



## Welcome to Swift Transportation

Swift Transportation provides employees with medical coverage through Blue Cross Blue Shield of Arizona, prescription coverage through CVS Caremark, Delta Dental and VSP vision coverage. Residents of California will also have the option of electing Kaiser Permanente for medical and prescription coverage.

You can learn about the benefit plans offered by visiting the Benefits page on the Transmission portal and the benefits packet that will be mailed to your home.

### When to enroll

You're eligible for benefits if you are a current full-time employee scheduled to work at least 30 hours per week. You must enroll prior to your benefits effective date. Your benefits effective date depends on your hire or rehire date.

- Your benefit effective date is the 1<sup>st</sup> of the month following 30 days of service.

Your enrollment deadline will be listed on the cover sheet included in the benefits packet that will be mailed to your home. You will also be able to review your enrollment deadline when you log on to [swift.benefitsnow.com](https://swift.benefitsnow.com).

### How to Enroll

- Online: [swift.benefitsnow.com](https://swift.benefitsnow.com).
- Phone: 1-844-577-4333. M-F, 8:00 a.m. and 6:00 p.m. ET (except national holidays).

### Enroll in your 2024 benefits at:

**[swift.benefitsnow.com](https://swift.benefitsnow.com)**

On your first visit, click **New User?** Then follow the steps to set up a username and password.



### Swift offers programs and rewards for improving your health & well-being.

Reduce your Swift medical premium by:

- Participating in our Swift Wellness GPS Program. Register at [webmdhealth.com/swift](https://webmdhealth.com/swift) or app *Wellness at Your Side* using code **Swift**
- Being tobacco-free (credit of \$21 per week off medical premium).

Available to all employees and family members:

- Free confidential counseling and other services through the Employee Assistance Program (EAP). To get started, call 888-76-SWIFT.

To find out if your doctors are in network, or how your prescriptions are covered, contact the carriers below or go to their websites:

#### Blue Cross Blue Shield of AZ (Medical)

- 1-844-817-4117 (pre enrollment)
- 1-855-845-1883(post enrollment)
- [azblue.com](https://azblue.com)

#### CVS Caremark (Prescription Drug)

- 1-855-305-3016
- [Caremark.com](https://caremark.com)

#### Delta Dental

- 1-888-651-3029
- [www.deltadentalaz.com](https://www.deltadentalaz.com)

#### Kaiser Permanente (CA residents only)

- 1-800-464-4000  
Northern CA: Reference group number 606416  
Southern CA: Reference group number 234551
- [select.kp.org/swift](https://select.kp.org/swift)

#### VSP Vision

- 1-800-877-7195
- [www.vsp.com](https://www.vsp.com)

## Life and accident insurance

For all full-time employees, Swift provides basic life and accidental death and dismemberment (AD&D) insurance coverage through The Hartford at no cost to you. You'll need to designate a beneficiary regardless if you enroll in any other plans. **It's best to enroll in these plans as a new hire when you are not required to complete a medical questionnaire to obtain coverage.**

## Disability insurance

Short- and long-term disability insurance can replace a portion of your income if you're disabled and unable to work for extended periods. **It's best to enroll in these plans as a new hire when no medical questions are asked to obtain coverage.**

## Voluntary benefits

You have the option to purchase Critical Illness, Hospital Indemnity, and Accident Insurance. You'll find information about coverage when you enroll online.

## Employee Assistance Program (EAP)

24/7 Services include up to six free and confidential phone or online counselling sessions per issue per year. This service helps with personal, financial, and legal issues as well as other resources to help you manage your life. To get started, call 1-888-76-SWIFT or visit [guidanceresources.com](http://guidanceresources.com) and use company ID ST1219.

## 401(k) Retirement Plan

- We will automatically deduct 3% of your eligible pay on a pre-tax basis and deposit it into a 401(k)-retirement account.
- If you are a rehire who previously had 90 days of service, your 401(k) deferrals will automatically start deducting from your paycheck immediately.
- Then in January each year, your current pre-tax contributions will be automatically increased by 1% until they reach 10%.

You can access your account and make changes at any time online at **principal.com** or by calling Principal Financial Group at **1-800-547-7754**.

You'll earn a vested interest in the Employer match contributions as follows:

Years of Vesting	Vested Interest
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Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

The match formula is the greater of 100% of the first 3% of eligible pay you defer or up to \$2,000.

**Note:** The vesting schedule above reflects the amount of time you must work for the company before any employer contributions to your 401(k) are 100% yours.

## Employee Stock Purchase Plan (ESPP)

The ESPP gives you the opportunity to purchase company stock at a discount and share in the potential growth and success of Swift Transportation. You will receive a notification when you are eligible to enroll.

## Estate Planning

Funeral and will preparation services are available to help you and your family simplify your lives and save money. Visit [www.estateguidance.com](http://www.estateguidance.com) using code WILLHLF to learn more.

## Travel Assistance and Identity Theft

Provides pre-trip information, emergency, and medical or personal assistance services while traveling. Call 800-243-6108 with Travel Assistance ID number GLD-09012 and policy number 402888. In addition, the Identity Theft Assistance service provides advice and help with administrative tasks resulting from identity theft. Dial 1-800-243-6108 to utilize this service.

## 2024 Benefits Costs

### MEDICAL, DENTAL, & VISION

Plan Design	Coverage	Weekly Paycheck Contributions			
		Blue Cross Blue Shield of AZ	Kaiser (CA Residents Only)	Delta Dental	VSP Vision
Value	Employee Only	\$54.23	\$51.86	\$3.40	\$0.22
	Employee+Spouse	\$109.33	\$100.88	\$7.14	\$0.54
	Employee+Child(ren)	\$77.63	\$71.30	\$8.51	\$0.41
	Employee+Family	\$116.31	\$106.68	\$12.25	\$0.72
Core	Employee Only	\$79.05	\$71.39	\$6.42	\$0.78
	Employee+Spouse	\$170.62	\$148.68	\$13.41	\$1.88
	Employee+Child(ren)	\$123.61	\$107.14	\$16.08	\$1.41
	Employee+Family	\$197.01	\$169.86	\$23.11	\$2.51
Premium	Employee Only	\$117.00	\$95.36	\$10.63	\$1.70
	Employee+Spouse	\$264.97	\$207.04	\$22.33	\$4.07
	Employee+Child(ren)	\$194.36	\$150.92	\$26.58	\$3.05
	Employee+Family	\$320.87	\$247.19	\$38.28	\$5.43

\*Note: A spousal surcharge of \$23.08 per week will be applied to the medical premium if you confirm your spouse is eligible for coverage outside of Swift at the time you enroll. Tobacco free employees will receive a credit of \$21 per week.

## DISABILITY BENEFITS

### SHORT-TERM DISABILITY OPTIONS

	<u>Weekly Cost</u>
\$250 (your average weekly pay must be at least \$417)	\$7.07
\$400 (your average weekly pay must be at least \$677)	\$11.49
\$550 (your average weekly pay must be at least \$917)	\$12.81
\$750 (your average weekly pay must be at least \$1,250)	\$14.29
\$1,000 (your average weekly pay must be at least \$1,667)	\$16.62

**Note:** A personal health application must be completed and approved by the insurance carrier for any election or increase after your new hire enrollment in STD coverage. This is a short medical questionnaire to validate your good health. This questionnaire will be sent to you after you enroll. Coverage is subject to pre-existing condition limits\*

### LONG-TERM DISABILITY OPTIONS

	<u>Weekly Cost</u>
\$1,100 (your average monthly pay must be at least \$1,833)	\$2.18
\$1,800 (your average monthly pay must be at least \$3,000)	\$3.82
\$2,500 (your average monthly pay must be at least \$4,167)	\$4.31
\$3,500 (your average monthly pay must be at least \$5,833)	\$5.68
\$5,000 (your average monthly pay must be at least \$8,333)	\$7.85
\$7,500 (your average monthly pay must be at least \$12,500)	\$8.33
10,000 (your average monthly pay must be at least \$16,667)	\$17.86

**Note:** A personal health application must be completed and approved by the insurance carrier for any elections or increases of more than one level made after your new hire enrollment in LTD coverage. This is a short medical questionnaire to validate your good health. This questionnaire will be sent to you after you enroll. Coverage is subject to pre-existing condition limits\*.

**Pre-Existing Conditions:** An illness, injury, or pregnancy related condition for which you were diagnosed, treated; or received medical treatment or; taken prescribed medications during the 3 month period prior to your effective date of coverage. After you have been insured for 12 consecutive months - pre-existing condition clause will not apply.

## LIFE INSURANCE AND VOLUNTARY BENEFITS

### SUPPLEMENTAL LIFE INSURANCE

(Available in \$50,000 increments from \$50,000 to \$300,000)

<u>Age</u>	<u>Cost per \$1,000 of Coverage</u>	<u>Age</u>	<u>Cost per \$1,000 of Coverage</u>
<25	\$0.02	≥ 50 < 55	\$0.13
≥ 25 < 30	\$0.02	≥ 55 < 60	\$0.21
≥ 30 < 35	\$0.02	≥ 60 < 65	\$0.36
≥ 35 < 40	\$0.03	≥ 65 < 70	\$0.62
≥ 40 < 45	\$0.05	≥ 70 < 75	\$1.13
≥ 45 < 50	\$0.08	≥ 75	\$2.17
Decline Coverage	\$0.00		

**Note:** A personal health application must be completed and approved by the insurance carrier for any elections or increases of more than \$350,000 combined basic and supplemental life insurance coverage made after your new hire election. This is a short medical questionnaire to validate your good health. This questionnaire will be sent to you after you enroll. Any elections or increases of more than one level in coverage of supplemental life insurance made after your new hire enrollment, will require a personal health application.

### SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

(maximum benefit cannot exceed 10x your salary)

Employee Only

Employee +  
Family

\$100,000	\$1.04	\$1.34
\$200,000	\$2.08	\$2.68
\$300,000	\$3.12	\$4.02
\$400,000	\$4.15	\$5.35
\$500,000	\$5.19	\$6.69

#### **SUPPLEMENTAL SPOUSE LIFE INSURANCE**

#### **Weekly Cost**

\$5,000	\$0.29
\$10,000	\$0.59
\$15,000	\$0.88
\$20,000	\$1.17
\$25,000	\$1.47

**Note:** A personal health application must be completed and approved by the insurance carrier for any elections or increases for coverage that exceed \$10,000. This is a short medical questionnaire to validate your good health. This questionnaire will be sent to you after you enroll.

#### **SUPPLEMENTAL CHILD LIFE INSURANCE**

#### **Weekly Cost**

Supplemental Child Life \$2,000	\$0.07
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**Note:** A medical questionnaire is not required to obtain coverage for children.

#### **Voluntary Benefits**

	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Accident Insurance **	\$3.75	\$7.04	\$7.66	\$9.32
Hospital Indemnity**	\$6.45	\$11.64	\$10.72	\$15.66
Critical Illness**	\$5.82	\$8.67	\$5.93	\$8.78

\*\*This is not an ERISA plan. It is not sponsored, maintained, endorsed nor recommended by Swift. Swift Transportation merely makes payroll deductions available to pay the premiums.