CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

Policyholder: Swift Transportation Company
Rider Eligibility: Each Delaware Employee as reported to the insurance company by your Employer
Policy No. or Nos.: 3339139-108F/108E
Effective Date: January 1, 2017

This rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above. This rider replaces any other issued to you previously.

IMPORTANT INFORMATION

For Residents of States other than the State of Arizona:

State-specific riders contain provisions that may add to or change your certificate provisions.

The provisions identified in your state-specific rider, attached, are ONLY applicable to Employees residing in that state. The state(s) for which the rider is applicable is identified in the "Rider Eligibility" section above.

Additionally, the provisions identified in each state-specific rider only apply to:

(a) Benefit plans made available to you and/or your Dependents by your Employer;
(b) Benefit plans for which you and/or your Dependents are eligible;
(c) Benefit plans which you have elected for you and/or your Dependents;
(d) Benefit plans which are currently effective for you and/or your Dependents.

Anna Krishtul, Corporate Secretary

HC-ETRDR-RX

The following Prescription Drug Benefits Schedule information supersedes any similar Prescription Drug Benefit Schedule information in your Certificate.

Prescription Drug Benefits
The Schedule

BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Retail Prescription Drugs	**The amount you pay for each 30-day supply**	**The amount you pay for each 30-day supply**
Tier 1 Generic* drugs on the Prescription Drug List	20% after plan deductible	40% after plan deductible
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	20% after plan deductible	40% after plan deductible
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	20% after plan deductible	40% after plan deductible
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		
Home Delivery Prescription Drugs	**The amount you pay for each 90-day supply**	**The amount you pay for each 90-day supply**
Tier 1 Generic* drugs on the Prescription Drug List	20% after plan deductible	40% after plan deductible
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	20% after plan deductible	40% after plan deductible
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	20% after plan deductible	40% after plan deductible
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		

Any Copayment for a 90-day supply will be equal to three times any Copayment for a 30-day supply, whether obtained from a Retail or Home Delivery Pharmacy.

Any Coinsurance for Retail Pharmacy drugs and any Coinsurance for Home Delivery Pharmacy prescription drugs will be equal, whether obtained from a Retail or Home Delivery Pharmacy.

The following Limitations supersede any similar provisions shown in your certificate.

Each Prescription Order or refill shall be limited to:

- Up to a consecutive 90-day supply at a Retail or Home Delivery Pharmacy, unless limited by the drug manufacturer's packaging.