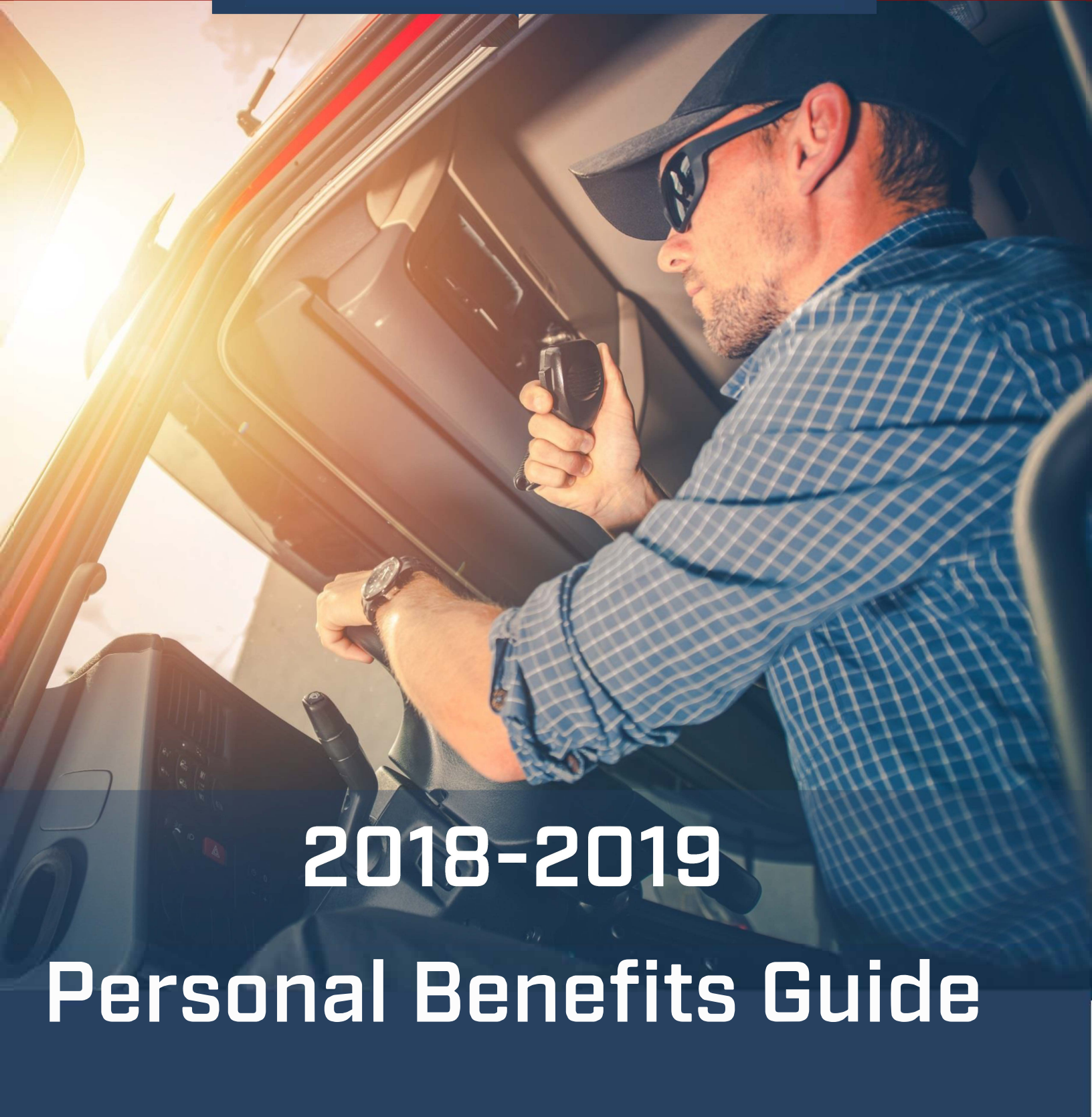




Providing services
for the members of



833 TIE-NAIT (833-843-6248)



2018-2019

Personal Benefits Guide

Dear Valued Member,

We know just how vital the transportation industry is to the American Economy and we recognize that professional drivers are the backbone of that industry. National Association of Independent Truckers (NAIT) was built to provide the support and insurance services that independent professional drivers need for themselves and their families.

We have exclusive benefit programs designed specifically for professional drivers like yourself. We are proud to feature an affordable Healthcare alternative offered by Alera Healthcare Medical Cost Sharing:

- Alera Healthcare Bronze
- Alera Healthcare Silver
- Alera Healthcare Gold

We are also happy to roll out brand new plans from Allstate Benefits.

- Short Term Disability Insurance
- Accident Insurance
- Critical Illness with Cancer Insurance
- Term to 100 Permanent Life Insurance

Be on the lookout for email communications and phone calls from our advisors who will be reaching out to you to review your plan options and assist you directly with enrollment. We know that you work long hours and are away from your home and loved ones. We want you to know that we appreciate you and the work that you do.

Sincerely,



833 TIE-NAIT (833-843-6248)

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You work long hours and are away from your home and loved ones. We want you to know that we appreciate you and the work that you do.

833 TIE-NAIT (833-843-6248)

This guide provides a general description of the various benefits available to you through the Aliera Healthcare Medical Cost Sharing Program and other NAIT Member Benefits. The details of these plans and policies are contained in the official plan and policy documents. This guide is meant only to cover the major points of each plan or policy, for illustrative purposes only. It does not contain all of the facts regarding coverage, limitations, or exclusions that are contained in the policy documents. In the event of a conflict between the information in this guide and the formal policy documents, the formal documents will govern.

				Multiplan PHCS					
Plan Services ¹				Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care				100%			N/A		
Telemedicine				100%			N/A		
Primary Care				1 per year* \$20 Consult Fee			N/A		
Urgent Care				N/A			N/A		
Labs & Diagnostics				Preventive Only			N/A		
X-Rays**				Preventive Only			N/A		
Chronic Maintenance				N/A			N/A		
Pediatrics				Preventive Only			N/A		
OB/GYN				Preventive Only			N/A		
Prescription Discount				Included			N/A		
Eligible after meeting Member Shared Responsibility Amount (MSRA) ^{2,3}									
MSRA Options – Per member				\$5,000, \$7,500, \$10,000			N/A		
Per Incident Maximum Limit				\$150,000			N/A		
Lifetime Maximum Limit				\$1,000,000			N/A		
Specialty Care ⁴				N/A			N/A		
Maternity ⁵				N/A			N/A		
Hospitalization				Included			N/A		
In-Patient Surgery				Included			N/A		
Out-Patient Surgery				Included			N/A		
Emergency Room ⁶				Full MSRA			N/A		
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age ⁷	Member	Member +1	Family ^{***}	Member	Member +1	Family ^{***}	Member	Member +1	Family ^{***}
0–29	\$206.64	\$349.64	\$449.74	\$185.79	\$321.04	\$428.29	\$156.59	\$285.29	\$392.54
30–39	\$254.32	\$430.32	\$553.52	\$227.92	\$395.12	\$527.12	\$192.72	\$351.12	\$483.12
40–49	\$286.11	\$484.11	\$622.71	\$256.41	\$444.51	\$593.01	\$216.81	\$395.01	\$543.51
50–59	\$317.90	\$537.90	\$691.90	\$284.90	\$493.90	\$658.90	\$240.90	\$438.90	\$603.90
60–64	\$381.48	\$645.48	\$830.48	\$341.88	\$592.88	\$790.68	\$289.08	\$526.68	\$724.68

- Non-emergency surgical services are unavailable for the first 6 months for Value. Surgical services do not include cosmetic surgery.
- Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
- Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
- The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
- Maternity services are unavailable for the first 10 months of membership.
- ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

				Multiplan PHCS					
Plan Services ¹				Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care				100%			N/A		
Telemedicine				100%			N/A		
Primary Care				3 per year* \$20 Consult Fee			N/A		
Urgent Care				1 per year \$20 Consult Fee			N/A		
Labs & Diagnostics				PCP & Urgent Care			N/A		
X-Rays**				100%**			N/A		
Chronic Maintenance				N/A			N/A		
Pediatrics				Preventive Only			N/A		
OB/GYN				Preventive Only			N/A		
Prescription Discount				Included			N/A		
Eligible after meeting Member Shared Responsibility Amount (MSRA) ^{2,3}									
MSRA Options – Per member				\$5,000, \$7,500, \$10,000			N/A		
Per Incident Maximum Limit				\$250,000			N/A		
Lifetime Maximum Limit				\$1,000,000			N/A		
Specialty Care ⁴				N/A			N/A		
Maternity ⁵				N/A			N/A		
Hospitalization				Included			N/A		
In-Patient Surgery				Included			N/A		
Out-Patient Surgery				Included			N/A		
Emergency Room ⁶				\$500 MSRA			N/A		
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age ⁷	Member	Member +1	Family***	Member	Member +1	Family***	Member	Member +1	Family***
0–29	\$256.69	\$371.09	\$514.09	\$235.24	\$349.64	\$471.19	\$192.34	\$321.04	\$421.14
30–39	\$315.92	\$456.02	\$632.72	\$289.52	\$430.32	\$579.92	\$236.72	\$395.12	\$518.32
40–49	\$355.41	\$513.81	\$711.81	\$325.71	\$484.11	\$652.41	\$266.31	\$444.51	\$583.11
50–59	\$394.90	\$570.90	\$790.90	\$361.90	\$537.90	\$724.90	\$295.90	\$493.90	\$647.90
60–64	\$473.88	\$685.08	\$949.08	\$434.28	\$645.48	\$869.88	\$355.08	\$592.68	\$777.48

1. Non-emergency surgical services are unavailable for the first 6 months for Plus. Surgical services do not include cosmetic surgery.
2. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
3. Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
4. The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
5. Maternity services are unavailable for the first 10 months of membership.
6. ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
7. Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

				Multiplan PHCS					
Plan Services ¹				Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care				100%			N/A		
Telemedicine				100%			N/A		
Primary Care				5 per year* \$20 Consult Fee			N/A		
Urgent Care				2 per year \$20 Consult Fee			N/A		
Labs & Diagnostics				PCP & Urgent Care			N/A		
X-Rays**				100%**			N/A		
Chronic Maintenance				Included with PCP			N/A		
Pediatrics				As Primary Care			N/A		
OB/GYN				As Primary Care			N/A		
Prescription Discount				Included			N/A		
Eligible after meeting Member Shared Responsibility Amount (MSRA) ^{2,3}									
MSRA Options – Per member				\$5,000, \$7,500, \$10,000			N/A		
Per Incident Maximum Limit				\$500,000			N/A		
Lifetime Maximum Limit				\$1,000,000			N/A		
Specialty Care ⁴				\$75 Consult Fee (100% after MSRA)			N/A		
Maternity ⁵				\$5,000 Max			N/A		
Hospitalization				Included			N/A		
In-Patient Surgery				Included			N/A		
Out-Patient Surgery				Included			N/A		
Emergency Room ⁶				\$300 MSRA			N/A		
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age ⁷	Member	Member +1	Family***	Member	Member +1	Family***	Member	Member +1	Family***
0–29	\$292.44	\$406.84	\$564.14	\$256.69	\$378.24	\$528.39	\$228.09	\$349.64	\$464.04
30–39	\$359.92	\$500.72	\$694.32	\$315.92	\$465.52	\$650.32	\$280.72	\$430.32	\$571.12
40–49	\$404.91	\$563.31	\$781.11	\$355.41	\$523.71	\$731.61	\$315.81	\$484.11	\$642.51
50–59	\$449.90	\$625.90	\$867.90	\$394.90	\$581.90	\$812.90	\$350.90	\$537.90	\$713.90
60–64	\$539.88	\$751.08	\$1,041.48	\$473.88	\$698.28	\$975.48	\$421.08	\$645.48	\$856.68

1. Non-emergency surgical services are unavailable for the first 2 months for Premium. Surgical services do not include cosmetic surgery.
2. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
3. Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
4. The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
5. Maternity services are unavailable for the first 10 months of membership.
6. ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
7. Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

BRONZE LEVEL

PPO Network				Multiplan PHCS								
Eligible Medical Cost Sharing				Network						Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive				100%						50% after MSRA		
Telemedicine				Unlimited						Unlimited		
Primary Care				\$50 Consult Fee						50% after MSRA		
Specialty Care				\$125 Consult Fee						50% after MSRA		
Urgent Care				\$100 Consult Fee						50% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.				\$500 Consult Fee						\$500 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)				\$1,000, \$2,500, \$5,000, \$10,000						50% towards MSRA		
MSRA – Family maximum (3+ members)				\$3,000, \$7,500, \$15,000, \$30,000						50% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)				\$3,000, \$7,500, \$15,000, \$30,000						\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)				\$9,000, \$22,500, \$45,000, \$90,000						\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)				60% after MSRA						50% after MSRA		
Hospitalization In-Patient				60% after MSRA						50% after MSRA		
Hospitalization Out-Patient				60% after MSRA						50% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.				60% after MSRA						50% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.				60% after MSRA						50% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.				60% after MSRA						50% after MSRA		
Generic Prescription Drugs				No cost-sharing						Not eligible		
Preferred Brand Drugs				50% cost-sharing ²						Not eligible		
Non-Preferred Brand Drugs				No cost-sharing						Not eligible		
Mail-Order				75% cost-sharing ²						Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$357.28	\$535.92	\$714.57	\$320.32	\$480.48	\$640.65	\$295.68	\$443.52	\$591.36	\$236.55	\$354.82	\$473.09
30–39	\$446.60	\$669.91	\$893.21	\$400.40	\$600.60	\$800.81	\$369.60	\$554.40	\$739.21	\$295.68	\$443.52	\$591.36
40–49	\$491.26	\$736.90	\$1,004.86	\$440.44	\$660.67	\$900.91	\$406.56	\$609.84	\$831.61	\$325.25	\$487.88	\$665.29
50–59	\$602.91	\$1,038.35	\$1,228.16	\$540.54	\$930.94	\$1,101.11	\$498.96	\$859.33	\$1,016.41	\$399.17	\$687.46	\$813.13
60–64	\$781.56	\$1,362.14	\$1,451.46	\$700.71	\$1,221.23	\$1,301.31	\$646.81	\$1,127.29	\$1,201.21	\$517.44	\$901.83	\$960.97

Lifetime Maximum Sharing: \$1,000,000

Bronze Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.

a. Pre-existing Condition: chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.

b. Upon the 25th month of continuous membership and thereafter, the condition will no longer be subject to the pre-existing condition sharing limitations.

c. Appeals may be considered for earlier sharing in surgical interventions when it is in the best interest of both the members and the membership to do so.

Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

1. ER visits are subject to review, and are meant only for life threatening situations.

2. All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.

3. Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

PPO Network				Multiplan PHCS								
Eligible Medical Cost Sharing				Network			Non-Network					
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive				100%			60% after MSRA					
Telemedicine				Unlimited			Unlimited					
Primary Care				\$35 Consult Fee			60% after MSRA					
Specialty Care				\$75 Consult Fee			60% after MSRA					
Urgent Care				\$75 Consult Fee			60% after MSRA					
Emergency Room ¹ Emergency room services including hospital facility and physician charges.				\$300 Consult Fee			\$500 Consult Fee					
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)				\$1,000, \$2,500, \$5,000, \$10,000			60% towards MSRA					
MSRA – Family maximum (3+ members)				\$3,000, \$7,500, \$15,000, \$30,000			60% towards MSRA					
Out-of-Pocket Maximum – Per member 1 (1–2 members)				\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000					
Out-of-Pocket Maximum – Family maximum (3+ members)				\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000					
Co-expense (Plan Pays)				70% after MSRA			60% after MSRA					
Hospitalization In-Patient				70% after MSRA			60% after MSRA					
Hospitalization Out-Patient				70% after MSRA			60% after MSRA					
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.				70% after MSRA			60% after MSRA					
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.				70% after MSRA			60% after MSRA					
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.				70% after MSRA			60% after MSRA					
Generic Prescription Drugs				No cost-sharing			Not eligible					
Preferred Brand Drugs				50% cost-sharing ²			Not eligible					
Non-Preferred Brand Drugs				No cost-sharing			Not eligible					
Mail-Order				75% cost-sharing ²			Not eligible					
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$428.74	\$643.11	\$857.48	\$384.39	\$576.58	\$768.77	\$354.82	\$532.23	\$709.64	\$283.86	\$425.78	\$567.71
30–39	\$535.92	\$803.89	\$1,071.85	\$480.48	\$720.73	\$960.97	\$443.52	\$665.29	\$887.05	\$354.82	\$532.23	\$709.64
40–49	\$589.52	\$884.28	\$1,205.83	\$528.53	\$792.80	\$1,081.09	\$487.88	\$731.81	\$997.93	\$390.30	\$585.45	\$798.34
50–59	\$723.50	\$1,246.02	\$1,473.79	\$648.65	\$1,117.13	\$1,321.33	\$598.76	\$1,031.19	\$1,219.69	\$479.01	\$824.95	\$975.75
60–64	\$937.87	\$1,634.57	\$1,741.75	\$840.85	\$1,465.48	\$1,561.57	\$776.17	\$1,352.75	\$1,441.45	\$620.93	\$1,082.20	\$1,153.16

Lifetime Maximum Sharing: \$1,000,000

Silver Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

a. During the first two years (24 months) of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.

b. Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.

c. Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

1. ER visits are subject to review, and are meant only for life threatening situations.

2. All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.

3. Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

PPO Network							Multiplan PHCS					
Eligible Medical Cost Sharing							Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive							100%			70% after MSRA		
Telemedicine							Unlimited			Unlimited		
Primary Care							\$20 Consult Fee			70% after MSRA		
Specialty Care							\$75 Consult Fee			70% after MSRA		
Urgent Care							\$75 Consult Fee			70% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.							\$150 Consult Fee			\$300 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)							\$1,000, \$2,500, \$5,000, \$10,000			70% towards MSRA		
MSRA – Family maximum (3+ members)							\$3,000, \$7,500, \$15,000, \$30,000			70% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)							\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)							\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)							80% after MSRA			70% after MSRA		
Hospitalization In-Patient							80% after MSRA			70% after MSRA		
Hospitalization Out-Patient							80% after MSRA			70% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.							80% after MSRA			70% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.							80% after MSRA			70% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.							80% after MSRA			70% after MSRA		
Generic Prescription Drugs							No cost-sharing			Not eligible		
Preferred Brand Drugs							50% cost-sharing ²			Not eligible		
Non-Preferred Brand Drugs							No cost-sharing			Not eligible		
Mail-Order							75% cost-sharing ²			Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$476.38	\$714.57	\$952.75	\$427.10	\$640.65	\$854.19	\$394.24	\$591.36	\$788.49	\$315.39	\$473.09	\$630.79
30–39	\$595.47	\$893.21	\$1,190.94	\$533.87	\$800.81	\$1,067.74	\$492.80	\$739.21	\$985.61	\$394.24	\$591.36	\$788.49
40–49	\$655.02	\$982.53	\$1,339.81	\$587.26	\$880.89	\$1,201.21	\$542.08	\$813.13	\$1,108.81	\$433.67	\$650.50	\$887.05
50–59	\$803.89	\$1,384.47	\$1,637.55	\$720.73	\$1,241.25	\$1,468.15	\$665.29	\$1,145.77	\$1,355.21	\$532.23	\$916.62	\$1,084.17
60–64	\$1,042.08	\$1,816.19	\$1,935.28	\$934.27	\$1,628.31	\$1,735.08	\$862.41	\$1,503.05	\$1,601.61	\$689.93	\$1,202.44	\$1,281.29

Lifetime Maximum Sharing: \$1,000,000

Gold Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

- a. During the first two years (24 months) of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- b. Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- c. Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so. Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.
 - 1. ER visits are subject to review, and are meant only for life threatening situations.
 - 2. All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.
 - 3. Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Unity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.



Allstate BENEFITS

Provides a monthly benefit if you are disabled from an off-the-job injury and cannot work

Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage; refer to your certificate for details

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

DID YOU KNOW?



46% of Americans cannot cover a \$400 emergency.¹



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.²

¹Disability Insurance: A Benefit for All, Council for Disability Awareness, 2017

²Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/chances_disability, 2017

Using your cash benefits

Our cash benefits provide greater coverage options because you get to determine how to use them.



Finances

Can help protect your savings, retirement plans and 401ks from being depleted.



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city.



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care.



Expenses

The monthly cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

BENEFITS

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period

Partial Disability - 50% of the monthly benefit is paid after at least one month of the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - a benefit for pregnancy is paid if total disability first begins after the certificate has been in force for at least 9 months

Organ Donor - a benefit is paid when disabled from donating an organ

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DETAILS OF COVERAGE

Monthly Benefit - \$400.00

Benefit Period - Maximum Benefit Period is 3 months

Elimination Period for Accident - 7 Days

Elimination Period for Sickness - 7 Days

How We Calculate Your Monthly Benefit - We use the following process to calculate your monthly benefit: (1.) Multiply your monthly earnings by 60%. (2.) Subtract deductible sources of income from number 1. (3.) Determine the lesser of item 2 and the maximum monthly benefit amount issued to you. (4.) Pay the greater of item 3 or \$100 or 15% of your gross monthly disability payment.

DEFINITIONS

Total Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation; under the regular care of a doctor, unless the doctor tells us that regular care would be of no further benefit during such continuing disability; and not working in any job for wage or profit

Partial Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and under the regular care of a doctor, unless the doctor tells us that regular care would be of no further benefit during such continuing disability

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits

Own Occupation - the occupation you are performing when a period of disability begins

Deductible Sources of Income - The amount that you receive (or are eligible to receive) as disability income payments under any individual disability income policies or other group insurance coverage.



Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for more details

With Allstate Benefits, you can protect your finances against life's slips and falls. **Are you in Good Hands? You can be.**

¹National Safety Council, Injury Facts®, 2014 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year off-the-job include:¹

OFF-THE-JOB



Home **8.3** million



Non-Auto **3.6** million



Auto **2.0** million

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



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Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and your children.

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. ²Two or more surgeries done at the same time are considered one operation. ³Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician²

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays a reduced amount for arthroscopic exploratory surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident.

Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab³

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery or Eye Surgery



Allstate BENEFITS

Protection when faced with
a critical illness diagnosis
and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for more details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

DID YOU KNOW ?



Every **40** seconds,
an American will suffer
a heart attack¹



Every **40** seconds,
someone in the U.S.
has a stroke²

¹https://www.cdc.gov/heartdisease/heart_attack.htm

²<https://www.cdc.gov/stroke/facts.htm>

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



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Variable Wellness Rider -

Category One: Blood tests for tri-glycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma) **Category Two:** Biopsy for skin cancer; Sampling of blood or tissue for genetic testing for cancer risk; Mammography, including Breast Ultrasound; Thermography; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Chest X-ray; Stress test on bike or treadmill **Category Three:** Bone Marrow Testing; Colonoscopy; Flexible sigmoidoscopy; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (Employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS*

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 12 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Supplemental Critical Illness Rider*-

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities¹ without adult assistance

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities¹ without adult assistance

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves, or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

Coma - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced Coma; Coma resulting from alcohol or drug use; and diagnosis of brain death are not covered

Complete Loss of Hearing - permanent loss of hearing in both ears

Complete Loss of Sight - permanent loss of vision in both eyes

Complete Loss of Speech - permanent loss of speech or verbal communication

Paralysis - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Variable Wellness Rider - 24 exams. Once per person, per category each calendar year; see left for list of wellness services and tests.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.



Allstate
BENEFITS

Protecting those you
love during life's most
challenging times

Term to Age 100 Life Insurance

A death not only leaves behind loved ones, but can also leave overwhelming financial obligations. And, if you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love – put yourself in Good Hands with coverage from Allstate Benefits.

Without a Term Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses, should a breadwinner die unexpectedly. This product offers a guaranteed premium to age 100.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, when life comes to an end, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse through a separate certificate, and for child(ren) through a separate certificate or rider
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Premiums are affordable and conveniently payroll deducted
- Guaranteed minimum death benefit is level for 5 years; current non-guaranteed death benefit is projected to remain level to age 100

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love. **Are you in Good Hands? You can be.**

DID YOU KNOW ?



A number of **financial concerns remain consistent** from person to person, including long-term care, financial security of dependents, credit card debt, and having a comfortable retirement.¹

69%

Sixty-nine percent of people surveyed would have trouble paying living expenses in two years or less if they were to lose their primary wage earner.¹

¹2017 Insurance Barometer Study, LIMRA

Using your cash benefits

Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.



Finances

Can help eliminate the need to deplete savings or retirement plans



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

Can help pay your family's living expenses such as bills, electricity and gas



MyBenefits: 24/7 Access AllstateBenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Why Term Life Insurance might be right for you

Have you ever experienced a life-changing event, whether good or bad, and worried that you would not have the finances in place to handle it if you lost your spouse?

Perhaps it has crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children, or even grandchildren, that is reason enough to think about planning for their future today.

Here are some additional reasons to consider:

- You can't predict when you'll die, whether from a disease, accidental injury or natural causes
Upon your death, Term to Age 100 can provide a lump-sum cash benefit directly to your designated beneficiary
- You live on a budget, and purchasing traditional permanent life insurance would be costly
Term to Age 100 is affordably priced
- You want a Term Life policy that offers coverage for more than 5, 10 or 20 years
Term to Age 100 offers coverage that can be with you until age 100
- You want affordable coverage that goes with you should you leave your employer
You can take the Term to Age 100 coverage with you; see your Certificate of Insurance for details
- You're the primary wage earner and your family would have difficulty living without your income
If you die before age 100, Term to Age 100 offers your designated beneficiary a lump-sum death benefit that is guaranteed for the first five years of coverage and is priced to remain level under current experience factors
- You have recurring monthly debts such as a mortgage, car payment or credit cards
Term to Age 100 provides a lump-sum death benefit that can be used to help cover monthly expenses
- You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education
Term to Age 100 provides a lump-sum death benefit that can be used to help with daily living expenses
- Your family may need additional money to help with health care related bills after you die
Term to Age 100 provides a lump-sum death benefit that can be used to help cover these expenses

Benefits

Term Life Insurance Death Benefit - pays a lump-sum death benefit to your designated beneficiary when you die before age 100

Issue Ages

EE/SP²

18-80 NT & 19-80 T

CH/GCH²

0-25 NT & 19-25 T

EE = Employee, SP = Spouse, CH = Children, GCH = Grandchildren, NT = Non-Tobacco, T = Tobacco

²Coverage for spouse and child(ren) may be limited to a percentage of the Employee's face amount in some states.

OPTIONAL/ADDITIONAL RIDER BENEFITS³

Insured Issue Ages

Accelerated Death Benefit for Terminal Illness - an advance of the death benefit is paid when diagnosed as terminally ill

0-75

Children's Term⁴ - a death benefit is paid when a covered child dies

18-65

³The riders listed have exclusions and limitations.

⁴Not available on certificate coverage purchased for a child.

CONTACT INFORMATION

	CUSTOMER SERVICE	WEBSITE/NETWORK/INFORMATION
Trucker's Insurance Exchange-for assistance with benefits questions, membership card issues, claims, and billing issues	833-TIE-NAIT 833-843-6248	www.tiemarketplace.com
National Association of Independent Truckers (NAIT)-for information on all membership benefits or to become a member	800-821-8014	www.naitusa.com
Alieria Healthcare-Member Care Specialist/ Concierge service -for setup up telemedicine account, pharmacy benefit, or accessing a healthcare provider	844-834-3456	Monday through Friday, 8:00 AM to 8:00 PM EST
Alieria Healthcare-general information, monthly contribution, or medical needs	844-834-3456	memberservices@alierahealthcare.com memberservices@unityhealthshare.com
Allstate-My Benefits-easy to use website to access important information about your benefits, submit claims, make changes to personal information		www.allstatebenefits.com/mybenefits 24/7 Access

