

TERMINAL 519

NORTH AMERICAN ***AUTO TRANSPORTATION***

Owner-Driver Overview

Terminal 519 – Wentzville, MO

Qualifications

- CSA violations, driving record, and background check will be reviewed upon submitting an application for employment.
 - Application link:
<https://intelliapp.driverapponline.com/c/jackcooperoo>
- No more than a combination of 3 moving violations/at-fault accidents within 3 years from the date of application.
- Must have 1 year of high-capacity car haul experience.

Equipment

- Equipment must be DOT-compliant.
- Photos of equipment required with application.
- Equipment will be subject to inspection by our maintenance facilities.
- Auto haul trailer must have the ability to haul at least 7 units (7 car carrier or larger).

Pay

- 80% of gross load pay.
- 100% fuel surcharge is paid to the owner-driver.
- All major deductions come out of the monthly truck check (fuel, CLC, insurance, medical, pension, maintenance etc).

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Insurance Requirements

- Non-trucking liability coverage of 1M limit.
 - Driver Owner can source their own non-trucking policy or opt into the Company's.
- Comprehensive auto liability and commercial general liability (ALGL) are provided by the company and charged back to the Driver-Owner.
 - This is not optional. Will be covered under the Company's policy.
- Physical damage is at the discretion of driver-owner.
- Employee has the option to provide all insurance if it meets company guidelines.

Lanes

- Home terminal is based out of Wentzville,MO.
- Covering Mid-West.

General Information

- You will be operating under North American Auto Transport's authority.
- Contract applies to one single driver, no team drivers.
- Teamsters Union.
- Eligible for company fuel discounts.
 - Company provided fuel card.
- Company provided CLC card for hotel discounts.
- Access to company discounts for repairs/maintenance.
- Driver-owner **must** opt into pension and health benefits. (Copy of medical plan shown below)
 - Benefits are effective on day 1 past your 30-day probationary period. The carrier is Blue Cross Blue Shield.
- Escrow accounts maintained for maintenance and damage.
- Licensing is covered up front by the company and charged back to the driver-owner. Must use company-provided plates.
- All deductions for fuel, hotels, maintenance, insurance, health benefits, etc., are deducted from the monthly truck check. The only expenses coming out of the weekly driver's check will be taxes and union dues.
- Signed lease is good for one year.

| PLAN BENEFIT LIMIT (ANNUAL) | PLAN DEDUCTIBLE (ANNUAL) | MEDICAL OUT-OF-POCKET EXPENSE LIMIT (ANNUAL) |
|---|--|--|
| None | \$200 per Individual \$400 per Family | \$1,000 per Individual \$2,000 per Family |
| TEAMCARE PPO OFFICE VISIT | OUT-OF-NETWORK PENALTY | |
| \$20 copayment for in-network office visit (Plan Deductible does not apply) | For non-emergency medical care, your cost is 10% greater than an in-network provider plus all charges above Reasonable and Customary and the loss of TeamCare Family Protection Benefit. | |
| MEDICAL PLAN BENEFITS | <i>For further information, including a full Summary Plan Description (SPD), visit our website at MyTeamCare.org.</i> | |
| TeamCare Wellness A TeamCare Physician must be used. | ◆ Wellness benefits are payable at 100% of covered charges. PPO office visit copayment does not apply. | |
| Teladoc Telemedicine Benefit Teladoc.com/TeamCare 800-TELADOC (835-2362) | ◆ Teladoc provides 24/7 access to doctors by phone or video for a variety of services, including general medical conditions, dermatology and behavioral health at no cost (\$0 copay). Plan Deductible does not apply. | |
| CVS MinuteClinic CVS.com/MinuteClinic 866-389-ASAP (2727) | ◆ MinuteClinic is a walk-in facility within certain CVS and Target stores that provides treatment for general medical conditions, minor injuries and illnesses, health screenings and routine vaccinations at no cost (\$0 copay). Plan Deductible does not apply. | |
| Hospital Expense Benefit | ◆ After Plan Deductible, 100% of covered charges. | |
| Surgical and Maternity Benefit | ◆ After Plan Deductible, 100% of covered charges. | |
| Ambulance Service Benefit | ◆ After Plan Deductible, 100% of covered charges subject to medical necessity review. | |
| Outpatient Accidental Bodily Injury Benefit | ◆ After Plan Deductible, 100% on the first day of treatment for accidental injury; 80% for all other services. | |
| Lab Benefit 800-646-7788 labcard.com | ◆ The TeamCare Lab Benefit is a voluntary program that covers lab testing at 100% (Plan Deductible does not apply) provided the Physician submits the requisition through Quest LabCard. If a Physician does not submit specimens through Quest LabCard, simply visit a Quest LabCard collection site. If you do not use the TeamCare Lab Benefit, after Plan Deductible the outpatient lab benefit is 80%; then 100% after Medical Out-of-Pocket Expense Limit is met. | |
| Imaging Benefit To schedule a service call 877-674-0674 | ◆ The TeamCare Imaging Benefit is a voluntary program that covers MRI, CT, and PET scans at 100% (Plan Deductible does not apply) provided that the scans are scheduled directly through USIN. If you do not use the TeamCare Imaging Benefit, after Plan Deductible the outpatient imaging benefit (including x-rays) is paid under Major Medical at 80%; then 100% after Medical Out-of-Pocket Expense Limit is met. | |
| Outpatient Cancer Treatment Benefit | ◆ After Plan Deductible, 100% of covered charges for outpatient nuclear therapy, radiation therapy, chemotherapy, x-ray and lab procedures for the treatment of cancer. If treatment is provided in a doctor's office, a \$20 TeamCare office visit copayment is due. | |
| Hearing Aid Benefit | ◆ After Plan Deductible, 100% of covered charges to a maximum of \$1,000 per ear (\$2,000 total) every 36 months. The Medical Out-of-Pocket Expense Limit does not apply. | |
| Chiropractic Benefit | ◆ After Plan Deductible, 80% of covered charges to a maximum \$1,000 per person per calendar year. The Medical Out-of-Pocket Expense Limit does not apply. | |
| Behavioral Health Benefits – Inpatient | ◆ Facility: After Plan Deductible, 100% of covered charges. Physician: After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met. | |
| Behavioral Health Benefits – Outpatient | ◆ \$20 copayment for in-network office visit (Plan Deductible does not apply). Otherwise, after Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met. | |
| Major Medical Benefit | ◆ After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met. | |