



# VOLUNTARY BENEFITS GUIDE

Plan Overview prepared for: Independent Drivers of Malone



# Kemper Benefits Accident Expense Insurance

Even minor accidents can leave you with major expenses. When accidents happen, they are often followed by a number of bills. Are you prepared?

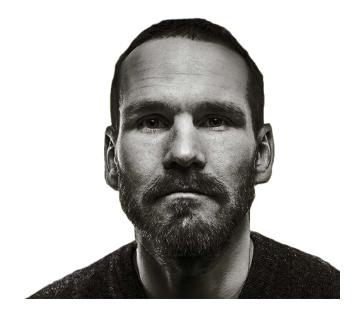
The Accident Expense insurance plan pays a cash benefit directly to you in addition to any other benefit or insurance you receive. Even with medical insurance, you still have to meet deductibles and pay for coinsurance. There may be additional costs due to emergency room fees, x-rays, follow-up care and other uncovered services. This plan can help you pay for these and other covered expenses.

By matching the accident expense benefit to your existing primary medical insurance plan's deductible, you can reduce the financial burden of an accident.



#### Our Accident Expense insuranceplan:

- \$3,000 calendar benefit amounts paid for a covered accident
- Guaranteed issue, no health questions
- Off-the-job coverage



# Kemper Benefits Critical Illness Insurance

The Critical Illness insurance plan pays directly to you and can be used for medical and non-medical costs, like child care, rent or even groceries. This coverage is in addition to your primary medical insurance. It helps fill the financial gaps left by deductibles, coinsurance and other out-of-pocket expenses caused by a critical illness.

- Heart attack
- Stroke
- Major organ transplant
- Paralysis
- End-stage renal failure
- Occupational HIV
- Loss of sight, speech or hearing
- Cancer
- Alzheimer's disease\*
- Parkinson's disease\*

- Muscular dystrophy\*
- Major third degree burns
- Coronary bypass surgery\*
- Angioplasty\*\*
  - \* Partial benefit paid at 25%
  - \*\* Partial benefit paid at 10%

Our plan provides a lump-sum benefit payment upon diagnosis, paid directly to you, for a covered critical condition. The cash benefit is paid to you with no restrictions on its use.



#### Our Critical Illness insurance plan:

- Employee Coverage: \$5,000 \$20,000 lump-sum benefit
- Guaranteed issue up to \$20,000
- Spouse Coverage: 50%, Children coverage: 25%
- \$100Wellnessbenefit

# Kemper Benefits Short Term Disability Insurance

An illness or injury can take you away from work. Without a specific plan in place, recovery time may mean lost wages for you and your family. Short Term Disability insurance can help provide financial security when you are unable to work.

You may not have enough savings set aside for an emergency. With Short Term Disability insurance, you will be paid a weekly benefit if you are unable to work due to illness or injury. You can use this benefit for everyday expenses the same way you would use your paycheck.



#### Our Short Term Disability insurance plan:

- Mortgage or rent, utility bills, groceries and gas
- · Off-the-job coverage
- You can purchase up to 60% of your salary
- Elimination Period: Is the total number of days that you must be continuously disabled before your benefit begins

Benefit Duration: 13 weeks Benefit Duration: 26 weeks

## Kemper Benefits Group Whole Life Insurance

The Whole Life insurance plan is a financially responsible decision that may meet the needs of you and your family. Life insurance is necessary for all individuals and families, no matter your age or life stage.

Our plan offers different benefit amount options, the accumulation of cash value, and premiums that will never increase.\* Your plan also includes additional benefits to fit your individual needs. All of these features create a plan that provides security and financial peace of mind for you and your family.

\*As long as premiums are paid



#### Our Whole Life insurance plan:

- Provides life insurance coverage that you can keep, even if you retire or change jobs
- \$5,000> to \$150,000 Minimum/Maximum Benefit FaceAmounts
- Guaranteed issue up to \$100,000 of coverage
- Other benefit and riders include:
   Accelerated Death Benefit Rider—Terminal Illness\*
   Accidental Death Benefit Rider
   Dependent Child(ren) Term Life Rider
   Waiver of Premium Rider



# Kemper Benefits Dental Insurance

Seeing a dentist regularly is important for good oral health. Dentists can detect small problems before they become bigger, more painful problems. The Dental PPO insurance plan is an important part of your complete healthcare package.

Our dental plan gives you access to a preferred provider network allowing you to maximize your benefits through network negotiated discounts. These negotiated discounts result in lower dental bills for you and your family. Our insurance plan also provides benefits for out-of-network providers. You can find additional information and search for providers in your area by visiting: careington.com/co/maxcare.

In-Network/Out-of-Network¹   In-Network/Out-of-Network¹	Benefits	Plan 1	Plan 2	
Class A Preventive Services         100%         100%           Deductible         None         None           Walting Period         None         None           Exams - 2 Per Year         √         √           Cleanings - 2 Per Year         √         √           Sealants         √         √           All X-Rays         √         Covered under Basic Services           Bitewing X-Rays         √         Covered under Basic Services           Bitewing X-Rays         S50¹         S50¹           Watting Period         None         None           All X-Rays         Covered under Preventive Services         √           Bitewing X-Rays         Covered under Preventive Services         √           Simple Extractions         √         √           Fillings         √         √           Oral Surgery         √         Not Applicable²           Endodontics         Covered under Major Services         Not Applicable²           Periodontics         Covered under Major Services         Not Applicable²           Valating Period         None         Not Applicable²           Valating Period         None         Not Applicable²           Periodontics         Overed under Basic S				
Deductible         None         None           Waiting Period         None         None           Exams - 2 Per Year         √         √           Cleanings - 2 Per Year         √         √           Sealants         √         √           All X-Rays         √         Covered under Basic Services           Bitewing X-Rays         √         Covered under Basic Services           Class B Basic Services         80%         80%           Deductible-Type2&Type3Combined         \$50.1         \$50.1           Waiting Period         None         None           All X-Rays         Covered under Preventive Services         √           Bitewing X-Rays         Covered under Preventive Services         √           Simple Extractions         √         √           Fillings         √         √           Oral Surgery         √         Not Applicable 2           Endodontics         Covered under Major Services         Not Applicable 2           Periodontics         Covered under Major Services         Not Applicable 2           Class C Major Services         50%         40%           Deductible-Type2&Type3Combined         \$50.1         Not Applicable 2           Waiting Period		\$1,000	\$750	
Waiting Period         None         None           Exams - 2 Per Year         √         √           Cleanings - 2 Per Year         √         √           Sealants         √         ✓           All X-Rays         √         Covered under Basic Services           Bitewing X-Rays         √         Covered under Basic Services           Class B Basic Services         80%         80%           Deductible-Type2&Type3Combined         \$50.1         \$50.1           Waiting Period         None         None           All X-Rays         Covered under Preventive Services         √           Bitewing X-Rays         Covered under Preventive Services         √           Simple Extractions         √         √           Fillings         √         √           Oral Surgery         √         Not Applicable <sup>2</sup> Periodontics         Covered under Major Services         Not Applicable <sup>2</sup> Periodontics         Covered under Major Services         Not Applicable <sup>2</sup> Quass C Major Services         50%         Not Applicable <sup>2</sup> Waiting Period         None         Not Applicable <sup>2</sup> Oral Surgery         Covered under Basic Services         Not Applicable <sup>2</sup> <t< td=""><td></td><td>100%</td><td>100%</td></t<>		100%	100%	
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Class B Basic Services       80%       80%         Deductible-Type2&Type3Combined       \$50¹       \$50¹         Waiting Period       None       None         All X-Rays       Covered under Preventive Services       √         Bitewing X-Rays       Covered under Preventive Services       √         Simple Extractions       √       √         Fillings       √       Not Applicable²         Oral Surgery       √       Not Applicable²         Endodontics       Covered under Major Services       Not Applicable²         Periodontics       Covered under Major Services       Not Applicable²         Class C Major Services       50%       40%         Deductible-Type2&Type3Combined       \$50¹       Not Applicable²         Waiting Period       None       Not Applicable²         Oral Surgery       Covered under Basic Services       Not Applicable²         Bridges       √       Not Applicable²         Crowns       √       Not Applicable²         Dentures       √       Not Applicable²         Inlays & Onlays       √       Not Applicable²         Endodontics       √       Not Applicable²         Not Applicable²       Not Applicable²         Not Ap	All X-Rays	$\sqrt{}$	Covered under Basic Services	
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Bitewing X-Rays       Covered under Preventive Services       √         Simple Extractions       √       √         Fillings       √       √         Oral Surgery       √       Not Applicable²         Endodontics       Covered under Major Services       Not Applicable²         Periodontics       Covered under Major Services       Not Applicable²         Class C Major Services       50%       40%         Deductible-Type2&Type3Combined       \$50¹       Not Applicable²         Waiting Period       None       Not Applicable²         Oral Surgery       Covered under Basic Services       Not Applicable²         Bridges       √       Not Applicable²         Crowns       √       Not Applicable²         Dentures       √       Not Applicable²         Inlays & Onlays       √       Not Applicable²         Endodontics       √       Not Applicable²         Not Applicable²       Not Applicable²	Waiting Period	None	None	
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Fillings  Oral Surgery  ✓ Covered under Major Services  Periodontics  Covered under Major Services  Not Applicable²  Periodontics  Covered under Major Services  Not Applicable²  Class C Major Services  Deductible-Type2&Type3Combined  \$50^6  None  Not Applicable²  Waiting Period  None  Not Applicable²  Oral Surgery  Covered under Basic Services  Not Applicable²  Bridges  ✓ Covered under Basic Services  Not Applicable²  Prowns  Vot Applicable²  Not Applicable²  Not Applicable²  Not Applicable²  Inlays & Onlays  Not Applicable²	Bitewing X-Rays	Covered under Preventive Services	$\sqrt{}$	
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Class C Major Services  Deductible-Type2&Type3Combined  \$50^1  Not Applicable^2  Waiting Period  None  Not Applicable^2  Oral Surgery  Covered under Basic Services  Not Applicable^2  Bridges  √  Not Applicable^2  Crowns  √  Not Applicable^2  Dentures  Not Applicable^2	Endodontics	Covered under Major Services		
Deductible-Type2&Type3Combined       \$50¹       Not Applicable²         Waiting Period       None       Not Applicable²         Oral Surgery       Covered under Basic Services       Not Applicable²         Bridges       √       Not Applicable²         Crowns       √       Not Applicable²         Dentures       √       Not Applicable²         Inlays & Onlays       √       Not Applicable²         Endodontics       √       Not Applicable²	Periodontics	Covered under Major Services	Not Applicable <sup>2</sup>	
Waiting Period  None  Not Applicable <sup>2</sup> Oral Surgery  Bridges  √ Crowns  Dentures  Inlays & Onlays  Endodontics  None  Not Applicable <sup>2</sup>	Class C Major Services	50%	40%	
Oral Surgery  Covered under Basic Services  Not Applicable <sup>2</sup> Bridges  √  Crowns  Not Applicable <sup>2</sup> Not Applicable <sup>2</sup> Not Applicable <sup>2</sup> Dentures  Inlays & Onlays  Endodontics  Covered under Basic Services  Not Applicable <sup>2</sup> Not Applicable <sup>2</sup> Not Applicable <sup>2</sup> Not Applicable <sup>2</sup>	Deductible-Type2&Type3Combined	\$50 <sup>1</sup>	Not Applicable <sup>2</sup>	
Bridges   V Not Applicable <sup>2</sup> Crowns   Not Applicable <sup>2</sup> Inlays & Onlays   V Not Applicable <sup>2</sup> Endodontics   Not Applicable <sup>2</sup> Not Applicable <sup>2</sup>	Waiting Period	None	Not Applicable <sup>2</sup>	
Crowns $$ Not Applicable $^2$ Dentures $$ Not Applicable $^2$ Inlays & Onlays $$ Not Applicable $^2$ Endodontics $$ Not Applicable $^2$	Oral Surgery	Covered under Basic Services	Not Applicable <sup>2</sup>	
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Inlays & Onlays $\sqrt{}$ Not Applicable $\sqrt{}$ Endodontics $\sqrt{}$ Not Applicable $\sqrt{}$	Dentures	$\sqrt{}$	Not Applicable <sup>2</sup>	
Endodontics V Not Applicable <sup>2</sup>	Inlays & Onlays	$\checkmark$	* *	
	Endodontics	$\checkmark$		
	Periodontics	$\checkmark$		

<sup>&</sup>lt;sup>1</sup> Family deductible is 3X individual.

<sup>&</sup>lt;sup>2</sup> If stated as Not Applicable, please consider a Kemper Benefits Dental PPO option that covers this item.

### **VSP Vision Insurance**

Vision Plans from VSP cover eyewear, contacts, and eye exams at the lowest out-of-pocket cost through the nation's largest doctor network.

#### **VSP Standard Plan**

**VSP Doctor Network: VSP Choice** 

Benefit	Description	Copay	Frequency	
	Your Coverage with a VSP Provider			
WellVision Exam	<ul> <li>A comprehensive eye exam focuses on your eyes and overall wellness</li> </ul>	\$15	Every 12 Months	
Prescription Glasses		\$25		
Frame	<ul> <li>\$150 allowance for a wide selection of frames OR</li> <li>\$170 allowance on a featured frame brand</li> <li>20% savings on the amount over your allowance</li> </ul>	Included with Prescripti on Glasses	Every 12 Months	
enses.	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant (polycarbonate) lenses for children</li> </ul>	Included with Prescripti on Glasses	Every 12 Months	
Lens Enhancements	<ul> <li>Progressive lenses (standard, premium or custom)</li> <li>Anti-glare</li> <li>Light-to-dark tinting (photochromic adaptive lenses)</li> <li>Impact-resistant (polycarbonate) lenses</li> <li>Scratch-resistant coating</li> <li>Tinted (colored) lenses</li> <li>UV protection</li> </ul>	\$55 - \$175 \$41 - \$85 \$70 - \$82 \$31 - \$35 \$17 - \$33 \$15 - \$17 \$16	Every 12 Months	
Contacts instead of glasses)	<ul> <li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam</li> </ul>	\$0	Every 12 Months	
E <b>xtra Savings</b> Visit <b>vsp.com</b> to	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on a featured frame brand, which i Simply choose a featured frame brand from your VSP automatically applied to your purchase.</li> <li>20% savings on additional glasses and sunglasses, inclu VSP doctor within 12 months of your last WellVision Exercises.</li> <li>Retinal Screening</li> </ul>	doctor and th	e <b>Extra \$20</b> will be	
view over \$2,500 in savings available	<ul> <li>No more than \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam.</li> </ul>			
only to VSP members.	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price savings on the promotional price from contracted facilities.</li> </ul>			
	<ul> <li>TruHearing Hearing Program</li> <li>Up to \$2,400 on hearing aids for you and your family. Visit vsp.truhearing.com or call 877.396.7194 (not available in the state of WA)</li> </ul>			
	Contact Lens Rebate Receive up to \$140 in savings on Bausch + Lomb con	tact lenses.		
	Your Coverage with Out-of-Network Provide	ers		

You can choose the doctor who's right for you. If you see an out-of-network provider, your benefit will differ and you'll be required to submit a claim for reimbursement. Once your benefit is effective, login to **vsp.com** for details.

Exam.....up to \$45 Single Lenses .....up to \$30 Trifocal Lenses.....up to \$65

Contacts.....up to \$105 Frame......up to \$70 Bifocal Lenses......up to \$50

Progressive Lenses.....up to \$50

# To speak to a Benefits Call Center Advisor call: 833-843-6248

# For more information about the National Association of Independent Truckers (NAIT) call:

800-821-8014

or visit

www.NAITUSA.com

To become a NAIT member call the Membership Service Line: 800-821-8014



# MALORE Powered by CRST