

2026

BENEFITS PACKAGE FOR INDEPENDENT CONTRACTORS

EXCLUSIVE PRICING FOR COTTINGHAM & BUTLER CLIENTS IN PARTNERSHIP WITH UTBA
(UNIVERSAL TRUCKING BENEFITS ASSOCIATION)



UTBA

UNIVERSAL TRUCKING BENEFITS ASSOCIATION

SIGN UP TODAY!
1.855.843.6563



Cottingham & Butler

MEMBERSHIP

As a valued Independent Contractor you will have the opportunity to enroll in a variety of high quality benefits through the Cottingham & Butler / UTBA (Universal Trucking Benefits Association) Contractor Program.

If you choose to enroll in any of the available insurance benefits (with exception of major medical), your weekly cost will be conveniently settlement deducted. Major medical policies are required to be set up as direct payment.

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EXCLUSIVE OFFER

30% OFF

STANDARD MEMBERSHIP

Membership in the Cottingham & Butler / UTBA Contractor Program, gives you access to a full package of benefits and numerous health and consumer discounts. Drivers will be responsible for a discounted membership rate of only \$3.46 per week in addition to benefit costs.

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UTBA BENEFITS & DISCOUNTS

HEALTH SERVICES

- Lyric Health Virtual Urgent Care
 - Rxless - Prescriptions Savings Card
 - AeroFlow Sleep Apnea Discounts
 - 24-Hour Nurse Helpline
 - Vitamin and Supplement Discounts
 - Gateway Medicaid
 - Discount Hearing Service
 - Glucomart Diabetic Supplies Discount
 - GymAmerica.com
-

TRAVEL SERVICES

- CLC Lodging Discounts
 - Motel 6 Discounts
 - Car Rental Discounts
 - 24/7 Emergency Roadside Assistance
 - Travel Assistance Plan
 - TravelerBonus.com
-

CONSUMER SERVICES

- Delta Community Credit Union
 - Magazine Discounts
 - Child ID Card Services
 - Hopheshops.com
 - 1-800Flowers.com
 - Customized Web Services
 - Entertainment Savers Club
 - Moving Services
-

UTBA NATIONAL SERVICE CENTER

1-855-843-6563 / www.UTBA.com

- Insurance Account Management
- Member Eligibility
- Verification of All Benefits
- Policy Questions, Cancellations, Additions, Claims, ID Cards, etc.
- Guidance for 24-Hour Access to Benefits
- Information on Prescription Benefits
- Steerage to PPO Discount Network of Hospitals, Clinics and Doctors
- Member Patient Advocacy Program





24/7 ACCESS TO LICENSED PHYSICIANS - INCLUDED WITH YOUR UTBA MEMBERSHIP

Lyric Health offers 24/7 access to Board-certified physicians either a phone call or click away. Physicians can diagnose many common non-emergency condition symptoms, recommend treatment options, and prescribe medication when medically appropriate.

Why use Virtual Urgent Care?

- Allergies
- Cold and Flu Symptoms
- Bronchitis
- Dermatology Problems
- Respiratory Infection
- Sinus Problems
- Pink Eye

An online doctor visit is convenient, immediate and saves time. No long waits to get in to see a doctor and no time off of work.

These virtual visits are \$35 per consult! Virtual urgent care reduces costly and unnecessary office visits, urgent care visits and emergency room visits.

For people who travel, work in rural locations or live in under-served cities, virtual urgent care services can sometimes mean receiving care or not.



INDIVIDUAL MAJOR MEDICAL INSURANCE

IMPORTANT! **Major Medical enrollment is only available if:**

A) You sign up during nation-wide open enrollment (dates for open enrollment start in the fall).

OR

B) You qualify for a special enrollment period (i.e., loss of other qualified coverage, you move, marriage, divorce, or birth of a child)

NOTE: Due to ACA rules, Major Medical policies are not allowed to be paid via settlement deductions; premiums must be paid directly to the insurance carrier on a monthly, quarterly, or annual basis.

With no individual mandate penalty to face now under the Affordable Care Act, you have multiple options for getting the coverage you really want and for staying healthy! UTBA agents can walk you through your options, help determine eligibility, and advise you on enrollment procedures.

- Cost depends on many things including: type of plan (*Bronze, Silver, Gold level*), insurance carrier, what state you live in, the number of family members covered, and if you qualify for any tax credits.

- Lower major medical premiums are dependent on your household size and income, and can vary by state.

UTBA is here to help you understand your options for Major Medical insurance. Call for a FREE one-on-one consultation to learn about your Major Medical options at 1-877-472-5541.

- Multiple Health Insurance Carriers
- Insurance Options in All States
- Affordable Care Act Compliant Plans
- Multiple Choices with Various Deductibles and Copays
- Understand Whether You're Eligible for a Premium Subsidy

For more information or to see a list of rates for your specific location, visit www.healthcare.gov or www.ehealthinsurance.com/?allid=Hay40337



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MEDCHOICE HOSPITAL INDEMNITY & CRITICAL ILLNESS*

Hospital indemnity and Critical Illness insurance can help reduce your financial stress with real dollars that are paid to you quickly so you can focus on recovery. Plus, benefits are paid in addition to any other insurance you may have. Guaranteed Issued - No Health Questions Asked.

HOSPITAL INDEMNITY*	Plan 1	Plan 2
Hospital Admission Benefit - Max of 1 day(s)	\$1,000 per day	\$2,000 per day
Hospital Confinement Benefit - Max of 30 day(s)	\$600 per day	\$1,500 per day
Intensive Care Unit Benefit - Max of 30 day(s)	\$1,200 per day	\$3,000 per day
Rehabilitation Benefit - Max of 60 day(s)	\$300 per day	\$750 per day
Inpatient Surgery - Max of 2 day(s)	\$1,500 per day	\$3,500 per day
Outpatient Surgery in a Hospital, Outpatient Facility or Free-standing Outpatient Surgery Center - Max of 2 day(s)	\$1,000 per day	\$1,500 per day
General Anesthesia Benefit	\$500 per day	\$1,000 per day
Emergency Room - Max of 2 day(s)	\$250 per day	\$350 per day
Urgent Care Facility - Max of 6 day(s)	\$75 per day	\$75 per day
Physician's Office - Max of 6 day(s)	\$75 per day	\$75 per day
Health Screening Benefit (Wellness Test Routine Physical Exam, Additional Generally Medically Accepted Screening Test) Max of 1 days per covered person, per calendar year; up to 4 days per calendar year, per family	\$100 per day	\$150 per day
Minor Diagnostic Exam Benefit - Max of 3 day(s)	\$100 per day	\$100 per day
Major Diagnostic Exam Benefit - Max of 3 day(s)	Not included	\$200 per day
Portability Option Rider		Included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pre-Existing Condition Period, Pregnancy Waiting Period	
Treatment for Mental and Emotional Disorders		Included
Treatment for Alcohol or Drug Addiction		Included
GROUP CRITICAL ILLNESS*	Plan 1	Plan 2
Invasive Cancer	\$5,000	\$10,000
Heart Attack	\$5,000	\$10,000
Coronary Artery Disease (Bypass Surgery)	\$1,250	\$2,500
Stroke, Major Organ Failure, End Stage Renal Failure, Sudden Cardiac Arrest, Coma, Permanent Paralysis, Severe Burns	\$5,000	\$10,000
Spouse critical illness benefit amounts are 100% of the insured's critical illness benefit amounts shown. Dependent child(ren) critical illness benefit amounts, except for Childhood Conditions, are 25% of the insured's critical illness benefit amounts shown. Childhood Conditions are paid at 100% of the amounts shown.		
Additional Occurrence	Included	Included
Recurrence Benefit	Included, 100%	Included, 100%
Recurrence Separation Period	6 months	6 months
Accidental Death or Dismemberment (AD&D)	\$25,000	\$25,000
The spouse AD&D benefit amount is 50% of the insured's AD&D benefit amount shown. The dependent child(ren) AD&D benefit amount is 25% of the insured's AD&D benefit amount shown.		
WEEKLY RATES	Plan 1 (HI + CI)	Plan 2 (HI + CI)
Contractor Only	\$34.89	\$54.80
Contractor + Spouse	\$71.52	\$113.69
Contractor + Children	\$55.46	\$87.57
Contractor + Family	\$97.42	\$155.41

*This is not major medical insurance and does not satisfy the individual mandate for minimum essential coverage under the Affordable Care Act.

*Product availability and costs may vary by state

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

DENTAL INSURANCE

Your UTBA membership allows you and your family the opportunity to enroll in dental insurance through American Public Life Dental. The plan provides preventive care (annual exams, cleanings, and more) at no cost to all covered members and features a generous \$1,500 per person benefit maximum.

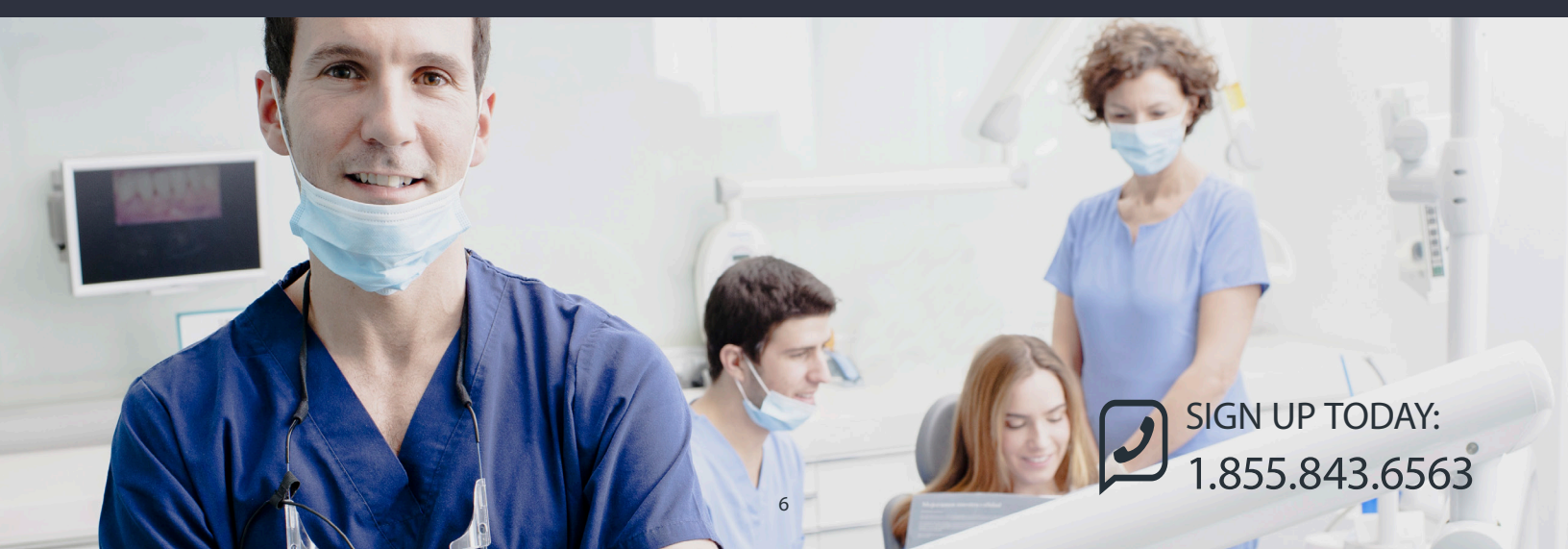
100%
coverage for
preventive
care.

SUMMARY OF BENEFITS	Single/Family Deductible	Calendar Year Maximum
	\$50 / \$150	\$1,500

BENEFITS	COVERAGE	DESCRIPTION
Preventive	100% No Waiting Period Deductible does not apply to preventive services	Periodic Exams, Bitewing X-rays, Prophylaxis (cleaning and scaling), Space Maintainers, Sealants, and Fluoride for children
Radiographs - FMX	80% No Waiting Period	Full Mouth or Panoramic X-Rays
Basic	80% No Waiting Period	Palliative (emergency) Treatment for Dental Pain, Simple Extractions, X-rays (intraoral periapical, extraoral, vertical bitewings and sialography)
Basic Restorative	80% No Waiting Period	Amalgams and Resin-Based Composites
Major	40% 12 Month Waiting Period	Inlay, Onlay, Crown, Fixed Partial Denture (bridge), Dentures
Endodontics	40% 12 Month Waiting Period	Root Canal (anterior, bicuspid, and molar) Therapeutic Pulpotomy
Periodontics	40% 12 Month Waiting Period	Gingivectomy, Osseous Surgery, Periodontal Scaling and Root Planing
Prosthetic Repairs	40% 12 Month Waiting Period	Rebase, Reline, Repair Broken Clasp and Repair Cast Framework
Oral Surgery	40% 12 Month Waiting Period	Removal of Impacted Tooth, Frenulectomy and Incision and Drainage of Abscess

WEEKLY RATES	Contractor	Contractor + Spouse	Contractor + Children	Family
	\$5.31	\$10.62	\$10.15	\$14.77

Consult policy for full benefit descriptions, limitations, exclusions, and provisions.



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VISION INSURANCE

Your UTBA membership allows you and your family the opportunity to enroll in vision insurance through United Healthcare. For a low Weekly premium, you and your covered family members can receive low cost eye exams, glasses, or contacts from any vision provider you choose. Benefits will be maximized if you choose a provider within the UHC vision network. Go to www.myuhcvision.com to find providers.

BENEFIT OVERVIEW

Exam Copay	\$10 Copay
Materials Copay	\$25 Copay

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Vision Exam	Covered 100% after copay	\$40 Allowance	Every 12 Months
Single Lenses	Covered 100% after copay	\$40 Allowance	Every 12 Months
Bifocal Lenses	Covered 100% after copay	\$60 Allowance	Every 12 Months
Trifocal Lenses	Covered 100% after copay	\$80 Allowance	Every 12 Months
Frames*	Covered 100% after copay	\$45 Allowance	Every 24 Months
Contact Lenses <i>Elective**</i>	Covered 100% after copay	\$105 Allowance	Every 12 Months
Contact Lenses <i>Medically Necessary***</i>	Covered 100% after copay	\$210 Allowance	Every 12 Months
Lasik Surgery	Discounted rates available		

WEEKLY RATES

Contractor Only	\$1.85
Contractor + Spouse	\$3.24
Contractor + Children	\$5.50
Contractor + Full Family	\$5.50

*\$130 frame allowance on in-network frames

**Your \$105 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses

***Necessary contact lenses are determined at the providers discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with glasses; with certain conditions of anisometropics; with certain conditions of keratoconus. If your provider considers contacts necessary you should ask your provider to contact UHC Vision confirming reimbursement.

The following services and materials are excluded from coverage under the policy: Post cataract lenses; non-prescription items; medical or surgical treatment for eye disease that requires the service of a physician; services or materials that the patient, without cost, obtains from any governmental organization or program; services or materials that are not specifically covered by the policy; replacement or repair of lenses and/or frames that have been lost or broken; cosmetic extras, except as stated in the policy.

DISABILITY BENEFITS*

As an independent contractor, your ability to drive is vital to your financial stability. Disability insurance protects your paycheck if you are sick or injured (off the job) and unable to drive.

This policy does not cover any loss, fatal or non-fatal, which occurs as a result of:

- An internally self-inflicted injury while sane or insane;
- Any act of war, declared or undeclared; The insured's commission of a felony; The insured operating, learning to operate or having any duty in the operation of any device or vehicle intended or designed for flight in the air including boarding, alighting or descending therefrom;
- Accident or sickness arising out of or in the course of any occupation, either full-time or part-time, for wage or profit. This exclusion applies even if worker's compensation is not paid for the on-the-job injury;
- or An accident sustained or sickness contracted while in the service of the armed forces of any country.

Program Description

Benefit Levels	60% of monthly earnings up to \$5,000 per month
Benefit Period	12 months
Waiting Period	14 days accident (off the job) / 14 days sickness
Evidence of Insurability	Conditional Guaranteed Issue up to \$3,000 per month
Tax-Free Benefit	No Taxes Due on Benefits
Waiver of Premium Benefit	Premiums are covered after 90 consecutive days of total disability
Partial Disability Benefit	When recovering from a disability, if an insured can only return to work on a limited basis, TransAmerica will pay up to half of the monthly benefit starting the first day following the end of the total disability
Terminal Illness Rider	If a covered person is initially diagnosed with a terminal illness (12 months left to live) by a physician, on or after the effective date of the policy, 12 months of disability are paid in advance
Pre-Existing Condition	If a total disability is due to a pre-existing condition, there will be no disability benefits payable for that condition until the insured has been covered continuously for 12 months. A pre-existing condition is a sickness or injury that an insured has had treatment, incurred expense, took medication, or received diagnosis or advice from a physician during the prior 12 month period.

WEEKLY RATES

Your Monthly Benefit	Age 18-49	Age 50-59	Age 60+
\$1,200	\$11.96	\$14.90	\$23.38
\$1,500	\$14.95	\$18.62	\$27.97
\$2,000	\$19.94	\$24.83	\$37.29
\$2,500	\$24.92	\$31.04	\$46.62
\$3,000	\$29.91	\$37.25	\$55.94

**Product availability and costs may vary by state*



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CRITICAL ILLNESS INSURANCE*

Even the best health insurance coverage may not provide for day-to-day living expenses if you are faced with a serious illness like the ones listed below. This plan can help budget-conscious families who may not be able to withstand the financial shock of unexpected illness by providing lump sum payments for the initial diagnosis of a covered critical illness. Note: Depending on your state of residence you may have to have Major Medical insurance in order to apply for this plan - ask your UTBA representative for more information.

\$10,000 or \$20,000 Benefit (Guaranteed Issue Amount)

COVERED CRITICAL ILLNESS	PERCENTAGE OF BENEFIT
Heart Attack	100%
Stroke	100%
Life Threatening Cancer	100%
Major Organ Transplants	100%
End-Stage Renal Failure	100%
Blindness and/or Deafness	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%
BENEFITS	
Subsequent & Different Diagnosis Benefit (only for above listed illnesses)	100%
Coronary Artery Bypass Surgery	25%
Carcinoma in Situ	25%
Prostate Cancer with TNM Classification of T1	25%
Angioplasty	5%
Skin Cancer	5%
ADDITIONAL RIDERS	
Recurrent Critical Illness	50%
Critical Illness Screening	\$50

Dependent benefit is 50% of the primary insured. Lifetime Maximum Benefit: Total Benefits are limited to 3 times the Elected Amount.

\$10,000 Benefit

WEEKLY RATES:

Age	INDIVIDUAL		1 PARENT FAMILY		2 PARENT FAMILY	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
35	\$2.56	\$4.11	\$2.78	\$4.33	\$3.89	\$5.44
45	\$4.22	\$7.52	\$4.44	\$7.74	\$6.36	\$11.09
55	\$7.18	\$14.56	\$7.40	\$14.78	\$10.42	\$21.80

\$20,000 Benefit

WEEKLY RATES:

Age	INDIVIDUAL		1 PARENT FAMILY		2 PARENT FAMILY	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
35	\$4.20	\$7.29	\$4.47	\$7.56	\$6.22	\$9.31
45	\$7.52	\$14.12	\$7.79	\$14.39	\$11.16	\$20.62
55	\$13.43	\$28.20	\$13.70	\$28.47	\$19.28	\$42.04

*Product availability and costs may vary by state



ACCIDENT INSURANCE*

In the event of an accident, Accident Insurance pays benefits towards a variety of care and recovery treatments including the following:

Accidental Death and Dismemberment Rider:

- Common Carrier Accidental Death - \$60,000
- Automobile Accidental Death: \$30,000 - \$44,000
- Other Accidental Death - \$20,000
- Transportation of Remains - \$800
- Surviving Child Educational Benefit - \$1,600 (per year, up to 4 years, per child)
- Licensed Day Care Center - \$600
- Career Enhancement - \$1,600 (spouse survivor benefit, up to 4 years)

Accidental Dismemberment:

- One or more fingers and/or toes - \$1,000
- One eye, hand, foot, arm, or leg - \$4,000
- Two eyes, hand or feet - \$10,000
- Speech or hearing in both ears - \$10,000
- Two arms or two legs - \$10,000
- Speech and hearing in both ears - \$20,000
- Both arms and both legs - \$20,000

Accident Emergency Treatment:

- Accident Emergency Benefit - \$150
- Major Diagnostic Exam Benefit- \$240

Accident Hospital & ICU Income:

- Accident Hospital Income (payable up to 365 days per accident) - \$100
- Accident ICU Benefit - \$300

Burns:

- 2nd degree 25-35% of body \$420
- 2nd degree >35% of body - \$1,050
- 3rd degree, 6-10 square centimeters of body - \$1,050
- 3rd degree, 10-25 square centimeters of body - \$2,800
- 3rd degree, 25-35 square centimeters of body - \$6,300
- 3rd degree, >35 square centimeters of body - \$8,400

Dislocations:

(Open Reduction/Closed Reduction):

- Hip - \$4,800/\$1,620
- Knee or Shoulder - \$1,620/\$660
- Collar Bone - \$2,580/\$480
- Ankle or Foot (excl. toes) - \$1,620/\$480
- Lower Jaw - \$1,620/\$840
- Wrist or Elbow - \$1,320/\$660
- Toe or Finger - \$360/\$180

Emergency Dental Work:

- One or more broken teeth repaired with crowns - \$210
- One or more broken teeth resulting in extractions - \$56

Eye Injury:

- With surgical repair - \$280
- Non-surgical removal of foreign body- \$49

Follow-Up Visits and Physical Therapy

- Accident Follow-Up Benefit (Max 3 per accident) - \$50
- Physical Therapy Benefit (Max 10 per accident) - \$50

Fractures:

(Open Reduction/Closed Reductions):

- Coccyx - \$840/\$420
- Hand/foot/Wrist, Shoulder Blade, Foreman, Ankle, Elbow, Kneecap, Sternum or Lower Jaw - \$2,040/\$1,020
- Hip - \$6,000/\$2,040
- Leg - \$2,520/\$2,040
- Nose/Heel/Finger(s) - \$2,040/\$420
- Rib(s) - \$4,020/\$420
- Skull - \$3,240/\$1,200
- Toes - \$840/\$420
- Upper Jaw, upper Arm or Face (except Nose), Collar Bone - \$2,400/\$1,020
- Vertebrae - \$1,020/\$1,020
- Vertebral Processes - \$4,020/\$600

Initial Accident Hospitalization:

- Initial Accident Hospitalization - \$1,050
- Ambulance Benefit:
- Ground - \$210; Air - 1,050

Lacerations:

- Not requiring sutures - \$28
- Single lac < 7.5 cm - \$56
- Lacerations 7.6-20 cm - \$210
- Lacerations > 20 cm - \$420

Paralysis:

- Quadriplegia - \$10,500
- Paraplegia - \$ 5,250

Prosthetic Devices:

- One Prosthetic Device - \$525
- Two or more prosthetic Devices - \$1,050

Ruptured Discs and/or Torn Knee Cartilage:

- Shaved cartilage (debridement) or arthroscopic surgery with no repair - \$140
- Repair of One - \$350
- Repair of two or more - \$700

Tendons, Ligaments, and/or Rotator Cuffs:

- Arthroscopic surgery with no repair - \$140
- Repair of one - \$350
- Repair of two or more - \$700

Additional:

- Brain Concussion - \$140
- Coma - \$10,500
- Major Surgery - \$1,050
- Appliance - \$140
- Blood, Plasma, and Platelets - \$280
- Transportation - \$420
- Family Lodging - \$105

WEEKLY RATES

Individual	Individual + Child (ren)	Individual + Spouse	Family
\$3.38	\$4.45	\$5.26	\$6.51

*Product availability and costs may vary by state



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UNIVERSAL LIFE INSURANCE BENEFITS*

Universal Life (UL) allows you to feel good about the well-being of your family, knowing your life insurance death benefit will help them thrive financially in the event of your death. Help safeguard their futures with benefits that can assist with final expenses and their dependent care, living expenses or college tuition.

Additional Advantages:

Flexibility

You decide how much life insurance you need – and subject to certain requirements and limitations, you can adjust the death benefit and premium payments to fit your changing needs.

Security

You help protect your loved ones against possible financial hardship in the event of the insured's death.

Tax-Free Death Benefit

Under current tax laws governing individual life insurance, life insurance proceeds are generally income tax free to the beneficiary.

Waiver of Premium

While you receive chronic condition benefits under this rider, you don't have to make monthly premium payments.

Terminal Illness

"Tap into" life insurance in the event of a future terminal illness diagnosis and still provides a benefit for the beneficiary.

This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Program Description

Benefit Levels	Conditional Guaranteed issue up to \$150,000 on Contractor, \$25,000 on spouse, and \$10,000 term or \$25,000 universal life on children. Up to \$500,000 available with underwriting.
Evidence of Insurability	Conditional Guaranteed Issue
Chronic Condition Rider (Living Benefit Rider) with Extension of Benefits Rider and Paid-Up Insurance Benefit	<p>If certified chronically ill (severe memory or reasoning problems or if you can't perform at least two activities of daily living for yourself, such as dressing, bathing, eating, toileting, continence or moving from one activity to another), you can choose to accelerate your death benefit (receive part of it while still living) in one of two ways. If you choose a monthly accelerated benefit, you will be paid 4% of your life insurance death benefit each month until 100% of your benefit has been used--up to 25 months. If you choose a lump-sum accelerated benefit, you will be paid a one-time amount of 20% of your death benefit.</p> <p>The Extension of Benefits Rider will continue to pay you the monthly benefit of 4% of your death benefit for up to an additional 25 months for a total potential benefit of 50 months. With this rider, if you still require chronic condition care after 25 months, you automatically receive a fully paid death benefit of 25% of your death benefit amount, to be paid to your chosen beneficiary.</p>
Accidental Death Rider	In the event of an accidental death this policy would match the policy amount up to \$100,000, in addition to the life insurance benefit.
Cash Value Accumulation	This policy has a guaranteed interest rate of 3% with cash growing tax deferred.
Coverage Continuation	In case of an involuntary layoff this policy can protect the life insurance policy for up to 6 months.

WEEKLY RATES (for \$50,000 policy)

Age at Time of Purchase	Non-Tobacco	Tobacco	Estimated Cash Value at age 65 assuming 5.25% interest	
			Non-Tobacco	Tobacco
35	\$7.80	\$11.23	\$7,714	\$10,864
45	\$11.87	\$17.97	\$6,200	\$8,324
55	\$20.31	\$31.54	\$3,683	\$4,559

**Product availability and costs may vary by state*



TERM LIFE INSURANCE BENEFITS

TransSelect™ 20 Term Insurance with Critical Illness Rider

Term Life Insurance can help you protect your family's financial security in the event of death. In addition to life insurance protection, this unique policy also provides benefits that can help you and your loved ones financially cope with a critical or terminal illness while the policy holder is living.

Critical Illness

If diagnosed with a specified critical illness, this policy will provide an early payout of 25% of the face amount up to \$100,000.

Terminal Illness

If diagnosed with a qualifying terminal illness, the Terminal Illness Benefit provides an accelerated death benefit payout of up to 50% of your life insurance benefit, to a maximum of \$100,000. Plus, you get level premiums locked in for five years and optional coverage for your spouse and eligible dependent children.

BENEFITS	DESCRIPTION
Benefit Levels	Conditional Guarantee issue up to \$150,000 on Contractor, \$25,000 on spouse, and \$10,000 on children
Evidence of Insurability	Conditional Guarantee Issue
Policy Length	20 Year Term Life Policy
Critical Illness Rider	When diagnosed and certified by a physician as having one of five specified critical care conditions, you can receive an early, lump sum payment of up to 25% of your life insurance benefit. The five covered critical illnesses are heart attack, stroke, specified cancers, end-stage renal failure and major organ transplant surgery*
Terminal Illness Rider	If the insured is diagnosed with a qualifying terminal illness, the Terminal Illness Benefit provides an accelerated death benefit** payout of up to 50% of the life insurance policy amount up to a maximum of \$100,000
Waiver of Premium Rider	Protects you, your spouse and dependent child's life insurance coverage from lapsing for up to six months if you are totally disabled***

WEEKLY RATES (for \$50,000 policy)

Age at Time of Purchase	Non-Tobacco	Tobacco
25	\$2.76	\$3.75
30	\$3.44	\$4.54
35	\$4.45	\$5.75
40	\$6.06	\$8.73
45	\$7.98	\$13.02
50	\$9.28	\$17.24
55	\$14.11	\$24.17
60	\$20.21	\$35.03

Spouse rates are based on spouse's age. Children cost \$0.63 weekly per \$5,000 in benefit (regardless of number of children covered).

*The critical illness diagnosis must occur for the first time after a 30-day waiting period following the effective date of this critical illness coverage. If a spouse or eligible dependent child covered under this contract is diagnosed and certified as having one of the specified critical illnesses the contract owner, may receive an early payout of up to 25% of the life insurance death benefit. The balance of the coverage, if any, will be paid to the beneficiary upon the death of the insured.

**Accelerated Death Benefit for Terminal Illness not available in MA

***Waiver of Premium due to layoff or strike not available in CT, MA, MD, NJ, or TN

TransSelect 20 is a Group Term Life insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Premiums are guaranteed level for 5 years, and then premiums may increase annually starting in year 6. Limitations and exclusions may apply. Refer to the policy, certificate, and riders for complete details.

*Residents of AK, CO, FL, LA, MD, MN, MT, NY, OR, PA, SD, TX, UT, VT, WA are not eligible for this plan and should speak to their UTBA agent for others options.



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LEGAL COVERAGE

As an independent contractor, the good standing of your CDL determines your ability to earn a living. Don't take chances when it comes to legal matters that might jeopardize your career. For just a dollar per day you can enroll in legal coverage which provides covered drivers with legal representation for all moving, non-moving, DOT, and CSA violations.

Legal Benefit	Details	Cost
CDL Defender Business*	<ul style="list-style-type: none"> • Unsafe driving • Crash Indicator • Hours of Service Compliance • Business Law 	<ul style="list-style-type: none"> • Hazardous Materials Compliance • Driver Fitness • Vehicle Maintenance • DataQ Challenges
	<p>\$7.61 per week</p> <ul style="list-style-type: none"> • No Co-Pays • Higher up-front cost • Lower out-of-pocket expenses on covered citations 	
CDL Defender Co-Pay**	<ul style="list-style-type: none"> • Moving Violations (\$100) • Non-Moving & DOT Violations (\$100) • Administrative Hearings (\$250) • Major Accident Representation (25% Discount) 	<p>\$2.99 per week</p> <ul style="list-style-type: none"> • Co-Pays • Lower up-front cost • Higher out-of-pocket expenses on covered citations
	<p>Included in member cost</p> <ul style="list-style-type: none"> • Divorce • Child Support & Custody • Landlord/Tenant • Estate Planning/Creating a Will • Wage Garnishment • Bankruptcy • Immigration • Misdemeanors & Expungement • And Much More 	
Both Plans		

* CDL Defender: Pre-existing violations as well as non-CDL related, personal legal matters are covered with a no cost consultation and 33.3% discount. Discount on non-CDL personal legal matters extends to driver, spouse, and eligible dependent children. Coverage includes driver and spouse in their personal and professional vehicles, for moving, non-moving, and DOT violations including non-cited VERs. The motor carrier is represented when named on a covered citation.

** CDL Defender Co-Pay: Pre-existing violations as well as non-CDL related, personal legal matters are covered with a no cost consultation and 25% discount. Discount on non-CDL personal legal matters extends to driver and spouse. Coverage includes driver and spouse in their personal and professional vehicles. Co-pay does not include fines, court costs, or other incidentals relating to the legal matter. Co-pay required for each eligible citation.

All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.

Out-of-Network Reimbursement options available. Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.



Total Wellness

The Wellness Suite enhances the Defender plans by integrating services at no extra cost, supporting members in achieving overall legal and financial well-being.

- **Tax Coaching & Preparation:** Phone consultations and tax return preparation at a reduced rate.
- **Perks Program:** Discounts on travel, electronics, restaurants, and more.
- **Identity Theft Restoration Program:** Full-service restoration if your identity is stolen.
- **Financial Wellness Suite:** Access to a platform for financial advice and planning.
- **Legal Document Library & DIY Legal Forms:** DIY legal forms and documents.

Contact

For more information call 800-356-LAWS or visit www.uslegalservices.net

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EXCLUSIONS

HEALTH INDEMNITY EXCLUSIONS

1. No benefit is payable for a service that does not fit into one of the listed categories of benefits.
2. No benefits payable for any: equipment or appliances; prostheses; or supplies, except for those items described in the Daily Inpatient Miscellaneous Services and Supplies Indemnity Benefit or the Outpatient Prescription Drug Indemnity Benefit.
3. No benefits will be payable as the result of:
 - suicide or any attempt thereof, while sane or insane, or any intentionally self-inflicted bodily injury or Sickness
 - rest care or rehabilitative care and treatment
 - dental care or treatment unless due to Accidental Injury
 - cosmetic surgery, or, care or treatment solely for cosmetic purposes, or complications there from.*
 - routine newborn care, including routine nursery charges
 - voluntary abortion*
 - pregnancy of a Dependent child
 - participation in a riot, civil commotion, civil disobedience, or unlawful assembly.*
 - committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation; or
 - participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, or hang gliding
 - certain types of air travel.*
 - any Accident occurring while the Covered Person is intoxicated
 - sex changes
 - experimental treatments or surgery.*
 - the reversal of tubal ligation and vasectomies
 - artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services; or
 - treatment of exogenous obesity or weight control; gastric bypass procedure; or weight control services.*
 - venipuncture
 - an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization.*
 - Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit; or which qualifies for payment under Occupational Disease Law or similar law, whether or not application for such benefits has been made.*
 - Air or ground ambulance service
 - treatment received during a period of time that coverage is not in force with respect to the Covered Person
 - any treatment or surgery that is not medically necessary; unless excepted elsewhere in this Policy with respect to a non-emergency Hospital admission during which a surgical procedure is performed: Confinement, or services or treatment received more than 24 hours prior to admission
 - routine eye examinations, or the fitting of glasses or contact lenses
 - hearing examinations, or the fitting of hearing aids; or
 - dental examinations or dental care, other than that resulting from Accidental Injury; or
 - any service that does not fit into one of the categories of benefits listed in the Benefits section.
4. In addition to the Exclusions and Limitations above, the following benefits have exclusions and limitations no benefits specific to them*
 - Outpatient Physician Office Visit Indemnity Benefit - including, but not limited to, routine physicals exams
 - Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit - including, but not limited to, x-rays or labs in an outpatient surgical facility
 - Outpatient Prescription Drug Indemnity Benefit - including, but not limited to, infertility medication

DENTAL EXCLUSIONS

Covered Dental Expenses do not include and no benefits are provided for the following:

1. Services which are not included in the Schedule of Covered Dental Services and Procedures; which are not Necessary Services; or for which a charge would not have been made in the absences of insurance; and,
2. Any Service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by us; and,
3. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling; and,
4. Appliances, inlay, cast restorations, crown, or other laboratory prepared restorations used primarily for the purpose of splinting; and,
5. Any Service or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; and,
6. Any service provided primarily for cosmetic purposes. Facings on crowns or bridge units on molar teeth shall always be considered cosmetic; and,
7. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a Functioning Tooth extracted while the Person is insured under the Policy; and,
8. The initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a Functioning Natural Tooth extracted with the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland Bridge which is less than 7 years old. Benefits are payable only for the replacement of those teeth which were extracted while the Person was insured under the Policy; and,
9. Replacement of a partial denture, full denture or fixed partial denture (including a Maryland bridge) or the addition of teeth to a partial denture unless:
 - a. Replacement occurs at least 5 years after the initial date of insertion of the current full or partial denture; or,
 - b. Replacement occurs at least 7 years after the initial date of insertion of an existing fixed partial denture of Maryland bridge; or,
 - c. The replacement prosthesis or the addition of a tooth to a partial denture is required by the Necessary extraction of a Functioning Natural Tooth while the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland bridge that is less than 7 years old; or
 - d. The replacement is made Necessary by a Covered Dental Injury provided the replacement is completed within 6 months of the Injury. Chewing Injuries are not considered Covered Dental Injuries.
10. The replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations within 7 years of the date of insertion; and,
11. Replacement of a bridge, partial denture, full denture, crown, cast restoration, inlay, onlay or other laboratory prepared restoration which can be restored to function; and,
12. The replacement of teeth beyond the normal complement of 32; and,
13. Implant placement or removal and all Related Services; and,
14. Crown, fixed partial dentures and any dental prosthesis for placement on or supported by implants; and,
15. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the Insured Person's dental condition; and,
16. Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances; and,
17. Charges for travel time; transportation costs; or professional advice given on the phone; and,
18. Orthodontic treatment (unless the Policy includes the orthodontic expense rider); and,
19. Services that are a covered expense under any other plan that is provided by the Policyholder and for which You are eligible; and,
20. Services performed by a Dentist who is a member of the Insured Person's family. Insured Person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents; and,
21. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility; and,
22. Any charges in excess of the Usual, Customary and Reasonable charge for any covered dental Service or procedure; and,
23. Any charges for appointments not kept; and,
24. Any charges for completion of claim forms; and,
25. Any charges for services performed or started prior to the date the Insured Person became insured hereunder; or the charges incurred following termination of insurance; and,
26. Cost of Pharmaceuticals; and,
27. TMJ (Temporomandibular Joint) treatment or services or supplies rendered for full mouth reconstruction or vertical dimension correction unless the policy include the TMJ Expense Rider; and,
28. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature; and,
29. Services or supplies rendered for dietary planning for the control of dental caries, plaque or for oral hygiene instruction; and,
30. Services or supplies provided by or paid for any government or government employed Dental Practitioner, unless the Covered Person is a recipient of Medicaid and/or is legally required to pay for such Services or supplies; and,
31. Any treatment not prescribed by a dentist or physician or not performed by a Dental Practitioner; and,
32. Congenitally missing teeth unless a retained deciduous tooth is extracted while the person is insured; and,
33. Local anesthetic as a separate fee; and,
34. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per year; and,
35. Any charge for service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; committing or attempting to commit a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane; and,
36. Any charge for a service for which benefits are available under Workers' Compensation or an Occupational Disease Act or Law, if the Insured Person did not purchase the coverage that is available to Him/Her; and,
37. Any Service for which the Insured Person is not required to pay unless the payment of benefits is mandated by law and then only to the extent required by law; and,
38. Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures or any combination of these services.

*This is only a brief summary of exclusions and limitations; please consult policy for expanded descriptions.



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