

ACME

Truck Line, Inc.

EMPLOYEE OWNED

(800) 877-9637

Monday-Friday, 8 a.m. - 5 p.m. CST

TNtruck.com



AFFORDABLE HEALTH INSURANCE & PERSONAL PROTECTION PLANS

Enroll Now! Time is limited.

ELIGIBILITY: To be eligible for these benefits, you must be a driver who is in the new hire testing period or a current driver who did not meet the previous testing period requirements.

COVERAGES AVAILABLE

Monthly Rates

FIXED PAYMENT MEDICAL INSURANCE	MEMBER	MEMBER +SPOUSE	MEMBER +CHILD(REN)	MEMBER +FAMILY
PLAN OPTIONS				
Choice	\$124.06	\$252.12	\$195.86	\$341.72
Choice Plus	\$151.18	\$309.91	\$240.32	\$422.17
Choice Preferred	\$202.45	\$418.17	\$322.07	\$569.52
Choice Premier	\$237.47	\$492.67	\$379.46	\$673.43
Rates below include insurance and non-insurance products.				
Dental High	\$28.84	\$54.18	\$71.10	\$119.66
Dental Low	\$27.98	\$51.56	\$60.52	\$89.92
Vision	\$6.50	\$12.42	\$13.32	\$19.10



As a Truckers Service Association (TSA) member, you are entitled to profit enhancing benefits and discounts! Learn details about these and other benefits at www.tsatruck.org or call us at (877) 968-8785 or email service@tsatruck.com



Group Limited Indemnity Insurance



60% of U.S. adults say they could not cover the costs of a \$1,000 emergency room visit using savings.¹

Our Group Limited Indemnity (GLI) insurance helps cover the cost of certain expenses incurred due to a covered accident or sickness. Benefits are payable at a fixed amount per insured per day up to a maximum number of days per year.

GLI coverage is easy to use. Once enrolled, you'll receive an ID card to present to your medical provider at the time of service. Your provider can submit the claim on your behalf. Once that claim is processed and approved, we'll pay the benefit directly to your provider. If you prefer not to assign benefits to your provider, you may submit a copy of the itemized bill to us directly. We will pay the benefit directly to you, and you will be responsible to pay your provider.

Note: GLI insurance is not major medical health insurance. It is a limited benefit product that pays a fixed benefit amount when an insured incurs certain expenses for treatment due to an accident or injury.

¹Bankrate, Financial Security Index, 2021

Benefits

Definition	Choice Plan 1	Choice Plus Plan 2	Choice Preferred Plan 3	Choice Premier Plan 4
Hospital Indemnity Benefits				
Hospital Confinement For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$450 per day 30 days per year	\$600 per day 30 days per year	\$1,000 per day 30 days per year	\$1,500 per day 30 days per year
Hospital Intensive Care Unit Confinement (ICU) For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment	\$800 per day 30 days per year	\$1,200 per day 30 days per year	\$2,000 per day 30 days per year	\$3,000 per day 30 days per year
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury. Hospital Admission benefit for delivery of a healthy newborn child is payable for the mother only, unless the child is admitted due to sickness or injury.	\$500 per day 1 day per year	\$1,000 per day 1 day per year	\$1,500 per day 1 day per year	\$2,000 per day 1 day per year
Surgery Benefits				
Inpatient Surgery For inpatient surgery in a hospital due to sickness or injury	\$1,000 per day 2 days per year	\$1,500 per day 2 days per year	\$2,500 per day 2 days per year	\$3,500 per day 2 days per year
Outpatient Major Surgery For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury	\$500 per day 2 days per year	\$1,000 per day 2 days per year	\$1,250 per day 2 days per year	\$1,500 per day 2 days per year
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable in conjunction with inpatient and outpatient major surgery only)	\$300 per day 2 days per year	\$500 per day 2 days per year	\$750 per day 2 days per year	\$1,000 per day 2 days per year
Emergency Room & Physician Office Benefits				
Emergency Room -Sickness	\$100 per day 1 day per year	\$100 per day 1 day per year	\$125 per day 1 day per year	\$150 per day 1 day per year
Emergency Room – Injury	\$150 per day 1 day per year	\$250 per day 1 day per year	\$250 per day 1 day per year	\$350 per day 1 day per year
Outpatient Physician For services rendered by a physician at a physician's office, convenient care clinic or urgent care facility	\$50 per day 6 days per year	\$70 per day 6 days per year	\$80 per day 6 days per year	\$85 per day 6 days per year
Preventive Services For physician office visits for routine physical examinations, health screenings, well-baby care and routine immunizations	\$75 per day 1 day per year	\$100 per day 1 day per year	\$150 per day 1 day per year	\$150 per day 2 days per year

Diagnostic Benefits				
Outpatient Diagnostic Lab For lab test ordered by a physician	\$150 per day 3 days per year	\$150 per day 3 days per year	\$150 per day 3 days per year	\$150 per day 3 days per year
Outpatient Diagnostic X-Ray For X-ray ordered by a physician	\$150 per day 2 days per year	\$150 per day 3 days per year	\$150 per day 3 days per year	\$150 per day 3 days per year
Outpatient Major Diagnostic Testing For an MRI, MRA, CT or PET scan, ordered by a physician	None	None	\$300 per day 1 day per year	\$400 per day 2 days per year
Other Benefits				
Skilled Nursing Care Facility For Confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$100 per day 30 days per year	\$150 per day 30 days per year	\$250 per day 30 days per year	\$400 per day 30 days per year
Mental Health Benefits				
Mental Disorder Confinement For confinement and treatment of mental disorder in a Mental Disorder Treatment Facility	\$375 per day 30 days per year	\$500 per day 30 days per year	\$800 per day 30 days per year	\$1,250 per day 30 days per year
Substance Use Disorder Confinement For confinement and treatment of a substance use disorder in a Substance Use Disorder Treatment Facility	\$375 per day 30 days per year	\$500 per day 30 days per year	\$800 per day 30 days per year	\$1,250 per day 30 days per year
Accidental Death & Dismemberment Benefit Rider				
Accidental Death & Dismemberment Benefit Rider Pays a lump sum benefit for loss of life, dismemberment or other catastrophic conditions, such as paralysis (benefit payable varies based on loss incurred)	EE: \$15,000 SP: \$7,500 CH: \$3,750	\$15,000 \$7,500 \$3,750	\$25,000 \$12,500 \$6,250	\$25,000 \$12,500 \$6,250
Critical Illness Benefit Rider				
Critical Illness Benefit Rider Pays lump sum benefit upon diagnosis of ten specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns, Loss of Sight, Coronary Artery bypass surgery. Additional Occurrence Benefit: 10%	EE: \$5,000 SP: \$5,000 CH: \$1,250	\$5,000 \$5,000 \$1,250	\$10,000 \$10,000 \$2,500	\$10,000 \$10,000 \$2,500

For full description of all terms, conditions, exclusions and limitations, please request a copy of the Group Policy and Certificate.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Riders Forms: GBLI, GBLIC, GBLITLR, GBLIADR, GBLIABR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Premium will vary based on the plan chosen. A pre-existing condition limitation may apply. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Benefits uses the services of third-party administrators.



3700 S Stonebridge Dr
PO Box 8080 | McKinney, TX 75070
GlobeLifeGroupBenefits.com | GLGBSales@Globe.Life

BEN1860386 0822

Additional Included Benefits...

Group Term Life Insurance

Underwritten by Amalgamated Life Insurance Company,
White Plains, NY 10604



Phone: 800-315-9178

Member	Dependents	
\$10,000	Spouse/Domestic Partner	\$5,000
	Child(ren)	\$2,000

Benefits may vary by state. This is a brief description of the policy terms and provisions. Refer to the policy for specific terms and conditions relating to coverage, including limitations and exclusions.

Pharmacy Insurance Benefits

Administered by Drex, an AMPS Company



See policy for
Covered and
Excluded Items.

Annual Deductible	None
Retail Co-Pay – 30 day supply max	
Generics	\$10
Preferred Brands	Greater of \$50 or 50%
Non-Preferred Brands	Discounts Only
Mail Order Co-Pay – 90 day supply max	
Generics	\$30
Preferred Brands	Greater of \$150 or 50%
Non-Preferred Brands	Discounts Only
Monthly Maximum Benefits Payable	
Per Insured Person	\$300

Pharmacy Help Desk: 844-728-3479 | Drug Look Up: drex.com

PPO Network Benefits

Offered by First Health Group Corp



Receive discounts off covered services when you access care from a participating network provider.

Locate a participating provider at:www.firsthealthbp.com or call 800-226-5116

Care Services

Virtual Urgent Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your member ID

03

Create your username and password

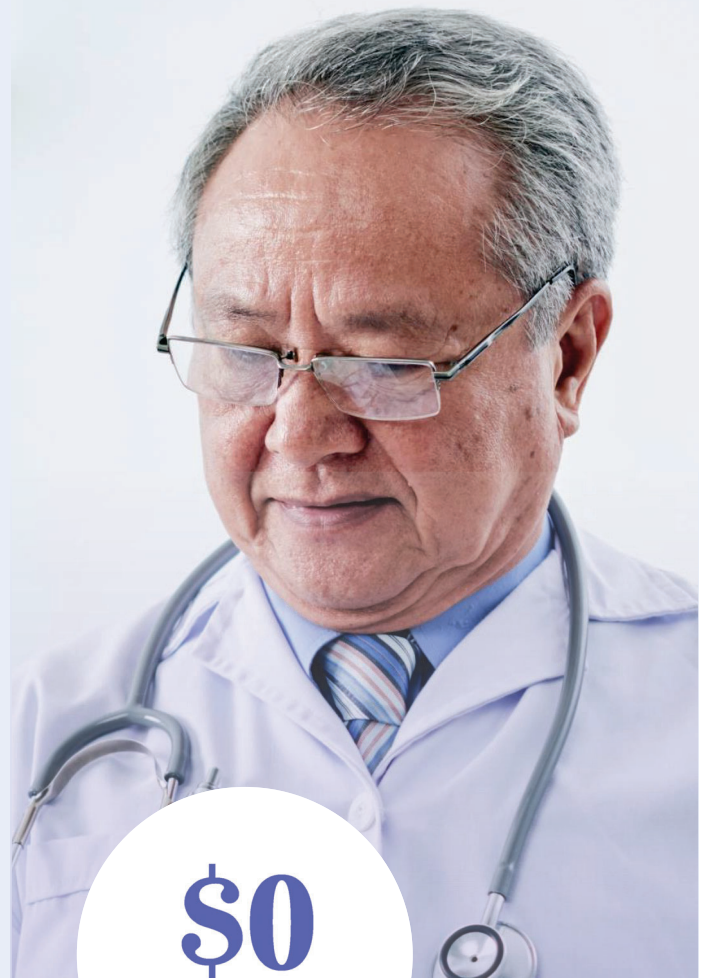
04

Complete your medical history

05

Schedule your consult

*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



\$0

Consults

Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download



Save Money on Prescriptions

YOUR TRUSTED RESOURCE FOR IMPORTANT PRESCRIPTION ANSWERS

Drexi is excited to provide **The Drex**i App. This digital tool helps you save money on prescriptions and make life easier!

Download Drex

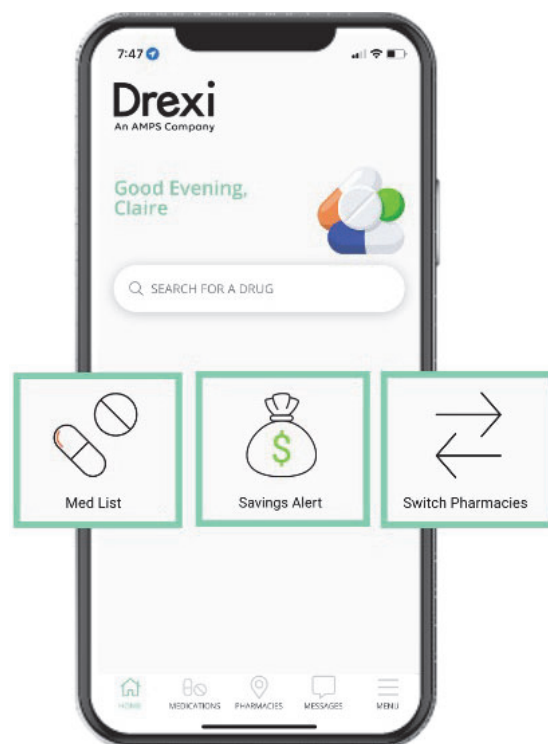
i to:

- View medications and real-time pricing anytime
- Switch medications and pharmacies with one-click
- Receive saving alerts
- And more!



To Get Started:

- Download Drex
- Have your ID card handy
- Check your phone to activate your account



Scan the QR code with your smartphone's camera and click the popup to download The Drex

i App.

Drex

i

Need help using the app?
Call 866-967-1077
or email [Disclaimer: The Drexi App is Powered by Levrx Technology, Inc. This is not a statement or a guarantee of savings. Outcomes are dependent several factors.](mailto:appsupport@Drexi.com</p></div><div data-bbox=)

VISION CARE SERVICES	In-Network Member Cost	Out-of-Network Allowance
Benefit Frequency		
Contact Lenses or Lens		Once every calendar year
Exam		Once every calendar year
Frame		Once every two calendar years
Exam	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	\$0	N/A
Frames	80% of Balance over \$130	Up to \$65
Lens		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
- Tier 1	\$110 Copay	N/A
- Tier 2	\$120 Copay	N/A
- Tier 3	\$135 Copay	N/A
- Tier 4	\$90 Copay, plus 80% of Balance less \$120	N/A
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
Lens Options		
Standard Polycarbonate	\$40 Copay	
Standard Plastic Scratch Coating	\$15 Copay	
Tint (Solid and Gradient)	\$15 Copay	
UV Treatment	\$15 Copay	
Standard Anti-reflective (a/r) Coating	\$45 Copay	
Photochromatic/ Transitions	\$75 Copay	N/A
Other Lens Options	80% of Charge	
Premium Anti-reflective (a/r) Coating		
- Tier 1	\$57 Copay	
- Tier 2	\$68 Copay	
- Tier 3	80% of Retail	
Contact Lenses		
Conventional	85% of Balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0	Up to \$200
Contact Lens Fit & Follow-up Exam		
Standard	Up to \$40	N/A
Premium	10% Discount Off Retail Price	
Non-Scheduled Items		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction	85% Retail Price or 95% Promotional Price	N/A

MONTHLY RATES	Single	Employee / Spouse	Employee / Child(ren)	Family
Rate	\$6.50	\$12.42	\$13.32	\$19.10

Vision plans and rates are effective October 1, 2024 through September 30, 2028. Veratus Benefit Solutions, Inc. underwrites DeltaVision, using the EyeMed Vision Care Insight network. Veratus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratus visit, deltadentalia.com/veratus.

SUMMARY OF COVERAGE	HIGH PLAN			LOW PLAN		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating	Delta Dental PPO™	Delta Dental Premier®	Non-Participating
Deductible						
Individual	\$50*	\$75*	\$100*	\$50*	\$75*	\$100*
Family	\$150*	\$225*	\$300*	\$150*	\$225*	\$300*
Annual Period Maximum per person per calendar year	\$2,000			\$1,500		

BENEFIT CATEGORIES

Coinsurance paid by member

Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays)	0%	0%	20%	0%	0%	20%
Periodontal Maintenance Therapy**	50%	60%	70%	50%	60%	70%
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	30%	40%	20%	30%	40%
Posterior Composites (tooth-colored filling on back teeth without alternative processing)	20%	30%	40%	20%	30%	40%
Endodontic Services*** (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)	50%	60%	70%	50%	60%	70%
Periodontal Services*** (gum and bone diseases, complex procedures, athletic mouth guards)	50%	60%	70%	50%	60%	70%
High Cost Restorations*** (cast restorations – crowns, inlays, onlays, posts, cores)	50%	60%	70%	50%	60%	70%
Prosthetics*** (bridges, dentures)	50%	60%	70%	50%	60%	70%
Implants	Not Covered			Not Covered		
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19	50% coinsurance and \$1,500 lifetime maximum			Not Covered		

MONTHLY RATES

	High Option	Low Option
Single	\$28.84	\$27.98
Employee / Spouse	\$54.18	\$51.56
Employee / Child(ren)	\$71.10	\$60.52
Family	\$119.66	\$89.92

Eligible children through age 25. Full-time (unmarried) students eligible through age 99. Percentages shown are what the member pays.

*Deductible is waived for all diagnostic and preventive care.

** Deductible applies to Periodontal Maintenance Therapy - 12 month waiting period may apply.

*** 12 month waiting period may apply to Endodontic, Periodontal, Cast Restorations and Prosthetic Services.

Dental plans and rates are effective October 1, 2024 through September 30, 2025. The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.