverage with a \$2,500.00 annual benefit, per insured, and \$5,000.00 annual benefit for family. www.idealscripts.com
- Select Medical is Guaranteed Issue with **NO Pre-Existing Exclusions**
- Select Medical Benefit covers claims both on and off the job, 24/7 Coverage
- Availability– Select Medical Benefit is NOT available to members that reside in these states: ME, NJ, NY, OR, WA.
- Portable– As a member of Freight Haulers of America, Inc you can carry this benefit program with you wherever you are employed. Coverage can be continued by paying premium directly to us with no increase in premium.

Select Medical Benefit Plan FHA 500

In-Network/ Out -of -Network All coverage listed below pay the same in and out of network. Out-of-network claims will not be subject to In- Network Re-pricing.

Annual Plan Maximum.....None

Lifetime Plan Maximum.....None

Calendar Year Deductible.....No Deductible, First Dollar Benefit

Benefits	Coverage
Outpatient Physicians Office Visit	\$60 per visit -6x per person -per calendar year
Outpatient Diagnostic X-Ray & Lab	\$50 up to 3 days of testing per person, per calendar year
Daily In Hospital Benefit	\$500 per day (maximum 30 days per confinement)
In Hospital & Surgical Additional Benefit	Additional \$1,000 per hospital confinement (maximum 1 time per calendar year)
Surgical & Anesthesia Benefit	\$2,500 per surgery as listed in Surgery Schedule Anesthesia: 20% of surgery benefit paid
Wellness Benefit	\$50 for physical exams or certain diagnostic tests 1x per calendar year. No waiting period
PPO Network www.multiplan.com	Member & covered dependents receive contracted discounts on fees from physicians, hospitals, outpatient x-ray & labs
Prescription Drug Benefit www.idealscripts.com	\$10 generic \$15 Oral Contraceptives \$50 Name brands per schedule
Life Insurance	Member.....\$5,000 Spouse.....\$2,500 Child.....\$2,500

Weekly Rates

(Based on 52 weeks)

Member	\$44.34
Member+ Spouse.....	\$67.45
Member+ Child(ren).....	\$68.97
Family.....	\$84.45

Rates listed here include fees and all insured and non-insured products

Select Medical Benefit Plan FHA 750

In-Network/ Out -of -Network All coverage listed below pay the same in and out of network.
Out-of- Network claims will not be subject to In-Network Re-pricing

Annual Plan Maximum.....None

Lifetime Plan Maximum.....None

Calendar Year Deductible.....No Deductible, First Dollar Benefit

Benefits	Coverage
Outpatient Physicians Office Visit	\$70 per visit -6x per person -per calendar year
Outpatient Diagnostic X-Ray & Lab	\$75 up to 3 days of testing per person, per calendar year
Daily In Hospital Benefit	\$750 per day (maximum 30 days per confinement)
In Hospital & Surgical Additional Benefit	Additional \$1,000 per hospital confinement (maximum 1 time per calendar year)
Surgical & Anesthesia Benefit	\$2,500 per surgery as listed in Surgery Schedule Anesthesia: 20% of surgery benefit paid
Wellness Benefit	\$100 for physical exams or certain diagnostic tests 1x per calendar year. No waiting period
Critical Illness & Subsequent Critical Illness	\$10,000 lump sum benefit for initial diagnosis of covered critical illness, also same amount on subsequent and separate covered illness
PPO Network www.multiplan.com	Member & covered dependents receive contracted discounts on fees from physicians, hospitals, outpatient x-ray & labs
Prescription Drug Benefit www.idealscripts.com	\$10 generic \$15 Oral Contraceptives \$50 Name brands per schedule
Life Insurance	Member.....\$25,000 Spouse.....\$10,000 Child.....\$2,500

Weekly Rates

(Based on 52 weeks)

Member.....	\$58.16
Member +Spouse.....	\$87.44
Member + Child(ren).....	\$91.59
Family.....	\$118.03

Rates listed here include fees and all insured and non-insured products

Select Medical Benefit Plan FHA 1000

In-Network/ Out -of -Network All coverage listed below pay the same in and out of network.
Out-of-Network claims will not be subject to In-Network Re-pricing

Annual Plan Maximum.....None

Lifetime Plan Maximum.....None

Calendar Year Deductible.....No Deductible, First Dollar Benefit

Benefits

Coverage

Outpatient Physicians Office Visit	\$70 per visit -6x per person -per calendar year
Outpatient Diagnostic X-Ray & Lab	\$75 up to 3 days of testing per person, per calendar year
Daily In Hospital Benefit	\$1,000 per day (maximum 30 days per confinement)
In Hospital & Surgical Additional Benefit	Additional \$1,000 per hospital confinement (maximum 1 time per calendar year)
Surgical & Anesthesia Benefit	\$2,500 per surgery as listed in Surgery Schedule Anesthesia: 20% of surgery benefit paid
Wellness Benefit	\$100 for physical exams or certain diagnostic tests 1x per calendar year. No waiting period
Critical Illness & Subsequent Illness Benefit	\$5,000 lump sum benefit for initial diagnosis of covered critical illness, also same amount on subsequent and separate covered illness
PPO Network www.multiplan.com	Member & covered dependents receive contracted discounts on fees from physicians, hospitals, outpatient x-ray & labs
Prescription Drug Benefit www.idealscripts.com	\$10 generic \$15 Oral Contraceptives \$50 Name brands per schedule
Life Insurance	Member.....\$50,000 Spouse.....\$10,000 Child.....\$2,500

Weekly Rates

(Based on 52 weeks)

Member.....	\$66.82
Member +Spouse.....	\$112.03
Member + Child(ren).....	\$106.17
Family	\$138.74

Rates listed here include fees and all insured and non-insured products

Freight Haulers of America

Plan Design Summary



Dental

Proposed Effective Date: 1/1/2011

Plan Design Summary

100/80/50
 \$50 Per Person Per Calendar Year Deductible
 Type 1,2,3
 No Family Maximum
 \$1,000 Annual Max per person

Class 1 100%

Procedure
 (Frequency)

No Waiting Period

- Routine Exams
(1 in 6 months)
- Bitewing X-rays
(1 in 12 months)
- Cleaning
(1 in 6 months)
- Fluoride for Children 13 and under
(1 per benefit period)

Class 2 80%

Procedure
 (Frequency)

No Waiting Period

- Full Mouth/ Panoramic X-rays
(1 in 5 years)
- Periodical X-rays
- Sealants (age 13 and under)
- Restorative Amalgams
- Restorative Composites
- Denture Repair
- Simple Extractions

Class 3 50%

Procedure
 (Frequency)

12 Month Waiting
 Period/ with No Prior
 Coverage

- Crown Repair
- Space Maintainers
- Endodontic (Apicoectomy)
- Root Canals
- Periodontics (Gum Disease)- Surgical
- Restorative- Inlays & Crowns
- Prosthodontics- Fixed Pontics or Abutments
- Prosthodontics (Fixed bridge; removable complete/partial dentures)
(1 in 10 years)
- Oral Surgery-Complex Extractions
- Anesthesia

Network Information

Find a Provider

Ameritas PPO Network

www.ameritasgroup.com

Weekly Rates (Based on 52 weeks)

Member	\$5.17
Member + Spouse	\$10.20
Member + Children	\$10.52
Member + Spouse + Children	\$15.55

Freight Haulers of America

Plan Design Summary



Vision

Proposed Effective Date: 1/1/2011

	VSP Network	Plan 1: Focus®	Out of Network
Annual Eye Exam	Covered in full		Up to \$52
Lenses (per pair)			
Single Vision	Covered in full		Up to \$55
Bifocal	Covered in full		Up to \$75
Trifocal	Covered in full		Up to \$95
Lenticular	Covered in full		Up to \$125
Progressive	See lens options		NA
Frames	\$120		Up to \$45
Frequencies			
Exam/Lens/Frames	12/12/24 Based on date of service		12/12/24 Based on date of service

Deductible, Maximum, Network

<u>Deductibles</u>			
	\$20 Exam		\$20 Exam
	\$20 Eye Glass Lenses or Frames*		\$20 Eye Glass Lenses or Frames
<u>Maximum</u>			
Calendar Year	None		None
<u>Network Information</u>			
	VSP Vision Plan Service to Find a Provider		www.vsp.com

*Deductible applies to a complete pair of glasses or to frames, whichever is selected

Contact Lenses

Fit & Follow Up Exams	15% discount -See Additional Focus Features		No benefit
Contacts			
Elective	Up to \$105		Up to \$105
Medically Necessary	Covered in full		Up to \$210

Weekly Rates (Based on 52 weeks)

Member	\$2.38
Member + Spouse	\$4.60
Member + Children	\$3.83
Member + Spouse & Children	\$6.05

Accident Select I

This is an OUTLINE of the benefits offered in the Accident Select I Plan.

Off the Job Accidental Injury Benefit	Accident Select I Benefit per insured per calendar year maximum 5 covered accidents
Additional Specific Injury Accident	Benefit amount is paid for dislocations, damaged tendons and ligaments, burns, ruptured disc, eye injury , fractures etc. Scheduled Benefit \$30—\$2000 See Schedule of Benefits
Emergency Room Benefit	If the insured receives treatment for a covered accident within 72 hours of the accident. Benefit paid one time per covered accident . \$100 Member & Sp / \$70 Children
Ambulance Benefit	If an insured suffers injuries in a covered accident and requires special treatment within 100 miles from the site of the accident or residence this benefit will pay \$150 Ground / \$600 Air
Accident Hospital Income	If the insured requires hospital confinement for covered accident, benefit pays \$100 per day up to 365 days per covered accident.
Additional In Hospital Accident Benefit	This benefit amount is paid when covered person is initially confined in hospital 24 hours or more for covered accident. \$500.00 up to 365 days per covered accident
Additional Wellness Benefit	Annual benefit amount for the insured or any one covered family member routine exams or preventive testing \$60
Transportation Benefit	If an insured suffers injuries in a covered accident and requires special treatment more then 100 miles from the site of the accident or residence this benefit will pay \$300.00
Additional Intensive Care Benefit	For each day of confinement in an Intensive Care Unit this benefit pays and additional benefit equal to 3 times the daily benefit for up to 15 days per accident per person
Physical Therapy Benefit	Upon advise of a physician, this benefit will pay \$50 daily toward physical therapy up to 6 days per covered accident.
Life Insurance for AD&D	Death Benefit paid to insured in addition to the Life Insurance provided inside the Limited Medical. Benefit paid for Accident Off the Job Common Carrier- Contractor \$35,000/Spouse \$17,500/Child \$3500 Motorized Vehicle or Pedestrian Member \$25,000/Spouse \$12,500/Child \$2500 All other accidents Member \$15,000/Soupspe \$7500/Child \$1500

Weekly Rates

(Based on 52 weeks)

Member.....	\$4.36
Member +Spouse.....	\$5.72
Member + Child(ren).....	\$5.87
Family.....	\$7.23

Accident Select I is not available in CT, FL, MA, MN, NJ, NY, OR, VT, WV

Group Accident Insurance



AC1^G

Policy Series CA7700-MP This brochure is a brief description of coverage and is not a contract.

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

FEATURES

- 24-Hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Sickness Rider
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (Underwriting is required to qualify for coverage)
- Payroll deduction (Premiums are paid by convenient payroll deduction)
- Portable coverage (You can continue coverage when you leave membership; ask enroller for guidelines)

Hospital Benefits

	Member	Spouse	Child
Hospital Admission	\$1,000	\$1,000	\$1,000
Hospital Confinement (per day)	\$200	\$200	\$200
Hospital Intensive Care (per day)	\$400	\$400	\$400
Medical Fees	\$125	\$125	\$125
Paralysis Quadriplegia Paraplegia	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

Major Injuries

	Member	Spouse	Child
Fractures (closed reduction)	\$360-\$4,500	\$320-\$4,000	\$320-\$4,000
Dislocations (closed reduction)	\$320-\$3,600	\$240-\$2,700	\$240-\$2,700

- Multiple fractures and dislocations are paid at 150% of the benefit amount for open reduction
- Partial dislocations are paid at 25% of the dislocation benefits
- Open Reduction is paid at 150% of closed reduction
- Chip Fractures are paid at 10% of the fracture benefit

Specified Injuries

	Member	Spouse	Child
Ruptured Disc	\$1,000	\$1,000	\$1,000
Tendons/ Ligaments	\$200	\$200	\$200
Torn Knee Cartilage	\$400	\$400	\$400
Eye Injuries	\$250	\$125	\$125
Concussion	\$200	\$200	\$200
Emergency Dental Work (per accident)	\$50-\$150	\$50-\$150	\$50-\$150
Burns (treatment within 72 hours & based on % of body surface)	\$100-\$10,000	\$100-\$10,000	\$100-\$10,000
Lacerations (treatment and repair within 72 hours)	\$25-\$400	\$25-\$400	\$25-\$400

Weekly Rates

Member	\$5.46
Member + Spouse	\$9.02
Member + Child (ren)	\$9.41
Family	\$12.97

This brochure is a brief description of some of the coverage's included with this product and is NOT a contract. Read your certificate carefully for EXACT terms and conditions. This

brochure is subject to the terms, conditions, and limitations of Policy Form Series CA7700-MP. Products are not available to members in the following states: CO, CT, DC, HI, ID, KS, LA, ME, NC, ND, NH, NV, NY, OK, OR, SD, UT, VT, WA, and WV.

FOR QUESTIONS OR CONCERNS
Call 866.893.1168





You can win the battle against a critical illness, but can you handle the added cost?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

Covered Health Screening Tests Include:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

Benefits

Plan Features

Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infraction)	100%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Major Organ Transplant	100%
Renal Failure (End-Stage)	100%
Coronary Artery Bypass Surgery	25%
Additional Benefits	Coma, Paralysis, Burns, Loss of Sight, Loss of Hearing, Loss of Speech, Heart Benefits
First Occurrence Benefit	Employee- \$5,000-\$50,000 Spouse up to \$25,000
Re-Occurrence Benefit	If an Insured collects full benefits for a covered condition and is later diagnosis with the same condition, we will pay full benefit again.
Additional Occurrence Benefit	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness
\$50 Health Screening Benefit (Member & Spouse ONLY)	After 12 month waiting period, and insured may receive a max of \$50 for any one covered health screening.

- Lump-sum benefit paid directly to the Insured following the diagnosis of each covered critical illness.
- Guaranteed Issue- available, subject to the participation requirements.
- Spouse coverage available
- Each dependent child is covered at 25% of the primary Insured amount at no additional charge.
- Annual health screening benefits included.
- The plan is portable with certain stipulations.
- Level premium rates based upon applicants age as of the time of enrollment. Rates cannot be individually increased on a particular Insured due to a change in age, health or individual claim.



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FOR RATES/ QUESTIONS/ CONCERNS

Call 866.893.1168

Short Term Disability

Covers:	Off the Job Accidents & Illnesses
Weekly Benefits:...	50% of Gross Weekly Earnings to a max of \$800 per week
Elimination Period:	30 Days Injury, 30 Days Sickness
Benefit Duration:.....	22 Weeks
Definition of Disability:	Unable to work in OWN occupation

Monthly Rates

Find your age and the **WEEKLY** benefit amount you qualify for based on your weekly earnings, and that will be your monthly premium. You can choose a lesser weekly benefit amount if you like, but no more than the amount you qualify for.

AGE	Price per Unit	\$100	\$200	\$300	\$400	\$500	\$600	\$700	\$800
<30	0.3700	3.70	7.40	11.10	14.80	18.50	22.20	25.90	29.60
30 - 34	0.4000	4.00	8.00	12.00	16.00	20.00	24.00	28.00	32.00
35 - 39	0.4300	4.30	8.60	12.90	17.20	21.50	25.80	30.10	34.40
40 - 44	0.6900	6.90	13.80	20.70	27.60	34.50	41.40	48.30	55.20
45 - 49	0.8600	8.60	17.20	25.80	34.40	43.00	51.60	60.20	68.80
50 - 54	1.2100	12.10	24.20	36.30	48.40	60.50	72.60	84.70	96.80
55 - 59	1.5200	15.20	30.40	45.60	60.80	76.00	91.20	106.40	121.60
60 - 64	1.7200	17.20	34.40	51.60	68.80	86.00	103.20	120.40	137.60
65 - 69	1.8900	18.90	37.80	56.70	75.60	94.50	113.40	132.30	151.20
70 - 74	2.0600	20.60	41.20	61.80	82.40	103.00	123.60	144.20	164.80
75 - 80	2.0600	20.60	41.20	61.80	82.40	103.00	123.60	144.20	164.80

Example:

Chad is 42 and earns \$1000 weekly, he would qualify for 50% of his earnings, \$500. His monthly premium for \$500 of weekly benefit would be \$34.50.

Short and Long Term Disability are subject to:

- 12 Month Pre -Existing Conditions
- 12 Month Waiting Period for Pre-Existing Conditions

Long Term Disability

Covers:Off the Job Accidents & Illnesses

Weekly Benefits:.....50% of Gross MONTHLY Earnings to a max of \$5,000 per month

Elimination Period:180 Days Injury, 180 Days Sickness

Benefit Duration:.....2 Years

Definition of Disability:Unable to work in OWN occupation

Monthly Rates

Find your age and the **MONTHLY** benefit amount you qualify for based on your weekly earnings, and that will be your monthly premium. You can choose a lesser weekly benefit amount if you like, but no more than the amount you qualify for.

AGE	Price per Unit	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
<30	0.0059	2.95	5.90	8.85	11.80	14.75	17.70	20.65	23.60	26.55	29.50
30 - 34	0.0074	3.70	7.40	11.10	14.80	18.50	22.20	25.90	29.60	33.30	37.00
35 - 39	0.0094	4.70	9.40	14.10	18.80	23.50	28.20	32.90	37.60	42.30	47.00
40 - 44	0.0112	5.60	11.20	16.80	22.40	28.00	33.60	39.20	44.80	50.40	56.00
45 - 49	0.0204	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
50 - 54	0.0300	15.00	30.00	45.00	60.00	75.00	90.00	105.00	120.00	135.00	150.00
55 - 59	0.0527	26.35	52.70	79.05	105.40	131.75	158.10	184.45	210.80	237.15	263.50
60 - 64	0.0777	38.85	77.70	116.55	155.40	194.25	233.10	271.95	310.80	349.65	388.50
65 - 69	0.0816	40.80	81.60	122.40	163.20	204.00	244.80	285.60	326.40	367.20	408.00
70 - 74	0.0484	24.20	48.40	72.60	96.80	121.00	145.20	169.40	193.60	217.80	242.00
75 - 80	0.0525	26.25	52.50	78.75	105.00	131.25	157.50	183.75	210.00	236.25	262.50

Example:

Bill is 55 and earns \$4,000 a month, he would qualify for 50% of his earnings, \$2,000. His monthly premium for \$2,000 of monthly benefit would be \$105.40.

Short and Long Term Disability are subject to:

- 12 Month Pre -Existing Conditions
- 12 Month Waiting Period for Pre-Existing Conditions

Term Life Insurance

Benefit Level	
Member	\$100,000 Guaranteed Issue
Spouse	\$25,000 Guaranteed Issue
Children	\$10,000 Guaranteed Issue

Group Term Life Insurance is available to the member, spouse, and children during the eligibility period with NO HEALTH QUESTIONS. Members can purchase up to \$100,000 Death Benefit regardless of prior medical conditions.

Critical Illness Insurance

Coverage Amounts Available	Member.....\$10,000- \$100,000 Spouse.....\$5,000– \$25,000 Child.....\$5,000 (One rider covers all children)
Pays a Lump Sum Benefit, based on the percentage of the face amount, upon diagnosis of one of 5 Critical Illnesses or Events.	
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
Specified Cancers	100%
End-Stage Renal Failure	100%
Age Guidelines	Available to Full-Time Employees ages 16-69
Rates for Term Life & Critical Illness vary according to Age, Tobacco Use, and Coverage Chosen	

Universal Life Insurance

Benefit Levels	
Member	\$5 to \$25 premium not to exceed \$150,000 or 5 times annual salary.
Spouse	Up to \$7 premium not to exceed \$50,000

- **Level Premium**– Your premium amount does NOT increase with age.
- **Life time Coverage**– You will be covered to age 98, with no reduction in coverage amount.
- **Cash Value Accumulation**– The policy builds with an interest rate that will never be less than 4.5%.
- **Portable**– If the contract with your company ends, coverage can be continued by paying premiums directly to the carrier with no increase in premium.
- **Accidental Death Benefit**– Provides an additional death benefit equal to 100% of base coverage if the insured person dies before age 70 as the result of an accident. Additional premium required.
- **Waiver of Premium**– If you are disabled for six months or more before the age of 60, your premium will be waived the entire time you are out of work. Additional premium required.
- **Living Benefit**– If a Member or spouse is diagnosed with a terminal illness expected to result in death within 12 months, 50% of the life benefit can be paid while living.
- **Rates**– Vary according to Tobacco/Non-Tobacco, Age, and Amount Selected.

Accidental Death & Dismemberment

Member ONLY Benefit	
Benefit Level	\$10,000 Minimum \$250,000 Maximum (or 10x annual salary)

Covered Losses

- Life
- One Hand or Foot and Sight of One Eye
- Both Hands or Both Feet
- One Hand or One Foot
- Sight of Both Eyes
- Sight of One Eye
- One Hand and One Foot
- Thumb and Index Finger
- Speech and Hearing

Limitations and Exclusions

- Intentionally self-inflicted injuries while sane or insane
- Operating, learning to operate, or serve as member of a crew of an aircraft
- Suicide or any attempt at suicide
- Active participation in a riot
- War or any act of war, declared or undeclared
- Disease of the body
- Losses incurred while serving on full-time active duty in the armed forces
- An attempt to commit or commission of a crime under state or federal law.
- Injured caused by or contributed directly by the insured or their dependent being under the influence of a controlled substance
- Operating any vehicle while under the influence of alcohol, where the insured's or the insured's dependents blood alcohol level meets or exceeds the legal limits

WEEKLY RATES

\$50,000.....	.....	\$.087
\$100,000.....	.....	\$1.73
\$150,000.....	.....	\$2.60
\$200,000.....	.....	\$3.46
\$250,000.....	.....	\$4.33



Freight Haulers of America, Inc
P.O. Box 784
300 Jere B. Ford Memorial Hwy
Dyersburg, TN 38024

866-893-1168

www.freighthaulersofamerica.com

CONTACTUS:

- Enrollment
- Member Services
- Claims Assistance
- Benefit Questions or Concerns
- Cancellation



FREQUENTLY ASKED QUESTIONS

Q: Do I have a co-pay amount for Select Medical Benefit Plans?

A: No, the only co-pay will be for the prescription, \$10 or \$50.

Q: Do I have a deductible for Select Medical Benefit Plans?

A: No deductible to meet, 1st dollar coverage.

Q: What is the waiting period for benefits?

A: Current month's payment for following month's coverage.

Q: How are premiums paid?

A: Premiums can be collected via ACH Bank Draft, Credit Card or by Settlement Deduction if your company sponsors the FHA program?

Q: Will I receive cards?

A: Yes, If chosen you will receive cards for Select Medical Benefit Plans, and for Dental Plans.

Q: What if I need to use my benefits before I receive my cards?

A: Contact the enrollment center (866-893-1168) and they will give you a group number, member ID, and instructions if the provider needs to verify coverage.

