

**An Insurance Program Available for**

# **The Transportation Industry**



Presented by:

## **Tigrett & Pennington, Inc.**

300 Jere Ford Memorial Hwy.

P.O. Box 784

Dyersburg, TN 38025

**A Freight Haulers of America Benefit Program**



**Guaranteed Acceptance  
Call 866-893-1168**



This brochure highlights some features of the policies offered but is not the insurance contract. Only the actual policies provisions control coverage. The Policies themselves set forth in detail, the right and obligations of both the insured and the insurance company. For a copy of the actual policies, please ask an enrollment counselor or write to Freight Haulers of America, Inc.

All products displayed here were designed for Freight Haulers of America and the Transportation Industry

## **Freight Haulers of America**

P.O. Box 784  
Dyersburg, TN 38025

Phone: (866)-893-1168  
Fax: (731)-285-0994

[www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)



Freight Haulers of America, Inc. is an Association established in the State of Tennessee pursuant to the provisions of T.C.A. 48-52-101-102 of the Tennessee Nonprofit Corporation Act.

**Eligible members consist of any person who is actively engaged in the profession of trucking, transportation, freight hauling, warehousing, logistics, or any other person interested in advancing the cause of said profession.**

Freight Haulers of America, Inc. has contracted with several A + Insurance companies and is the group master contract holder of certain group benefit insurance plans along with other member services. (See page 5 for a list of members services.) **All insurance plans are fully insured with A + rated national insurance companies.**

Interested parties will be required to join Freight Haulers of America, Inc. in order to participate in any member services. Membership fees are \$5.00 per week per member.



**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**



Dear Valued FHA Member,

We are pleased to announce that Freight Haulers of America is making available a complete voluntary benefits package to you and your family. After extensive market research, we are now able to give you the opportunity to obtain a comprehensive array of benefits, at an affordable price. If the contract with Your Company ends, coverage can be continued by paying premium direct with no increase in premium, for all benefits enclosed. Below is a summary of the benefits that will be available to you as a member on a pick and choose basis:

## **Choose Any Plan That is Important to You!**

**Select Benefit Medical Plan:** A Select Benefit Medical plan that has a nationwide network offering significant discounts and your benefits are assignable to your doctor or hospital. This plan has a True Prescription drug card with fully insured benefits. The Select Benefit Medical Plan is Guaranteed Issue with No Exclusions for Pre-Existing Conditions.

**Dental:** Coverage for preventative, restorative, and major restorative procedures is available.

**Vision:** Coverage for eye exams, lenses, frames, and contact lenses available.

**Term Life:** Guaranteed issue for members up to \$100,000. Guaranteed issue dependent coverage available also.

**Disability:** Protects your income in the event of Off the Job Accidents or Illnesses. Pre-Existing Exclusions Apply. See page 14 for More Information.

**Accident:** Provides benefits to decrease out-of-pocket expenses in the event you or your family members are injured in a variety of accidents. These benefits paid directly to you.

Sincerely,  
Freight Haulers of America, Inc.

**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**



# List of Member Services

**Fuel Card\*** – Members have access to the FleetOne OTR fuel program that gives them a convenient way to pay for business expenses. The FleetOne fuel management program is accepted in all Plus Network locations and, through Association membership, provides discounts on all transactions. The FleetOne fuel management program provides security, convenience, and flexibility and reduces administration cost with valuable reporting that lets members know exactly where your dollars are spent.

**Bridgestone/Firestone Tire Replacement\*** and emergency roadside assistance program through the Bridgestone/Firestone National Preferred Program.

**North American Fleet Services (NASF)\*** – Members participate in the 24/7 NAFS breakdown service which provides members with the confidence that if they experience a breakdown on the road, an emergency assistance hotline will be at their side.

**ProMiles\*** – Fleet Guard Filtration Discount.

**Online Permit Services\*** – Our easy to use online temporary Permit Services Program helps members obtain Fuel, Trip, and Oversize/Overweight permits.

**U.S.I.S. Drug & Alcohol Testing Program** gives members access to the leading drug and alcohol testing provider for the transportation industry.

*\*These services are provided by FleetOne.  
Additional credit applications and fees will apply.  
For more information call 866-517-2537.*



# Choice Plus for Freight

COVERAGE	DESCRIPTION
<p><b>PPO Network</b> www.multiplan.com</p>	<p>Member and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-rays and laboratory providers.</p>
<p><b>Outpatient Physician Office Visit</b> Indemnity Benefit</p>	<p>Maximum 6 visits per calendar year per covered insured</p>
<p><b>Daily In-Hospital Benefit</b></p>	<p>Benefit amount per 24 hours of hospital confinement maximum 30 day per confinement</p>
<p><b>Outpatient Diagnostic X-Ray &amp; Lab</b></p>	<p>Per testing day for test performed 3 day maximum test days per calendar year per insured</p>
<p><b>In-Hospital &amp; Surgical Addition Benefit</b></p>	<p>Additional benefit amount per confinement per insured. Maximum 1 confinement per calendar year per insured</p>
<p><b>* Additional In Hospital Accident Benefit</b></p>	<p>This benefit amount is paid when covered person is initially confined in a hospital 24 hours or more for covered accident</p>
<p><b>* Accident Hospital Income Benefit</b></p>	<p>If the insured requires hospital confinement for treatment of covered accident, this benefits will pay the selected daily amount up to 365 days, per covered accident</p>
<p><b>Surgical &amp; Anesthesia Benefit</b></p>	<p>Benefit amount based on surgery schedule; Up to \$2,500 per surgery. Anesthesia: Additional 20% of surgery benefit paid.</p>
<p><b>* Ambulance Benefit</b></p>	<p>If an insured suffers injuries in a covered accident and requires special treatment within 100 miles from the site of the accident or residence</p>
<p><b>* Emergency Room</b></p>	<p>If the insured receives treatment for a covered accident within 72 hours of the accident. Benefit paid one time per covered accident</p>

Rates include ALL insurance products combined to provide the above outlined s

\* Accident Select Benefits are payable for a COVERED ACCI

All benefits NOT marked \* ARE payable for sickness and accident. Limi

To enroll call: 1-866-893-1168 • www.freight haulers of america.com

# Haulers of America

500	750	1000
<b>INCLUDED</b>	<b>INCLUDED</b>	<b>INCLUDED</b>
<b>\$60</b>	<b>\$70</b>	<b>\$70</b>
<b>\$500</b>	<b>\$750</b>	<b>\$1,000</b>
<b>\$50</b>	<b>\$75</b>	<b>\$75</b>
<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>\$100/day</b>	<b>\$100/day</b>	<b>\$100/day</b>
<b>Up to \$2,500 20%</b>	<b>Up to \$2,500 20%</b>	<b>Up to \$2,500 20%</b>
<b>\$150 Ground / \$600 Air</b>	<b>\$150 Ground / \$600 Air</b>	<b>\$150 Ground / \$600 Air</b>
<b>\$100 Member &amp; SP \$70 Children</b>	<b>\$100 Member &amp; SP \$70 Children</b>	<b>\$100 Member &amp; SP \$70 Children</b>

chedule of benefits as well as certain non-insurance discounted services and fees.

DENT ONLY these benefits will NOT be payable for sickness.

ted Medical Plans not available in the following states: NY, ME, OR, WA.

*Benefit Plans continued on pages 8 & 9*

**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**



# Choice Plus for Freight

COVERAGE	DESCRIPTION
* Additional Specific Injury Accident	Benefit amount is paid for Dislocations, damaged tendons and ligaments, burns, ruptured disc, eye injury, fractures etc.
Critical Illness & Subsequent Critical Illness Benefit	Benefit per initial diagnosis of covered critical illness, also same amount on a subsequent and separate covered illness
* Physical Therapy Benefit	If a physician advises an insured to receive treatment from a physical therapist for a covered accident, the select benefit amount is paid for one treatment per day for up to 6 treatments per accident.
Wellness Indemnity Benefit	Benefit per visit for physical exam or certain diagnostic test Maximum 1 visit per calendar year per insured Well Child visits 4 per year: 0-12 months & 2 per year 12-24 months
* Additional Wellness Benefit	After 12 months of coverage the annual benefit amount paid for the insured or any one covered family member for routine exams or preventive testing
Term Life Insurance	Included
Prescription Drug Benefit <a href="http://www.idealscripts.com">www.idealscripts.com</a>	\$2,500 Individual Maximum Per Calendar Year \$5,000 Family Maximum Per Calendar Year
<b>Weekly Rates</b>	
<b>Member Only</b>	
<b>Member &amp; Spouse</b>	
<b>Member &amp; Children</b>	
<b>Family</b>	

Rates include ALL insurance products combined to provide the above outlined sc

\* Accident Select Benefits are payable for a COVERED ACCI

All benefits NOT marked \* ARE payable for sickness and accident. Limit

To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)

# Haulers of America cont.

500	750	1000
<b>\$30-\$2,000</b> <i>Scheduled per injury</i>	<b>\$30-\$2,000</b> <i>Scheduled per injury</i>	<b>\$30-\$2,000</b> <i>Scheduled per injury</i>
<b>N/A</b>	<b>\$5,000</b> <i>Lump sum amount</i>	<b>\$10,000</b> <i>Lump sum amount</i>
<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
<b>\$50</b>	<b>\$100</b>	<b>\$100</b>
<b>\$60</b>	<b>\$60</b>	<b>\$60</b>
<b>\$5,000 individual</b> <i>Spouse @ \$2,500</i> <i>Ch. \$2,500</i>	<b>\$25,000 individual</b> <i>Spouse @ \$10,000</i> <i>Ch. \$2,500</i>	<b>\$50,000 individual</b> <i>Spouse \$10,000</i> <i>Ch. \$2,500</i>
<b>\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule</b>	<b>\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule</b>	<b>\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule</b>
<b>\$44.34</b>	<b>\$58.16</b>	<b>\$66.82</b>
<b>\$67.45</b>	<b>\$87.44</b>	<b>\$112.03</b>
<b>\$68.97</b>	<b>\$91.59</b>	<b>\$106.17</b>
<b>\$84.45</b>	<b>\$118.03</b>	<b>\$138.74</b>

Schedule of benefits as well as certain non-insurance discounted services and fees.

DENT ONLY these benefits will NOT be payable for sickness.

ed Medical Plans not available in the following states: NY, ME, OR, WA.

To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)







# UNIVERSAL LIFE INSURANCE

## Benefit Levels

Member – \$5 to \$25 premium not to exceed \$150,000 or 5 times annual salary.

Spouse – up to \$7.00 not to exceed \$50,000.

**Level Premium** Your premium amount does NOT increase with age.

**Lifetime Coverage** You will be covered to age 98, with no reduction in coverage amount.

**Cash Value Accumulation** The policy builds with an interest rate that will never be less than 4.5%.

**Portable** If the contract with Your Company ends, coverage can be continued by paying premiums directly to the carrier with no increase in premium.

**Accidental Death Benefit** Provides an additional death benefit equal to 100% of base coverage if the insured person dies before age 70 as the result of an accident. Additional premium required.

**Waiver of Premium** If you are disabled for six months or more before the age of 60, your premium will be waived the entire time you are out of work. Additional premium required.

**Living Benefit** If a Member or spouse is diagnosed with a terminal illness expected to result in death within 12 months, 50% of the life benefit can be paid while living.

**Rates** Vary according to Tobacco/Non Tobacco, Age and Amount Selected.

*Call Enrollment Center 1-866-893-1168,  
And Start Saving \$ Down the Road!*

**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**



# TERM LIFE INSURANCE

**Benefit Level** \$100,000 **Guaranteed Issue for Member**

**Available for** \$25,000 **Guaranteed Issue for Spouse and**  
\$10,000 **Guaranteed Issue for Children**

Group Term Life Insurance is available to the member, spouse, and children during the eligibility period with NO Health Questions. Members can purchase up to \$100,000 Death Benefit regardless of prior medical conditions.

## CRITICAL ILLNESS INSURANCE

Pays a Lump Sum Benefit, based on the percentage of the face amount, upon diagnosis of one of 5 critical illnesses or events.

<b>Heart Attack</b>	<b>100%</b>	Coverage Amounts Available: Member – \$10,000-\$100,000 Spouse – \$5,000 to \$25,000 Child – \$5,000 (One rider covers all children)
<b>Stroke</b>	<b>100%</b>	
<b>Major Organ Transplant</b>	<b>100%</b>	
<b>Specified Cancers</b>	<b>100%</b>	
<b>End-Stage Renal Failure</b>	<b>100%</b>	
Age Guidelines		Available to full time Employees ages 16 – 69

**Rates for Term Life & Critical Illness vary according to Age, Sex, Tobacco Use, and coverage chosen!**

*Call Enrollment Center today 1-866-893-1168  
To see how you qualify for this  
Important & Valuable Coverage!*

**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**





# ACCIDENTAL DEATH & DISMEMBERMENT FOR MEMBER ONLY

---

**Benefit Levels**     \$10,000 Minimum  
                               \$250,000 Maximum or 10 times Annual Salary

---

**Covered Losses**

- Life
- Both Hands or Both Feet
- Sight of Both Eyes
- One Hand and One Foot
- Speech and Hearing
- One Hand or Foot and Sight of One Eye
- One Hand or One Foot
- Speech or Hearing
- Sight of One Eye
- Thumb and Index Finger

---

**Limitations and Exclusions**

- Intentionally self-inflicted injuries while sane or insane
- Suicide or any attempt at suicide
- War or any act of war, declared or undeclared
- Losses incurred while serving on full-time active duty in the armed forces
- Disease of the body
- Operating, learning to operate, or serving as a member of a crew of an aircraft
- Active participation in a riot
- Injury caused by or contributed directly or indirectly by the insured or their dependent being under the influence of a controlled substance
- An attempt to commit or commission of a crime under state or federal law
- Operating any vehicle while under the influence of alcohol, where the insured's or the insured's dependents blood alcohol level meets or exceeds the legal limits

---

<b>Weekly Rates</b>	\$50,000	\$0.87
	\$100,000	\$1.73
	\$250,000	\$4.33

**To enroll call: 1-866-893-1168 • [www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)**

# **Freight Haulers of America, Inc**

P.O. Box 784  
Dyersburg, TN 38025

**866-893-1168**



[www.freighthaulersofamerica.com](http://www.freighthaulersofamerica.com)