

Personal Protection for Owner Operators

Limited Medical Insurance (Choice of 3 PPO plans through TransAmerica®):

Guaranteed Issue

First Dollar Coverage

Coverage Includes (calendar year maximums apply):

Office Visits	In-patient/Hospital Stays/Intensive Care
Wellness Visits	Group Term Life Insurance Policy
Diagnostic Services	Prescriptions: \$15 Generic Co-Pay
Anesthesia	Critical Illness
Inpatient & Outpatient Surgical	Accidental Injury

TransSmile® Dental:

BASIC

Type 1

Diagnostic & Preventative Services

Type 2

Basic Restorative Services

(\$500 maximum per person per, policy year)

PREFERRED

Type 1

Diagnostic & Preventative Services

Type 2

Basic Restorative Services

Type 3

Major Restorative Services

(12 month waiting period applies)

(\$1,000 maximum per person, per year)

Vision Plan through Davis Vision:

Examination	100% Paid – once every 12 months
Lenses	100% Paid – once every 12 months
Frames	100% Paid – once every 24 months
Examination Co-Pay	\$10
Materials Co-Pay	\$25

Covered Benefits Include:

	Participating Provider	Non-Participating Provider
Examination	100%	Up to \$40
Single Vision Lenses	100%	Up to \$40
Bifocal Lenses	100%	Up to \$60
Trifocal Lenses	100%	Up to \$80
Frames	100%	Up to \$45
Contact Lenses – Necessary	100%	Up to \$210
Contact Lenses - Elective	100%	Up to \$105

Short Term Disability through CAIC:

Guarantee Issue up to a benefit level of \$1,500/mo.

6 month disability period

14 day waiting period



Weekly Rates

(Based on 48 weeks)

TransAmerica Limited Medical

	Gold Plan Premium	Platinum Plan Premium	Diamond Plan Premium
Member Only	\$ 40.35	\$ 56.43	\$ 70.08
Member/Spouse	\$ 76.66	\$ 104.83	\$ 129.87
Member/Child(ren)	\$ 64.65	\$ 92.64	\$ 119.62
Family	\$ 97.98	\$ 139.75	\$ 178.20

TransSmile[®] Dental

	Basic Plan Premium	Preferred Plan Premium
Member Only	\$ 4.73	\$ 6.33
Member/Spouse	\$ 7.74	\$ 10.95
Member/Child(ren)	\$ 9.28	\$ 11.45
Family	\$ 13.15	\$ 17.02

Davis Vision

	Premium
Member Only	\$ 2.99
Member/Spouse	\$ 4.56
Member/Child(ren)	\$ 4.72
Family	\$ 6.60

Short Term Disability

Monthly Benefit Ages 18-69	Weekly Deduction
\$ 500	\$ 6.75
\$1,000	\$13.50
\$1,500	\$20.25
\$2,000	\$27.00
\$2,500	\$37.75
\$3,000	\$40.50

*Guarantee Issue up to a monthly benefit of \$1,500

Also Available:

Universal Life Insurance
Individual Major Medical Insurance
401k(i)
Accident Insurance
Pet Insurance

Visit www.crossroads.schneider.com for additional information.