



# MEMBERSHIP BENEFITS



**Trucker Lives Matter**

TO ENROLL CALL: 800-671-5286

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## ABOUT ATF

American Truckers First (ATF) is a national membership organization with over 17 years of experience supporting the Independent Owner Operator, Fleets, Agents, and Motor Carriers providing services and benefits to improve life for the independent driver. Membership into ATF includes access to the ATF Choice Membership program, a series of exclusive discounts and services tailored to the needs of our members. In addition, a host of supplemental life and health insurance plans have been negotiated for members and can be obtained on a voluntary basis for an additional premium.

## ATF ADVANTAGE

The ATF Program for independent contractors, allows for unprecedented flexibility and creativity in addressing the spiraling cost of healthcare. Association with ATF combines products and services with exclusive insurance programs carefully chosen for ATF members. Underwriting offers require little or no health information resulting in Guaranteed Issue or Modified Guaranteed Issue on all group products. Enrollment in ATF is simple, easy, and quick! New contractors are eligible to enroll for insurance programs 30 days after their contract date. (However, you must be a member to participate.)

## ENROLLMENT INSTRUCTIONS

- Enrollment is handled through our call center. Representatives visit some terminals - watch for announcements! To Enroll Call 1(855) 403-2732.
- Your voice recording will serve as your signature for membership, coverages, and authorization for payment.
- Please review the information in this booklet. After you have reviewed the benefits and rates, call your representative. They can answer your questions and assist in your enrollment.
- A confirmation of your benefit elections, cost, effective date, and deduction start date will be mailed and/or emailed to you upon completion of your enrollment. Review these documents upon receipt.
- You will have a 30-day free look period during which coverage may be cancelled for any reason.

Plan Designs offered vary by Underwriting Company Authority.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

## DISCLOSURES:

Not available in AK, OK, UT, VT, WA.

Disclosures for pages 4-8: The discount medical, health, and drug benefits of this Plan (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. You may call (888) 565-3827 for more information or visit [atf.mymemberguide.com/locate](http://atf.mymemberguide.com/locate) for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint. **Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers:** If you remain dissatisfied after completing the complaint system, you may contact your state department of insurance.

**Note to MA consumers:** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

## PRESCRIPTION SAVINGS (Open Formulary)

- Prescription drug prices hard to swallow? You will now save an average of 31% off the retail price of generic drugs and 15% off the retail price on brand name drugs at retail pharmacies. Simply take your prescription into any of the more than 65,000 participating pharmacies nationwide.

Treatment Description	Average Retail Cost	Average Member Price	Average Savings*	
AMLODIPINE TAB 5MG	\$25.36	\$16.69	\$8.67	34.2%
HYDROCHLOROT TAB 25MG	\$9.99	\$5.02	\$4.97	49.7%
AMLODIPINE TAB 10MG	\$37.28	\$21.20	\$16.08	43.1%
AZITHROMYCIN TAB 250MG	\$37.91	\$26.36	\$11.55	30.5%
LISINOPRIL TAB 20MG	\$14.33	\$7.20	\$7.13	49.8%
METFORMIN TAB 1000MG	\$11.83	\$5.35	\$6.48	54.8%
LISINOPRIL TAB 10MG	\$14.39	\$6.43	\$7.96	55.3%

\* Average savings in no way guarantee local market pricing, savings or availability at time of purchase. Average savings are based on frequently purchased prescriptions, nationwide, as averaged over a 6 month period reported August 2015 – January 2016, the most current data available at the time of this report.

Not available in AK, OK, UT, VT, WA.

**This is NOT insurance.** Members must pay for prescriptions at the time they are received. This program will provide savings over the normal cost of prescriptions.

## DENTAL SAVINGS

- Save between 15%-50%\* on dental care.
- Choose from a network of over 60,000 participating providers including general dentists and specialists.
- The dental program includes virtually everything from routine check-ups, to fillings, crowns, braces and even cosmetic work.
- No limit on discounts.
- No limit on the number of visits/services you receive.
- No paperwork to fill out. Discounts are immediate.



ADA Code	Procedure Description	Usual Fee*	Discounted Fee** (for Plan Members)	Member Savings*
D0120	Routine 6 month Check-Up	\$51	\$37	27%
D0160	In Depth Check-Up	\$155	\$115	26%
D0210	Full Mouth X-Rays	\$135	\$91	33%
D0274	Four Bitewing X-Rays	\$67	\$54	19%
D0330	Panoramic Film	\$115	\$82	29%
D1110	Adult Teeth Cleaning	\$93	\$68	27%
D1120	Child Teeth Cleaning	\$69	\$50	28%
D1351	Protective Sealant / Tooth	\$56	\$38	32%
D2140	1 Surface White Filling for U or L Front Tooth	\$146	\$102	30%
D2710	Crown Resin Based Composite (indirect)	\$940	\$455	52%
D2750	Single Crown - Porcelain on High Noble Metal	\$1,156	\$813	30%
D2752	Single Crown - Porcelain on Noble Metal	\$1,100	\$782	29%
D2950	Core Build-Up With Pins	\$279	\$208	25%
D3310	Root Canal Treatment - Front Tooth	\$766	\$543	29%
D3320	Root Canal Treatment - Bicuspid	\$875	\$647	26%
D3330	Root Canal Treatment - Molar	\$1,057	\$770	27%
D4341	Perio Scaling and Root Planing (Per Quadrant)	\$261	\$188	28%
D5110	Full Upper Denture	\$1,750	\$1,144	35%
D7140	Single Tooth Removal - Simple Extraction	\$179	\$126	30%

Not available in AK, OK, UT, VT, WA.

**This is NOT Insurance.** \*The savings range and average are for illustrative purposes only and are not a guarantee. Dental savings are based on Aon Dental Solutions 200 Series Dental Fee Schedule for participating general dentists (fees vary by region) compared to the 2015 National Dental Advisory Service National Average (Average savings 32%). Aon Dental Solutions participating specialty dentists provide a discount of 20% off their normal retail charges (15% for MN specialty dentists). Actual savings for any individual will vary by location and provider.

## VISION SAVINGS



- Save 35% off normal retail prices on frames (complete pair) and 20% off lens add-ons
- Visit participating retailers such as LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical and most Pearle Vision® locations
- Choose from more than 65,000 providers in over 26,000 locations

Not available in AK, OK, UT, VT, WA. This is NOT insurance. Not all discounts available at all providers. Members must pay for products or services at the time they are purchased. This program will provide savings over the normal cost.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Please note, all dependents are eligible for discounts with all discount plans.

### Limitations/ Exclusions

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

### Vision Care Services

#### Exam With Dilation as Necessary

Complete Pair Eyeglasses Purchase Discounts\*: Frame, lenses, and lens options must be purchased in same transaction to receive full discount

#### Frames

#### Standard Plastic Lenses

	In-Network Member Cost	Out-of-Network Reimbursement
Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
Standard Progressive Lens	\$135	N/A

#### Lens Options (paid by the member and added to the base price of the lens)

UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off retail price	N/A

#### Contact Lenses

Conventional	15% off retail price	N/A
Disposable	0% off retail price	N/A

#### Laser Vision Correction

Lasik or PRK** from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
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#### Frequency

Examination	Unlimited
Lenses and Contact Lenses	Unlimited
Frame	Unlimited

\*Items purchased separately will be discounted 20% off the retail price.

\*\*Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

**For Lasik providers, call 1-877-5LASER6 or visit [eyemedlasik.com](http://eyemedlasik.com) and request the discount authorization, please call 1-877-5LASER6.**



The biggest network and the most choice. Because more is more.

## HEARING SAVINGS



Connect Hearing can get you on the path to better hearing. From scheduling a complimentary hearing evaluation to choosing and maintaining your hearing aids, we're with you every step of the way.

- 35% discount off Connect Hearing's hearing aid prices
- 3 years of free batteries with hearing aid purchase†
- 3 year warranty and 3 year loss & damage\*
- Free earmolds
- Complimentary hearing evaluation
- Unlimited follow-up visits during the useful life of the hearing aid for cleaning and check ups
- 100% Service Satisfaction Guarantee
- 45 day trial period after purchase during which you may return your hearing aids if you are not satisfied
- Up to two free accessories with purchase of select models
- 2 week free hearing aid trial prior to purchase\*\*

Not available in AK, IL, OK, UT, VT, WA.

†3 years FREE batteries with hearing aid purchase. \*The 3 year warranty is valid starting from the date of invoice. This limited warranty covers manufacturing and material defects in the hearing aid itself, but not accessories such as batteries, tubes, ear modules, external receivers. The warranty includes 3 year loss and damage coverage that can be redeemed ONE TIME and requires a deductible of \$450. \*\*Certain types of hearing loss may require a hearing aid model that is not appropriate for the Two Week Free Trial. See clinic for details. Lyric excluded.

## WALGREENS HEALTHCARE CLINIC

- Walgreens Healthcare Clinics are a convenient way to get expert healthcare and pick up what you need on the spot. \*Board-certified Family Nurse Practitioners and Physician Assistants will listen carefully to you, take the time to conduct a thorough exam, and explain everything clearly. You'll understand why you're not feeling well and know what to do when you get home.



Walk-Ins Welcome & Appointments Available



Open 7 Days & Weeknights, Too



Most Insurance Accepted



Treatment For Patients 18 Months & Older



Board-Certified Family Nurse Practitioners<sup>1</sup>



On-Site Pharmacy

### Family medical care made easy



#### prevention & wellness

- vaccines
- physicals & wellness visits
- health screenings & testing



#### treatment

- illness, aches & pains
- minor injuries
- skin conditions



#### monitoring & management

- ongoing health conditions
- medications & treatments

Not available in IL.

\*Prescriptions written when clinically appropriate. Patients have a choice of pharmacy.

\*\*This discount cannot be used in conjunction with insurance. **This is NOT insurance.**



## TELEMEDICINE: 24-Hour Healthcare Access – Free Doctor Calls!

- 24/7 Access to U.S. Board-Certified Physicians for your family. Speak to a doctor anytime, anywhere!
- Speak with a doctor in minutes
- Save time while avoiding germ-filled waiting rooms
- No application and no denials
- No out of pocket cost to you
- Physicians can prescribe non-controlled medications when appropriate

### Telemedicine Treats Conditions Like:

- Cold with Fever
- Constant Coughing
- Diabetes
- Flu or Flu-Like Symptoms
- Headaches
- Heartburn
- Muscle Spasms/Cramps
- Pain - Back or Neck
- Pain - Joints
- Sleeping Problems
- Smoking Cessation
- Stomach - Pain, Bloating
- Tired All The Time
- Urination - Pain or Burning
- Weight Gain or Loss

### When to Call a Doctor:

- When your physician is not available
- For non-emergent medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions



YOU OR  
SOMEONE IN YOUR  
FAMILY IS SICK.



TALK TO A  
DOCTOR FOR NO  
ADDITIONAL COST.



GET A  
PRESCRIPTION  
WHEN APPROPRIATE.

Use of this service does not replace the primary care physician. Use of this service does not guarantee that a prescription will be written. This benefit is made available subject to state regulations and may not be available in certain states. Physicians do not prescribe DEA controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Physicians reserve the right to deny care for potential misuse of services.

**Telemedicine is Not Available in Arkansas and Washington. Doctors will provide consults, but will not prescribe medicine in Iowa and South Carolina.**

**VERY IMPORTANT: IN LIFE THREATENING EMERGENCIES, CALL 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.**

## PATIENT ADVOCACY



- Patient Advocates are highly trained administrative experts. When you call for assistance you will be assigned a personal Patient Advocate who will take responsibility for helping you. We're just a phone call away!



## DISCOUNTS AND DEALS

As part of your membership, you will enjoy savings of up to 50% at more than 250,000 Online Dining, Shopping, Grocery and Entertainment Discounts plus over 150,000 “show-your-phone” mobile coupons.

The app is available from the iTunes App Store or Android Market\*.

**With the MyDeals App you get:**

- Show-your-phone discounts at 150,000 places.
- GPS searching and mapping.
- National chains and local favorites.
- Track your savings.



- **Dining & Food:** Save on fast food, casual dining, and fine dining at over 70,000 participating restaurants!
- **Automotive:** Save up to 50% on auto services and repair including oil changes, routine maintenance and bodywork, and emergency repairs!
- **Entertainment & Recreation:** Members enjoy savings at sporting events, amusement parks, and more!
- **Services:** Save up to 50% on services including cell phone and internet, satellite television, cleaning, moving and more!
- **Shopping:** Enjoy online savings at more than 30,000 retailers!

\* Currently available for the iPhone, iPad, iPod Touch and Android.

## EXCLUSIVE SAVINGS ON HOTELS WORLDWIDE

As a member, you can save an average of 26% off at more than 150,000 hotels worldwide through Hotel Engine. Search and save online or on your mobile device at the Hotel Engine app and earn Hotel Engine rewards points that you can use towards free hotel stays. With low prices, superior customer support and technology people love to use, Hotel Engine is the only booking engine you'll ever need—for work or play.



## ACCIDENT INSURANCE + SHORT TERM DISABILITY

Accidents and injuries can happen at any place at any time. As your family's most valuable asset, it is important to protect yourself and your income. Make sure you can bounce back from whatever life may throw at you. The accident plus short term disability insurance plan offers Off-the-Job coverage for accidents as well as income during illness or accident.



### COVERAGE HIGHLIGHTS

- Inpatient Hospital confinement - \$500 per day
- Hospital, Admission, Hospital Confinement, Hospital Intensive Care, Lodging, Rehabilitation Unit, and more.
- ICU - \$1,000 per day for 15 days
- Emergency Room, Ambulance, Air Ambulance, Blood, Plasma, Appliances, Internal Injuries, Exploratory Surgery, Diagnostic Imaging, Continuing Care.
- Specific Loss - Pays up to \$40,000
- Burns, Concussion, Emergency Dental Work, Eye injury, Gunshot Wound, Laceration, Prosthetics, Ruptured Disc, Repairs of Tendons/Ligaments/Rotator Cuff.
- Dislocations - Pays up to \$3,000
- Fractures - Pays up to \$3,200
- Coma, Dismemberment, Catastrophic Accident (payable after 365-day elimination period)

### ACCIDENTAL DEATH WITHIN 90 DAYS FROM THE DATE OF A COVERED ACCIDENT

- Employee \$75,000
- Spouse \$75,000
- Children \$18,750

\*Check your certificate for a complete listing of benefits and benefit amounts.

### Sample Monthly Rates

FOR A BENEFIT OF \$2000/MO.

MEMBER	\$122.10
MEMBER + SPOUSE	\$132.30
MEMBER + CHILD (REN)	\$133.40
MEMBER + FAMILY	\$146.50

## CRITICAL ILLNESS

As an ATF member you can receive up to \$70k Critical Illness insurance. The critical illness insurance plan provides a lump sum benefit when you or a covered family member is initially diagnosed with a heart attack, stroke, paralysis, burns, end-stage renal failure, in vasive cancer and more.

### PRODUCT DETAILS

- Initial Occurrence Benefit - Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts are available from \$10k to \$70k.
- Additional Occurrence Benefit - If an insured collects full benefits for a Critical Illness under the plan and later suffers an additional covered illness/procedure, the policy will cover full benefit amount for each additional illness provided the occurrences are separated by at least 6 months. (In Tennessee, the period between different occurrences is 30 days).

#### BELOW ILLNESSES COVERED AT 100%

- Cancer
- Heart Attack (Myocardial Infarction)
- Stroke (Apoplexy or Cerebral Vascular Accident)
- Coma
- Paralysis
- Severe Burns
- Major Organ Transplant
- Alzheimer's Disease
- ALS (Lou Gehrig's Disease)

### Sample Monthly Rates

AGE	\$10k	\$30k	\$50k
18-39	\$30.70	\$55.90	\$81.10
40-49	\$55.90	\$114.90	\$173.89
50-59	\$42.20	\$91.20	\$140.19

## CANCER

Cancer is the second leading cause of death in the United States today, second only to heart disease and is characterized by the uncontrolled growth and spread of abnormal cells. If not detected, treated, and controlled, death will occur. In 2016, over 1,685,000 new cases were diagnosed resulting in over 595,000 deaths. 5-year survival rates are up to 69% from 2005-2011 due primarily to earlier detection and improvements in treatment.



### COVERAGE HIGHLIGHTS

- Pays a fixed, scheduled amount for hospital confinement
- Pays a fixed amount for doctors, drugs & medications, ambulance, and hospice care
- Provides surgery benefits including reconstruction surgery
- Provides radiation and chemotherapy benefits
- Provides for wellness check-ups and cancer screening including MRI for breast cancer
- Provides a one-time, lump-sum benefit when initially diagnosed
- Provides additional benefits for over 45 specified illnesses and diseases such as ALS, hepatitis, tetanus, and tuberculosis.
- Guaranteed renewable for life

### Sample Monthly Rates

	Plan1
INDIVIDUAL	\$71.00
SINGLE PARENT	\$92.30
FAMILY	\$173.40



## LIMITED MEDICAL

### Member Limited Medical Plans

	Plan 1	Plan 2	Plan 3	Plan 4
<b>In Hospital Indemnity (No Elimination)</b>	\$750	\$1,000	\$1,500	\$2,000
Max Days per Confinement	10	10	30	90
Max Benefit Amount per Plan Year	\$22,500	\$30,000	\$50,000	\$50,000
<b>ICU</b>			\$1,500	\$2,000
Max Days per Confinement	N/A	N/A	30	30
Max Benefit Amount per Plan Year			\$50,000	\$50,000
<b>ER Visit</b>			\$75	\$250
Max Visits per Plan Year	N/A	N/A	1	1
<b>Physician Office Visit</b>	\$75	\$75	\$100	\$100
Max Visits per Plan Year	3	6	6	6
<b>Ground Ambulance</b>			\$100	\$100
Max Trips per Plan Year	N/A	N/A	1	1
<b>Air Ambulance</b>			\$1,000	\$1,000
Max Trips per Plan Year	N/A	N/A	1	1

	Plan 1	Plan 2	Plan 3	Plan 4
<b>Surgical Indemnity</b>				
Inpatient Major	\$1,000	\$1,000	\$1,000	\$2,500
Outpatient Major	\$1,000	\$1,000	\$1,000	\$2,500
Outpatient Minor	N/A	N/A	\$250	\$500
<b>Anesthesia</b>				
Inpatient Major	\$200	\$200	\$250	\$625
Outpatient Major	\$200	\$200	\$250	\$625
Outpatient Minor			\$75	\$125
Max Inpatient Procedures per Plan Year	2	2	2	2
Max Outpatient Procedures per Plan Year	1	1	2	2
<b>Advanced Diagnostic</b>	\$100	\$200	\$250	\$250
Max Tests per Plan Year	1	1	1	2
<b>Diagnostic X-Ray and Lab</b>	\$50	\$50	\$50	\$50
Max Tests per Plan Year	1	1	4	4
<b>*Wellness</b>	\$50	\$75	\$200	\$200
Max Screening Tests per Plan Year	1	1	1	1

Plan #1	Plan #2	Plan #3	Plan #4
\$134.10	\$160.16	\$258.64	\$349.58
\$217.28	\$269.38	\$466.34	\$648.20
\$223.94	\$278.40	\$484.22	\$674.28
\$280.32	\$354.56	\$635.24	\$894.40

## DENTAL INSURANCE

Guaranteed Acceptance, includes Implant & Denture Coverage, \$25 co-pay per visit, no waiting period for Preventive and Basic services from Ameritas (Network Rates).



### PREVENTIVE COVERED SERVICES<sup>1</sup>

(No waiting period)

- Routine Exam (1 in 6 months)
- Bitewing X-rays (1 in 6 months)
- Cleaning (1 in 6 months)

### BASIC COVERED SERVICES<sup>2</sup>

(50% day one / 45% after year 1 / 80% after year 2)

- Full Mouth/Panoramic X-rays
- Simple Extractions
- Fillings

Rates apply to Ameritas network only. Out-of-network policy available.

### MAJOR COVERED SERVICES<sup>3</sup>

(25% day one / 50% after year 1)

- Space Maintainers
- Onlays
- Implants
- Crowns (1 in 10 years per tooth)
- Crown Repair
- Endodontics (nonsurgical + surgical)
- Periodontics (nonsurgical + surgical)
- Denture Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Complex Extractions
- Local Anesthesia

## MONTHLY RATES

\*Price subject to change based on zip

### Network 2500

SINGLE MEMBER	\$39* MONTH
MEMBER + SPOUSE	\$79* MONTH
FAMILY	\$126* MONTH

**\$2,500 annual max per person**

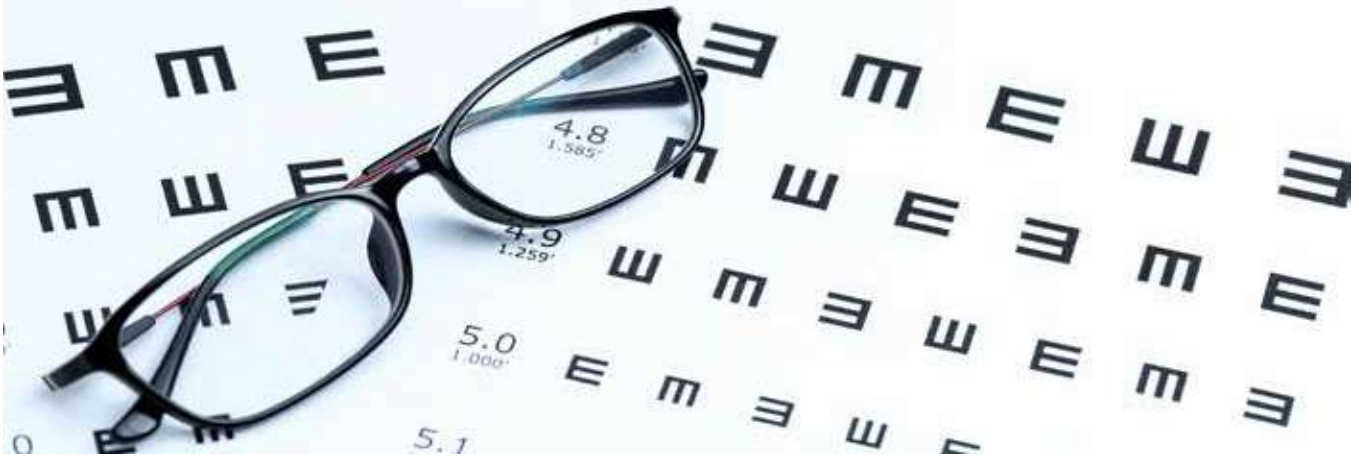


<sup>1</sup>Preventive services are covered at 100%. <sup>2</sup>Basic services are covered at 80%. <sup>3</sup>Major covered services are covered at 50%. For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. The information contained herein is accurate at the time of publication. This brochure provides only summary information.



## VISION INSURANCE

American Truckers First is making vision care affordable and accessible for almost any budget. We believe everyone deserves affordable quality vision care and now you can have it. Our Vision Insurance Plan connects you with one of the most comprehensive vision care networks in the country. Copays - \$10 exams | \$20 eye glass lenses or frames.



### LENS OPTIONS

- **Progressive Lenses**

The member is responsible for the difference between the Covered Allowance and the Progressive Lens charge.

- **Additional Lens Options**

- Photochromatic: glass/plastic: \$20
- Scratch Resist Coating: \$17
- Anti-Reflective Coating: \$41
- Ultraviolet Coating: \$16
- Progressive Lenses: Varies
- Polycarbonate Lenses: \$31
- Tints: \$34

### COPAYS

\$10 EXAMS • \$25 EYE GLASSES (Lenses or Frames)

- **Lenses (per pair) Coverage**

Single Vision; Bi-focal; Tri-focal; Lenticular: 100%  
Progressive: See Lens Options

- **Contact Lenses**

Up to \$150 in lieu of lenses

- **Frequencies (months)**

Exam/Lens/Frames: Once every 12 months (beginning day one)

### ADDITIONAL FEATURES

- **Contact Lens Elective** Allowance includes fitting, exam, and lenses. The cost of the fitting and evaluation is deducted from the cost of the contact lens allowance. Allowance can be applied to disposables. Applies when contacts are chosen in lieu of glasses.

- **Additional Glasses** 20% off the retail price on additional pairs of prescription glasses (at Discount Program Provider Locations) within 12 months of exam.

- **Laser Vision Care** An average discount of 10% on LASIK and PRK. For more information Please visit [www.LasikPlus.com](http://www.LasikPlus.com) or call 1 (866) 755-2026.

## Monthly Rates - Choice

MEMBER	\$16.00
MEMBER + SPOUSE	\$30.00
MEMBER + FAMIL	\$44.00

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. The information contained herein is accurate at the time of publication. This brochure provides only summary information.



CALL FOR MORE INFORMATION  
OR TO ENROLL NOW!

**TO ENROLL CALL:  
1 (855) 403-2732**