

2019 Benefits Costs

HEALTHCARE BENEFITS

MEDICAL

Weekly paycheck contribution amounts for medical coverage differ by location. Your cost will depend on the plan and insurance carrier you choose, where you live and whom you cover. You'll see all your plan choices and costs when you enroll online at <https://swift.benefitsnow.com>.

DENTAL

Plan Design	Coverage	Weekly Paycheck Contributions				
		Aetna	Delta Dental	MetLife	United	Cigna
Bronze	Employee Only	\$3.78	\$2.96	\$4.01	\$3.51	\$3.32
	Employee+Spouse	\$7.95	\$6.21	\$8.42	\$7.37	\$6.98
	Employee+Child(ren)	\$9.46	\$7.40	\$10.03	\$8.77	\$8.31
	Employee+Family	\$13.62	\$10.65	\$14.44	\$12.62	\$11.97
Silver	Employee Only	\$6.44	\$5.90	\$6.58	\$6.11	\$5.95
	Employee+Spouse	\$13.52	\$12.39	\$13.75	\$12.82	\$12.49
	Employee+Child(ren)	\$16.09	\$14.75	\$16.45	\$15.26	\$14.86
	Employee+Family	\$23.17	\$21.24	\$23.68	\$21.98	\$21.41
Gold	Employee Only	\$10.07	\$11.47	\$10.60	\$10.43	\$10.66
	Employee+Spouse	\$21.16	\$24.10	\$22.26	\$21.90	\$22.37
	Employee+Child(ren)	\$25.19	\$28.68	\$26.50	\$26.07	\$26.63
	Employee+Family	\$36.27	\$41.31	\$38.16	\$37.53	\$38.35

VISION

Plan Design	Coverage	Weekly Paycheck Contributions			
		VSP	MetLife	United	EyeMed
Bronze	Employee Only	\$0.37	\$0.29	\$0.44	\$0.27
	Employee+Spouse	\$0.88	\$0.69	\$1.05	\$0.65
	Employee+Child(ren)	\$0.66	\$0.52	\$0.78	\$0.49
	Employee+Family	\$1.17	\$0.92	\$1.40	\$0.87
Silver	Employee Only	\$1.48	\$0.80	\$0.90	\$0.90
	Employee+Spouse	\$3.54	\$1.92	\$2.15	\$2.16
	Employee+Child(ren)	\$2.66	\$1.44	\$1.61	\$1.62
	Employee+Family	\$4.73	\$2.57	\$2.87	\$2.87
Gold	Employee Only	\$2.37	\$1.65	\$1.84	\$1.64
	Employee+Spouse	\$5.68	\$3.95	\$4.41	\$3.93
	Employee+Child(ren)	\$4.26	\$2.96	\$3.31	\$2.95
	Employee+Family	\$7.57	\$5.26	\$5.88	\$5.24

DISABILITY BENEFITS

SHORT-TERM DISABILITY OPTIONS

	<u>Weekly Cost</u>
\$250 (your average weekly pay must be at least \$417)	\$7.33
\$400 (your average weekly pay must be at least \$677)	\$11.90
\$550 (your average weekly pay must be at least \$917)	\$13.28
\$750 (your average weekly pay must be at least \$1,250)	\$14.81
\$1,000 (your average weekly pay must be at least \$1,667)	\$17.23
Decline Coverage	\$0.00

***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)	\$2.62
\$1,800 (your average monthly pay must be at least \$3,000)	\$4.59
\$2,500 (your average monthly pay must be at least \$4,167)	\$5.18
\$3,500 (your average monthly pay must be at least \$5,833)	\$6.82
\$5,000 (your average monthly pay must be at least \$8,333)	\$9.42
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 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)

	<u>Employee Only</u>	<u>Employee + Family</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
Decline Coverage	\$0.00	

SUPPLEMENTAL SPOUSE LIFE INSURANCE

	<u>Weekly Cost</u>
Supplemental Spouse Life \$5,000	\$0.29
Decline Coverage	\$0.00

Note: A personal health application must be completed and approved by the insurance carrier for any election after your new hire enrollment. 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>
Supplemental Child Life \$2,000	\$0.07
Decline Coverage	\$0.00

Note: A medical questionnaire is not required to obtain coverage for children.

GROUP ACCIDENT**

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Employee + Family</u>
Enrolled	\$4.16	\$7.82	\$8.51	\$10.36
Decline Coverage	\$0.00			

SUPPLEMENTAL MEDICAL**

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Employee + Family</u>
Enrolled	\$7.17	\$12.93	\$11.91	\$17.40
Decline Coverage	\$0.00			

CRITICAL ILLNESS**

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Employee + Family</u>
Enrolled	\$6.47	\$9.64	\$6.59	\$9.76
Decline Coverage	\$0.00			

**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.