

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)*

	<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

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

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Children</u>	<u>Employee + Family</u>
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.