

2026 Benefit Costs
(Bi-weekly employees multiply below rates x2)

Medical, Dental, Vision

		Weekly Paycheck Contributions			
Plan Design	Coverage	Credence Blue Cross & Blue Shield	Kaiser (CA Residents Only)	Delta Dental	VSP Vision
Value	Employee Only	\$57.62	\$54.34	\$3.40	\$0.22
	Employee+Spouse	\$121.42	\$109.70	\$7.14	\$0.54
	Employee+Child(ren)	\$86.69	\$77.91	\$8.51	\$0.41
	Employee+Family	\$130.09	\$116.73	\$12.25	\$0.72
Core	Employee Only	\$87.17	\$78.02	\$6.42	\$0.78
	Employee+Spouse	\$193.88	\$167.66	\$13.41	\$1.88
	Employee+Child(ren)	\$141.05	\$121.38	\$16.08	\$1.41
	Employee+Family	\$225.79	\$193.35	\$23.11	\$2.51
Premium	Employee Only	\$133.06	\$107.09	\$10.63	\$1.70
	Employee+Spouse	\$307.96	\$238.44	\$22.33	\$4.07
	Employee+Child(ren)	\$226.60	\$174.47	\$26.58	\$3.05
	Employee+Family	\$375.55	\$287.13	\$38.28	\$5.43

*Note: A spousal surcharge of \$23.08 per week (\$46.16 for bi-weekly paid employees) 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 (\$42 for bi-weekly paid employees).

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

Special Enrollment Opportunity During Annual Enrollment!

Whether you are currently enrolled or not, you can newly elect or increase disability coverage without having to submit Evidence of Insurability to the carrier. The regular rule below will resume effective January 1, 2026, so take advantage of this special opportunity during annual enrollment.

Note: Evidence of insurability must be completed and approved by the insurance carrier for any election or increase after your new hire enrollment period in STD coverage. This is a short medical questionnaire to validate your good health. Instructions on how to complete the evidence of insurability will be provided to you upon enrolling. Coverage is subject to pre-existing condition conditions.*

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: Evidence of insurability 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 period in LTD coverage. This is a short medical questionnaire to validate your good health. Instructions on how to complete the evidence of insurability will be provided to you upon enrolling. Coverage is subject to pre-existing condition conditions.*

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

Special Enrollment Opportunity During Annual Enrollment!

Whether you are currently enrolled or not, you can newly elect or increase supplemental life, up to the Guaranteed Issue Amount of \$300,000, without having to submit Evidence of Insurability to the carrier. The regular rule below will resume effective January 1, 2026, so take advantage of this special opportunity during annual enrollment.

Note: Evidence of insurability must be completed and approved by the insurance carrier for any elections or increases of more than one level in supplemental life insurance coverage made after your new hire election period. This is a short medical questionnaire to validate your good health. Instructions on how to complete the evidence of insurability will be provided to you upon enrolling.

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

(maximum benefit cannot exceed 10x your salary)

	<u>Employee only</u>	<u>Employee + Family</u>
	<u>Weekly Cost</u>	<u>Weekly Cost</u>
\$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

	<u>Weekly Cost</u>
\$5,000	\$0.29
\$10,000	\$0.59
\$15,000	\$0.88
\$20,000	\$1.17
\$25,000	\$1.47
\$50,000	\$2.93

Special Enrollment Opportunity During Annual Enrollment!

Whether you are currently enrolled or not, you can newly elect or increase supplemental spouse life, up to the Guaranteed Issue Amount of \$25,000, without having to submit Evidence of Insurability to the carrier. The regular rule below will resume effective January 1, 2026, so take advantage of this special opportunity during annual enrollment.

Note: Evidence of insurability must be completed and approved by the insurance carrier for any new elections or increases for supplemental spouse life insurance that exceed \$25,000. 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

	<u>Weekly Cost</u>
\$2,000	\$0.07
\$5,000	\$0.17
\$10,000	\$0.33

Note: Evidence of insurability is not required to obtain coverage for children.

Supplemental Benefits

	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Accident Insurance **	\$3.22	\$5.96	\$6.54	\$9.28
Hospital Indemnity**	\$6.18	\$11.29	\$10.08	\$15.18
Critical Illness**	\$5.82			\$8.68

Under the Critical Illness policy, dependent children are automatically covered at no additional cost, whether you enroll in the Employee only or Employee + Family plan.

*****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.***