



STEP 2

**DENTAL, VISION, LIFE,
ACCIDENT, WAGE GUARD,
CRITICAL ILLNESS,
LEGAL SHIELD** For Commercial Drivers - CDLP

EAGLE KMC, LLC - DRIVER'S Non-Medical Benefit Plans





PHOENIX LOCATION



TUCSON LOCATION

In this Step you will be able to enroll in the following voluntary benefit programs through payroll deduction:

Securecare Dental - 2 Nationwide plan options Copay or PPO

Securecare Vision - The Davis Premier plan

UNUM - Term Life Insurance plan,
Accident, Wage Guard, Critical Illness

Legal Shield - Legal Shield (Commercial Drivers Legal Plan)

If you are currently enrolled in Washington National plans they will be automatically replaced with the corresponding UNUM plans now being offered through payroll deduction.

All Eligible Eagle Drivers Need to complete this Open enrollment process:

Enrollment begins Dec 18th.! Call the Eagle enrollment hotline at: **(866) 740-9710**

Review your current benefit options, Enroll or make changes if needed.

Your benefits advisor will be happy to schedule a more convenient time to call you back and complete your benefits review if necessary.

Call the Eagle Benefits enrollment hotline at: (866) 740-9710



PHOENIX LOCATION



TUCSON LOCATION

The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Section, contact Capitol Insurance Brokers, Inc. Jewel Gennaro at 602-944-8511

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

The **EAGLE KMC Enrollment call center will be open December 18th, 2017. Please review these coverages and complete your enrollment process by December 29th, 2017.**

Enrollment begins Dec 18th.! Call the Eagle enrollment hotline at: **(866) 740-9710**



JEFFREY Wm. GENNARO
PRESIDENT

Dental Renewal for:
EAGEL KMC LLC - 10006564

EMPLOYER RENEWAL SUMMARY		Current Plan		Renewal Plan		Current Plan		Renewal Plan	
		THE COPAY PLAN (MAC)		THE COPAY PLAN (MAC)		THE PPO PLAN (MAC)		THE PPO PLAN (MAC)	
		Network	Non-Network ²	Network	Non-Network ²	Network	Non-Network ²	Network	Non-Network ²
Office Visit Copay		\$0		\$0		\$0		\$0	
Type I Coverage		See Schedule 150		See Schedule 150		100%	80%	100%	80%
Type II Coverage						80%	60%	80%	60%
Type III Coverage						50%	40%	50%	40%
Endodontics & Periodontics		See Schedule 150		See Schedule 150		TYPE II		TYPE II	
Deductible		None		None		\$50 per person; \$150 per family - Calendar Yr TYPE II, III Services		\$50 per person; \$150 per family - Calendar Yr TYPE II, III Services	
Calendar Year Maximum		None		None		\$1,500		\$1,500	
Type I Waiting Period		None	None	None	None	None	None	None	None
Type II Waiting Period		None	None	None	None	None	None	None	None
Type III Waiting Period		None	12 months	None	12 months	None	None	None	None
Non-Network UCR/MAC		MAC		MAC		MAC		MAC	
Insured Orthodontic Coverage		Not Included		Not Included		50%, up to \$750/12 months; \$1,500 lifetime		50%, up to \$750/12 months; \$1,500 lifetime	
Insured Orthodontic Waiting Period		None		None		12 months		12 months	
Discounted Orthodontic Fee Program (Non-Insured)		Applicable	Not Applicable	Applicable	Not Applicable	Applicable	Not Applicable	Applicable	Not Applicable
Monthly Premium Rates	Employee	\$ 14.50	18	\$ 14.83	18	\$ 28.03	20	\$ 28.67	20
	EE + Spouse	\$ 27.70	6	\$ 28.34	6	\$ 53.26	4	\$ 54.48	4
	EE + Child(ren)	\$ 32.09	0	\$ 32.83	0	\$ 76.92	1	\$ 78.69	1
	EE + Family	\$ 41.56	3	\$ 42.52	3	\$ 99.63	4	\$ 101.92	4
Premium & Employee Plan Totals		\$ 551.88	27	\$ 564.57	27	\$ 1,249.08	29	\$ 1,277.81	29
SecureCare Dental Plan Code		1500		1500		2MCG		2MCG	

1 Non-Network benefits are paid on a Usual, Customary, and Reasonable (UCR) basis. The Employee is responsible for any non-network balance billing that may result.

2 Non-Network benefits are paid on a Maximum Allowable Charge (MAC) basis. The employee is responsible for any non-network balance billing that may result.

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental Benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.

For SecureCare Dental customer service, please call (602) 241-0914 (toll free at 1-888-429-0914), or visit www.securecaredental.com for additional contact information

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.

SecureCare Dental Plan Information

Eligibility for Enrollment

You may enroll yourself for coverage if you (1) are an active employee; (2) meet your employer's eligibility criteria (e.g., number of work hours, job classification); and (3) have completed any applicable waiting period for coverage.

An employee may also enroll (1) his/her lawful spouse; (2) his/her child (natural, legally-adopted, step, or foster) who is under age 26; (3) his/her grandchild who is under age 19, and whom the employee can claim as an exemption on his/her federal income tax return; and (4) his/her handicapped child or grandchild older than the maximum age limit, who receives at least 50% support and care from the employee.

Effective Date of Coverage

Your coverage will begin on the first day of the month following your completed enrollment, provided (1) you are Actively At Work on such date; and (2) your first premium has been paid by you, or on your behalf. (Actively At Work means you are performing all customary job duties of your occupation, at your usual place of employment [or would be able to do so if it is a regular paid vacation day, or a regular non-working day, provided you are at work on the last preceding regular work day].)

If you enroll for dependent coverage, such coverage will begin the same day your coverage begins. If you enroll for dependent coverage at a later date, coverage on such eligible dependent(s) will begin on the first day of the month following completed enrollment, and payment of premium. If a dependent is Disabled (hospital confined; or unable to perform the regular and customary activities of a person in good health, and of the same age) on the date their coverage is to begin, coverage on that dependent will be delayed until the first of the month coincident with, or next following, the date Disability no longer exists.

End of Coverage

Your coverage will end on the earliest of (1) the date the policy ends; (2) the date you enter the Armed Forces of any country; (3) the end of the month during which you cease eligibility; or (4) the end of the last period for which premium payment has been made by you or on your behalf.

Coverage on your dependents will end on the earliest of (1) the date your coverage ends; (2) the date your dependent no longer meets eligibility requirements; (3) the date your dependent enters the Armed Forces of any country; or (4) the end of the last period for which premium payment has been for dependent coverage.

Expenses Not Covered

No benefits are payable for, and any applicable Deductible amount may not be reduced by, any of the following:

- any service or supply (a) not listed as a Covered Service within the Schedule of Benefits, (b) payable under any medical expense plan, or (c) rendered by someone who is related to the covered person by blood, marriage, or adoption; or is normally a member of the covered person's household;
- any procedure (a) begun, but not completed; (b) begun before insurance begins; or (c) begun after insurance ends;
- any prosthetic appliance (a) for which the impression (for new or modified device) was made before insurance begins; (b) installed before insurance begins; or (c) finally installed or delivered more than 30 days after insurance ends;
- any treatment which is elective, or primarily cosmetic in nature, and/or not recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- any procedure that (a) is determined to be not Medically Necessary, (b) does not offer a favorable prognosis, (c) does not have uniform professional endorsement, or (d) is experimental in nature;
- the correction of congenital malformations, including anodontia and cleft palate;
- the replacement of lost, discarded, or stolen appliances; or any duplicate device or appliance;
- cast restorations, inlays, onlays, and crowns for teeth that are not broken down by extensive decay or accidental injury, or for teeth that can be restored by other means (such as an amalgam or composite filling);
- restoration of third molars, except fillings;
- crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
- replacement of (a) bridges, (b) full or partial dentures, (c) crowns, inlays or onlays, or (d) occlusal guards (night guards, except for bruxism); unless such item is more than five years old and cannot be made serviceable;
- appliances, services, or procedures relating to: (a) the change or maintenance of vertical dimension; (b) correction of attrition, abrasion, erosion, or abfraction; (c) bite registration; (d) bite analysis; or (e) splints, other than provisional splints;
- Procedures related to implants (other than what is listed as covered in COVERED DENTAL SERVICES, CLASS/TYPE III

Major Services, item 11.), and any complications as of the result of implants; removal of implants; precision or semi-precision attachments; denture duplication; overdentures and surgery; or other customized services or attachments services provided for any type of (a) temporomandibular joint (TMJ) dysfunction; (b) muscular or skeletal deficiencies involving TMJ or related structures; or (c) myofascial pain;

- orthognathic surgery;
- orthodontic treatment, unless stated otherwise;
- treatment of malignancies;
- general anesthesia and intravenous sedation (regardless of the age of the patient), except in conjunction with covered oral surgery procedures;
- hospital services, or services of anesthetists or anesthesiologists;
- prescribed drugs;
- any instruction for diet, plaque control, or oral hygiene;
- dental disease, defect, or injury caused by a declared or undeclared war, or any act of war;
- charges for failure to keep a scheduled visit, or for the completion of any claim forms;
- expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No Fault" coverage);
- expenses provided, or paid for, by any governmental program or law, except as to charges which the person is legally required to pay;
- services for which there would be no charge in the absence of insurance, or for any service or treatment provided without charge;
- Interpretation of a diagnostic image by a practitioner not associated with the capture.

Coordination of Benefits

Other coverage you have may affect benefits payable under the policy, to ensure that the total benefits from all plans will not exceed 100% of eligible expenses.

Administered by:

Southwest Preferred Dental Organization

Underwritten by:

**American National Life Insurance Company of Texas
Galveston, TX**

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just visit us at www.securecarevision.com and click "Look for a Vision Provider" to locate a provider near you including:

E



Monthly Premium	Premier Plan
Employee	\$ 6.63
Employee plus Spouse	\$ 12.16
Employee plus Children	\$ 11.24
Employee plus Family	\$ 17.37
Vision Plan Code	V103

Select "Enroll" through the Easy Enroll online portal.

For more information about the plan, visit us at www.securecarevision.com or call:

1 (888) 429-0914.

Insured and Underwritten by:
American National Life Insurance Company of Texas
Galveston, Texas

SC-Vis-P-0814-SB.24012.0814

Group: **EAGLE KMC, LLC**

Effective Date: **February 1ST, 2018**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full after \$10 copayment	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$10 copayment	
Frames	Every 24 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$225), OR \$150 retail allowance toward any frame from provider, plus 20% off balance ²	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months,Collection Contacts: Covered in full after \$10 copay, OR Non Collection Contacts: Standard Contacts: Covered in full after \$10 copay Specialty Contacts ³ : \$60 allowance with 15% off balance ² after \$10 copay	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without SecureCare	With SecureCare
Scratch-Resistant Coating	\$ 40	\$ 0
Polycarbonate Lenses	\$ 64	\$ 0 ⁴
Standard Anti-Reflective (AR) Coating	\$ 62	\$ 35
Standard Progressives (no-line bifocal)	\$ 154	\$ 0
Plastic Photosensitive (Transitions ^{®/5})	\$ 123	\$ 65

Lower costs and more benefits! See the savings!

Service	Without SecureCare	With SecureCare
Eye Examination	\$ 100	\$ 10
Lenses		
Bifocals	\$ 80	\$ 10
Scratch-Resistant Coating	\$ 40	\$ 0
Transitions ^{®/5}	\$ 123	\$ 65
Frame	\$ 150	\$ 0
Total	\$ 493	\$ 85

Savings up to:
\$408

1/ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Davis Vision is the national eyecare network used by SecureCare Vision.

2/ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

3/ Including, but not limited to toric, multifocal and gas permeable contact lenses.

4/ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

5/ Transitions[®] is a registered trademark of Transitions Optical Inc.

6/ Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member.

SecureCare Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with SecureCare Vision, the terms of the contract or insurance policy will prevail. 5/25/14

SECURECARE VISION

PLANS OFFER

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Replacement contacts through LENS123® mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact SecureCare Vision

For more details about the plan visit us at: www.securecarevision.com or call:

1 (888) 429-0914.

ADDITIONAL OPTIONS	WITHOUT SecureCare	WITH SecureCare
FRAMES		
Fashion Frame (from Davis Vision Collection)	\$ 125	\$ 0
Designer Frame (from Davis Vision Collection)	\$ 175	\$ 0
Premier Frame (from Davis Vision Collection)	\$ 225	\$ 0
LENSES		
All Ranges of Prescriptions and Sizes	\$ 90	\$ 0
Plastic Lenses	\$ 33	\$ 0
Oversized Lenses	\$ 20	\$ 0
Tinting of Plastic Lenses	\$ 20	\$ 0
Scratch-Resistant Coating	\$ 40	\$ 0
Polycarbonate Lenses	\$ 64	\$ 0 ¹
Ultraviolet Coating	\$ 28	\$ 0
Standard Anti-Reflective (AR) Coating	\$ 62	\$ 35
Premium AR Coating	\$ 80	\$ 48
Ultra AR Coating	\$ 113	\$ 60
Standard Progressive Addition Lenses	\$ 154	\$ 0
Premium Progressives (Varilux® ^{1/2} , etc.)	\$ 248	\$ 40
Ultra Progressives (Varilux® ^{1/2} , etc.)	\$ 430	\$ 90
High-Index Lenses	\$ 120	\$ 55
Polarized Lenses	\$ 103	\$ 75
Plastic Photosensitive Lenses	\$ 123	\$ 65
Scratch Protection Plan (Single vision Multifocal lenses)		\$ 20 \$ 40

^{1/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

^{2/} Varilux® is a registered trademark of Societe Essilor International

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Out-of-network Reimbursement Schedule
<p>Eye Examination up to \$40 Frame up to \$50</p> <p>Spectacle Lenses (per pair) up to:</p> <p>Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100</p> <p>Elective Contacts up to \$105, Medically Necessary Contacts up to \$225</p>

Insured and Underwritten by:

American National Life Insurance Company of Texas
Galveston, Texas

DAVIS VISION
EYECARE REFRAMED™

UNUM

VOLUNTARY BENEFITS

Accident

24-Hour coverage protects you on and off-the-job for any accidents you seek medical treatment for. Plans pays you a scheduled amount for an Emergency Room visit, Doctor Visit or Urgent Care visit and procedures done to treat you for a covered accident. Helps to pay for deductible and coinsurance out-of-pocket expenses. (See your benefit summary for specific details). Should you ever leave your employment, you may take this plan with you, usually at the same rates.

Disability Insurance

Paycheck Insurance— Starts paying you a paycheck once your physician declares you disabled from a sickness, injury or maternity leave. There is a choice of either a 7 day elimination period or 14 day elimination period. The elimination period is the period of time you must be disabled before benefits are paid out. As long as you are considered disabled by your physician you may receive benefits for up to 3 months. Should you ever leave your employment, you may take this plan with you, usually at the same rates. (See your benefit summary for specific details).

Critical Illness

Coverage for Heart-Stroke-Cancer and Other Critical Illnesses that pay you a lump-sum benefit when you are diagnosed with a Heart-Attack, Stroke, Internal Cancer and other illnesses. Dependent children are automatically covered at 50% of your benefit amount. Should you ever leave your employment, you may take this plan with you, usually at the same rates. (Please see your benefit summary for specific details).

Voluntary Life Insurance

Additional Life Insurance helps protect you and your family in the event of your death and helps to pay for funeral expenses, mortgages, final expenses, college funds and allows your family time to make decisions about their future. Should you ever leave your employment, you may take this plan with you, usually at the same rates. Family coverage is available for your dependent spouse and children.

Lock in your coverage: If you enroll in at least \$10,000 of coverage, you may increase your coverage up to guaranteed issue amount at a future enrollment without answering medical questions.

Should you ever leave your employment, you may take this plan with you, usually at the same rates. (Please see your benefit summary for specific details).

Legal Shield

Unexpected legal questions arise every day, and with LegalShield on your side, you'll have access to a quality law firm for covered personal situations, even 24/7 for emergency situations, no matter how traumatic or how trivial they may seem. Because our dedicated law firms are prepaid, their sole focus is to serve you, rather than bill you.

Enrollment Hotline
(866) 740-9710
Open December 18th
to December 29th

EasyEnroll



STEP 2 Open Enrollment Instructions

All Eligible Eagle Drivers Need to complete this Open enrollment process:

The EAGLE Benefits Enrollment call center will be open December 18th, 2017. Please review these coverages and complete your enrollment process by December 29th, 2017.

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