



Swift Wellness GPS
Plan Document & Summary Plan Description
Effective January 1, 2021

Overview

Swift provides its eligible company employees and their eligible spouses access to a Wellness Program, Swift Wellness GPS through WebMD Health Services Group, Inc. This document describes the benefits available under the Wellness Program, which is a component of the Swift Transportation Cafeteria Plan. This document, along with the Swift Transportation Cafeteria Plan document, which is incorporated herein by this reference, is the Wellness Program's plan document for purposes of ERISA §402 and summary plan description for purposes of ERISA §102.

Eligibility

To participate in the Wellness Program for a program year (January 1 -December 31), you must meet the eligibility requirements described below. Your (and, if applicable, your spouse's) participation in the Wellness Program for a program year doesn't guarantee your or your spouse's participation in any other program year. In other words, you (and, if applicable, your spouse) must meet the eligibility requirements for each program year during which you participate in the Wellness Program.

You're eligible to participate in the Swift Wellness GPS program if you're a full-time company employee (i.e., employee working 30 or more hours per week) of Swift Transportation Co. LLC or another participating employer (collectively, "Swift") during that program year. Spouses currently enrolled in a Swift Medical Plan may also participate.

When Eligibility Ends

Your participation in the Wellness Program will end on the earliest of the following dates:

- The day you become employed in a position that's not eligible for the Wellness Program, whether due to a transfer of employment/position or a change in the Wellness Program's eligibility requirements.
- The day you retire, or your employment otherwise ends.
- The day the plan sponsor or plan administrator terminates or discontinues the Wellness Program.

If your spouse is participating in the Wellness Program, your spouse's participation will end on the earliest of:

- The day your participation ends.
- The date of your divorce or legal separation.
- The day your spouse's Swift medical coverage ends.

If your participation (or your spouse's participation) in the Wellness Program would otherwise end due to a qualifying event (for example, your termination of employment), you or they may be eligible for COBRA coverage for a limited period of time (see the "COBRA Continuation Coverage" portion of the Swift Transportation Cafeteria Plan for more information). However, wellness points don't reduce your COBRA premiums.

How the Wellness Program Works

The Wellness Program is automatically available to all eligible company employees and spouses, meaning you don't need to enroll or make any contributions. While the Wellness Program is automatically available, neither you (nor your spouse) is required to participate in the Wellness Program. Rather, participation is completely voluntary.

To participate, you can:

- Download the WebMD Wellness at Your Side™ app, then enter connection code Swift to create your new account.
- Sign up at [WebMDhealth.com/Swift](https://www.webmdhealth.com/Swift).
- Call WebMD Health Services Customer Service at 1-888-321-1517.

Swift pays the full cost of the Wellness Program, and the program is subject to the HIPAA privacy and security rules (see the "HIPAA Privacy & Security Rules" portion of the Swift Transportation Cafeteria Plan for more information).

The Wellness Program is 100% confidential and no one at Swift will obtain your personal health information.

Wellness Program Components

Eligible company employees and their currently enrolled spouses can earn wellness points by participating in activities offered under the Wellness Program. These activities may include things such as on-demand seminars, health screenings, health risk assessments, health coaching, financial wellness and self-help activities. The Wellness Program will not collect any genetic information or ask you about your family medical history.

Wellness points reduce your regular (i.e., non-COBRA coverage) Swift medical plan premiums in the following year. There are limits on the amount of points you (and, if applicable, your spouse) can earn and deadlines by which the points must be earned.

Before each program year starts, Swift decides the details for that program year, including which activities to offer, how many points to award for each activity, and the deadlines for earning points or obtaining your health screenings. You'll receive more information about the details for each program year. You can also get details about the current program year by:

- Accessing the WebMD Wellness at Your Side™ app, connection code Swift.
- Visiting the WebMD site: [WebMDhealth.com/Swift](https://www.webmdhealth.com/Swift).
- Calling the WebMD Health Services Customer Service at 1-888-321-1517.

Relationship of Wellness Program to Swift Medical Plans

If you're enrolled in a Swift medical plan, the benefits provided under the Wellness Program are in addition to your Swift medical coverage. Please refer to the plan document/summary plan description for the Swift medical coverage you're enrolled in for more information about your medical coverage.

Other Important Information

General Information About the Wellness Program

The name of the Wellness Program is Swift Wellness GPS (formerly known as Swift Transportation Wellness Program). It's a component of the Swift Transportation Cafeteria Plan whose plan number is 502.

The Wellness Program is a welfare benefit plan which provides the wellness benefits described above. Wellness Program records are kept on a program year basis and the program year is the calendar year (i.e., January 1 – December 31). The Wellness Program is self-funded, meaning the benefits provided under the Wellness Program are paid by Swift out of its general assets (see the "Premiums, Funding & Plan Assets" portion of the Swift Transportation Cafeteria Plan for more information about self-funded benefits).

Knight-Swift Transportation Holdings Inc. is the plan sponsor and its address, telephone and employer identification number are:

2200 S. 75th Avenue
Phoenix, AZ 85043
(602) 269-9700
EIN 20-5589597

The plan sponsor maintains the Wellness Program solely for the benefit of participating employers' eligible employees and spouses. Non-participating employers' employees (and spouses) are not eligible to participate in the Wellness Program. The terms "participating employers" and "non-participating employers" are as defined in the Swift Transportation Cafeteria Plan.

The plan administrator is Swift Transportation Co. LLC whose address and telephone number are the same as the plan sponsor.

The claims administrator is WebMD Health Services Group, Inc., whose address and telephone number are:

395 Hudson Street
New York, NY 10014
1-888-321-1517

The claims administrator provides contract administration services and does not insure or guarantee the benefits provided under the Wellness Program.

If you have to bring legal action against the Wellness Program for any reason, legal process can be served on the plan administrator c/o its general counsel at the plan sponsor's address above.

Before bringing a legal action, you must exhaust the Wellness Program's claim procedures described below.

Plan Administration & Claim Procedures

The plan administrator and claims administrator are responsible for the administration of the Wellness Program (see the "Plan & Benefits Administration" portion of the Swift Transportation Cafeteria Plan for more information).

Generally, you don't have to complete any claim forms to receive benefits under the Wellness Program. However, if you believe you're being denied a benefit to which you're entitled, you can use the Wellness Program's claim procedures to appeal the denial. You must file a written request for appeal with the plan administrator or claims administrator within 180 days after receiving the denial.

If you appeal the denial, the appeal will take into account all information you provide, even if it wasn't taken into account in the original denial. You'll also have the right to request, free of charge, copies of all documents, records, and other information relevant to your claim. The plan administrator or claims administrator will notify you of its decision on appeal within 60 days after receiving your request for appeal. If your claim continues to be denied (in whole or in part) on appeal, the decision will explain why and will include information about your right to bring a legal action.

Amendment & Termination

The plan sponsor and plan administrator retain the right to amend or terminate the Wellness Program in whole or in part at any time. There are no vested rights to benefits under the Wellness Program (see the "Right to Amend or Terminate" portion of the Swift Transportation Cafeteria Plan for more information).

Statement of ERISA Rights

As a participant in the Wellness Program, you're entitled to certain rights and protections under ERISA. ERISA provides that all participants shall be entitled to:

- Examine, without charge, at the plan administrator's office and at other specified locations, all documents governing the Wellness Program and the benefits available under the Wellness Program, including any insurance contracts, and a copy of the latest annual report (Form 5500 series), if any, filed by the Wellness Program with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of all documents governing the operation of the Wellness Program and the benefits available under the Wellness Program, including any insurance contracts, and copies of the latest annual report (Form 5500 series), if any, and updated summary plan description(s). The plan administrator may make a reasonable charge for the copies and, where permitted by applicable law, copies may be provided electronically.

- Receive a summary of the Wellness Program's annual financial report, if any. The plan administrator is required by law to furnish each participant with a copy of any required summary annual report.
- Continue coverage if there's a loss of coverage as a result of a qualifying event. You generally will have to pay the entire cost for that coverage.

In addition to creating rights for participants, ERISA imposes duties on the people who are responsible for the operation and administration of the Wellness Program and the benefits made available under the Wellness Program. These people, called "fiduciaries", have a duty to operate/administer the Wellness Program and benefits prudently and in the interest of you and other participants. No one, including your employer or any other person, may fire you or discriminate against you in any way with the purpose of preventing you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the plan administrator and don't receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, or if you disagree with the Wellness Program's decision or lack thereof concerning the qualified status of a medical child support order, you may use the Wellness Program's claim procedures. After you've exhausted the claim procedures, you may file suit in a state or federal court if the suit is filed within the required time period.

If it should happen that fiduciaries misuse the Wellness Program's money, or if you're discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous), the court may order you to pay these costs and fees.

If you have questions regarding the Wellness Program, you should contact the plan administrator or claims administrator. If you have any questions about this Statement of ERISA Rights or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration or by visiting their website at www.dol.gov/agencies/ebsa.