

# 2023

## EMPLOYEE BENEFITS GUIDE

Employee Benefits for  
You and Your Family





# WELCOME TO **YOUR BENEFITS** GUIDE

At Knight Transportation, we value you and your family's well-being. We have partnered with some of the best names in the industry to bring you a benefits package inclusive of the support and resources you need to maintain a healthy lifestyle.

This guide will help you and your family understand some of the key features of our wellness and benefit programs, so please take a moment to review your options and learn about the coverages that will work best for you and your family.

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# NEW FOR **2023**



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### **Diabetes Management**

It's hard to manage a serious health condition like diabetes, but you can reduce the impact it has on your life with the proper care and attention. BCBSAZ provides the tools, information and resources you need.



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### **NEW! Delta Dental Premium Dental Plan**

Premium Plan increases annual maximum benefit per person to \$2,000, major services to 80% after deductible, and orthodontic benefits to 50% up to \$2,000 per child and/or adult.



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### **Hospital Indemnity, Accident and Critical Illness moving to Lincoln**

This move will allow for integration with the disability plans, ease of administration, and provide a wellness benefit through one carrier.

# ENROLLMENT INFORMATION

## ANNUAL OPEN ENROLLMENT

Once a year we hold a mandatory Annual Open Enrollment (AOE) for you to add, change, or delete your elective benefits. This event does not waive the New Hire waiting period.

***Your 2022 Benefit Elections will not automatically rollover to 2023. You must make all new elections for 2023.***

All applicable pre-and post-tax payroll deductions begin on the first fully pay period's paycheck of the upcoming calendar year.



## ENROLLING DEPENDENTS

As an eligible employee, you can elect coverage for your legal spouse and/or your dependent children up to age 26.

If you do not cover your spouse or children during your initial enrollment opportunity, you must wait until the next AOE to apply.

***If you are making NO ELECTIONS, you must login to Selerix or call the enrollment center to make your Basic Group Term Life beneficiary designations (see page 27 for instructions on how to login to Selerix).***



## MID-YEAR CHANGES

**IMPORTANT** – Outside of the AOE period, you will not be allowed to change your benefit elections or add/delete dependents until next year’s open enrollment unless you have a Qualifying Life Event.

**Per IRS Guidelines** – The list below are examples of the most common situations that may allow you to make changes to your benefits outside of open enrollment.

- **Change in legal marriage status (e.g. marriage, divorce/legal separation, death)**
- **Change in the number of status of dependents (e.g. birth, adoption, death)**

- **Qualified National Medical Support Orders**
- **Change in employee/spouse/dependent’s employment status or residence that affects their eligibility for benefits**
- **Entitlement or less of entitlement to Medicare or Medicaid**
- **Changes consistent with Special enrollment rights and FMLA**

In the event you need to change your status as the result of a Life Event you must notify the Knight Benefits Department within 30 days.

You will be required to submit proof of your life event.

If the change is not made within 30 days, you will not be allowed to make changes until the following AOE.

## ENROLLMENT FOR 2023

See instructions on page 27

## EDUCATION CENTER SUPPORT

October 3 - October 14, 2022

**1.888.564.4480**

## SELF-SERVICE WITH SELERIX

October 3 - October 14, 2022

## SCHEDULE YOUR ENROLLMENT FOR 2023 ON CALENDLY



<https://calendly.com/knighttrans/oe>

# STANDARD PLAN



An Independent Licensee of the Blue Cross Blue Shield Association

Employee contributions for medical insurance are automatically deducted from your paycheck on a pre-tax basis.

## YOUR SHARE

When you exhaust the funds in your HRA account, you pay for all of your health care expenses until you meet the annual deductible – the amount you must pay for eligible health care expenses before your health plan begins to pay. Only services covered by your health plan count toward your deductible (see your coverage details for plan specific information). **Please note you must complete your biometrics to receive your HRA funds. (See page 8 and 9)**

TOTAL ANNUAL DEDUCTIBLE	IN-NETWORK
Employee	\$2,500
Employee +1	\$4,000
Family	\$4,000

With the Standard Plan option, participating employees receive coverage only when they receive care from an in-network provider.

## YOUR HEALTH PLAN

Once you meet your deductible, you pay a coinsurance (the percentage of the cost of your eligible medical expenses after you meet your deductible) for your eligible expenses and the plan pays the rest. When you meet your out-of-pocket maximum (the most you can pay in a plan year) your plan pays eligible expenses at 100%.

SHARED EXPENSES	IN-NETWORK
YOU PAY	25%
Plan Pays	75%

PHARMACY (DEDUCTIBLE DOES NOT APPLY)	RETAIL - YOU PAY
Generic*	\$15 Copay
Preferred Brand	50%
Non-Preferred Brand	50%
Injectibles	50%

\* 100% coverage for generic maintenance medications for diabetes, high blood pressure and cholesterol filled at retail and mail order.

ANNUAL OUT-OF-POCKET MAX (DEDUCTIBLE AND HRA FUNDS APPLY)	IN-NETWORK
Employee	\$7,150
Employee +1	\$14,300
Family	\$14,300

## PREVENTIVE CARE COVERED AT 100%

EMERGENCY ROOM COPAY	For the first two visits: \$150 access fee per member/facility/day, then 25% coinsurance After first two visits: \$400 access fee per member/facility/day, then 25% coinsurance
URGENT CARE COPAY	\$75 - Deductible Waived

## TELEHEALTH SERVICES FOR JUST A \$25 COST SHARE (SEE PAGE 13 FOR MORE INFORMATION)

BLUECARE ANYWHERE TELEHEALTH SERVICES	\$25 per Virtual Visit
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Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

## RATES

STANDARD PLAN	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$7.80	\$38.98	\$77.97	\$168.93
Employee + 1	\$18.53	\$92.65	\$185.29	\$401.47
Family	\$20.07	\$100.36	\$200.72	\$434.89

## PREMIUM SURCHARGES

SURCHARGES	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Tobacco	+ \$5.53	+ \$27.69	+ \$55.38	+ \$120.00
No Physical	+ \$1.07	+ \$5.36	+ \$10.73	+ \$23.25
Cholesterol	+ \$1.61	+ \$8.07	+ \$16.15	+ \$35.00

# WELLNESS PLAN

Employee contributions for medical insurance are automatically deducted from your paycheck on a pre-tax basis.

**TO PARTICIPATE IN THIS PLAN, YOU NEED TO COMPLETE THE BIOMETRIC SCREENING AND MEET THE REQUIRED HEALTH METRICS.**

YOUR SHARE		
When you exhaust the funds in your HRA account, you pay for all of your health care expenses until you meet the annual deductible – the amount you must pay for eligible health care expenses before your health plan begins to pay. Only services covered by your health plan count toward your deductible (see your coverage details for plan specific information). <i>Please note you must complete your biometrics to receive your HRA funds. (See page 8 and 9)</i>		
TOTAL ANNUAL DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Employee	\$1,500	\$6,350
Employee +1	\$3,000	\$12,700
Family	\$3,000	\$12,700

YOUR HEALTH PLAN		
Once you meet your deductible, you pay a coinsurance (the percentage of the cost of your eligible medical expenses after you meet your deductible) for your eligible expenses and the plan pays the rest. When you meet your out-of-pocket maximum (the most you can pay in a plan year) your plan pays eligible expenses at 100%.		
SHARED EXPENSES	IN-NETWORK	OUT-OF-NETWORK
YOU PAY	20%	50%
Plan Pays	80%	50%
PHARMACY (DEDUCTIBLE DOES NOT APPLY)	RETAIL - YOU PAY	MAIL ORDER - YOU PAY
Generic*	\$15 Copay	\$30 Copay
Preferred Brand	50%	50%
Non-Preferred Brand	50%	50%
Injectibles	50%	50%
* 100% coverage for generic maintenance medications for diabetes, high blood pressure and cholesterol filled at retail and mail order.		
ANNUAL OUT-OF-POCKET MAX (DEDUCTIBLE AND HRA FUNDS APPLY)	IN-NETWORK	OUT-OF-NETWORK
Employee	\$7,150	Unlimited
Employee +1	\$14,300	Unlimited
Family	\$14,300	Unlimited

## PREVENTIVE CARE COVERED AT 100%

<b>EMERGENCY ROOM COPAY</b>	For the first two visits: \$150 access fee per member/facility/day, then 20% coinsurance After first two visits: \$400 access fee per member/facility/day, then 20% coinsurance	
<b>URGENT CARE COPAY</b>	\$75 - Deductible Waived	50%

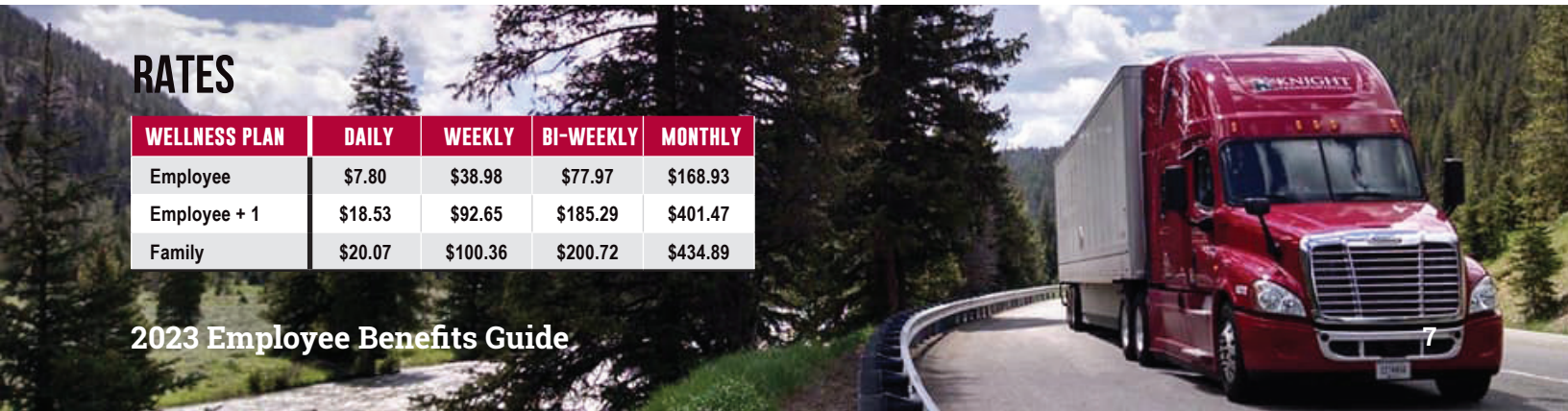
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## RATES

WELLNESS PLAN	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$7.80	\$38.98	\$77.97	\$168.93
Employee + 1	\$18.53	\$92.65	\$185.29	\$401.47
Family	\$20.07	\$100.36	\$200.72	\$434.89



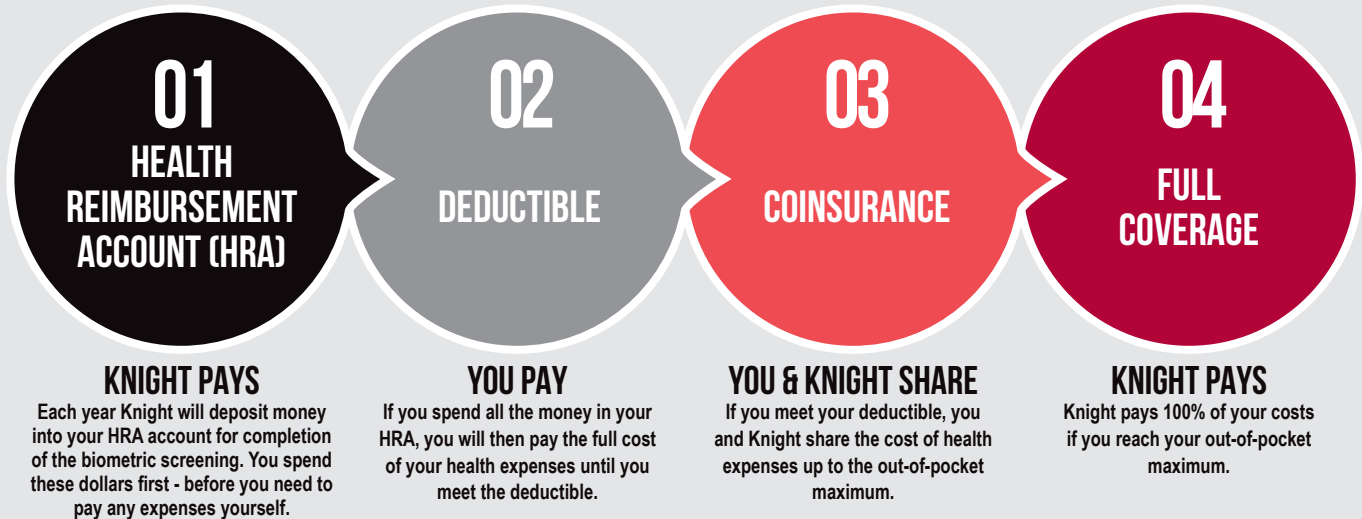
# WELLNESS PROGRAMS

At Knight Transportation, our Wellness Programs encourage employees and their families to strive to achieve a healthier lifestyle by providing education, encouragement, and financial incentives. We offer two medical plans that are tied to our Wellness Programs. Both of these medical plans utilize a Health Reimbursement Account (HRA) upon completion of a biometric screening.

## HOW IT WORKS

**BENEFITS PLAN YEAR: JANUARY 1, 2023 - DECEMBER 31, 2023**

**PREVENTIVE CARE: KNIGHT TRANSPORTATION PAYS 100% ALL YEAR LONG**



### WAYS TO COVER OR OFFSET YOUR MEMBER DEDUCTIBLE GAP AND COINSURANCE:

1. USE ANY HEALTH REIMBURSEMENT ACCOUNT (HRA) ROLLOVER DOLLARS
2. USE HEALTH CARE FSA DOLLARS (SEE PAGE 15 FOR FSA INFO)

## HOW TO USE YOUR HRA ACCOUNT

MyBlue Savings automatically withdraws funds from your account to pay your medical provider the portion you owe for the service. You can track your balance on [mybluesavings.com](https://mybluesavings.com) and you or your provider can check your balance by calling MyBlue Savings customer service at **855.352.1357**.



## WELLNESS FUNDS (HRA)

### How do I earn my HRA Funds?

If you or your spouse (if applicable) have enrolled in the Knight Transportation medical plan, the program offers an opportunity to earn Health and Wellness Incentives to fund the Health Reimbursement Account (HRA) for participating in certain health activities listed below.

1. An Annual Physical with your PCP that includes a Biometric Screening and/or Age based Screenings- A biometric screening measures your current health status and will include lab testing, such as height, weight, glucose, cholesterol, PSA, TSH, waist measurement, and nicotine test.
2. A Biometric Screening held at select service centers (see page 10 for schedule of screening times and dates) or;
3. You can schedule a Biometric Screening at a participating **LABCORP PATIENT SERVICE CENTER**.

### PLEASE NOTE

**DOT PHYSICALS WILL NOT BE CONSIDERED AS COMPLETING THE SCREENING FOR THE WELLNESS FUND. INCURRED COST PRIOR TO COMPLETING BOTH WELLNESS ACTIVITIES WILL BE THE EMPLOYEE'S RESPONSIBILITY.**



# HEALTH REIMBURSEMENT ACCOUNT

Once the annual physical/biometric screening has been completed, on the first day of the month following proof of completion, you will receive the prorated funding amount below back to the month in which it was completed.

**No HRA card will be sent to you, BCBSAZ will automatically track and deduct any qualified amounts.**

HRA PRORATED SCHEDULE			
MONTH OF COMPLETION	EMPLOYEE	EMPLOYEE +1	FAMILY
JAN	\$500.00	\$750.00	\$1,000.00
FEB	\$458.33	\$687.50	\$916.67
MAR	\$416.67	\$625.00	\$833.33
APR	\$375.00	\$562.50	\$750.00
MAY	\$333.33	\$500.00	\$666.67
JUN	\$291.67	\$437.50	\$583.33
JUL	\$250.00	\$375.00	\$500.00
AUG	\$208.33	\$312.50	\$416.67
SEP	\$166.67	\$250.00	\$333.33
OCT	\$125.00	\$187.50	\$250.00
NOV	\$83.33	\$125.00	\$166.67
DEC	\$41.67	\$62.50	\$83.33

## CHOLESTEROL, WAIST AND NICOTINE MEASUREMENTS

These measures have been found by the U.S. Health and Human Services to be strong indicators of a person's overall health down the road and can serve as an early warning system—alerting you and your doctor that action is needed to get your health back on track.

**Cholesterol Ratio** (Total Cholesterol and HDL): Too much cholesterol in your bloodstream builds up as plaque on artery walls, which can narrow and block arteries. This reduces blood flow to your heart, increasing the risk of heart attack or stroke.

**Waist circumference** is a measurement of the amount of weight, particularly fat weight, in your midsection and around your vital organs. As waist size goes up, the risk of heart disease and type 2 diabetes increase.

**PSA** screenings can detect prostate cancer early when treatable.

**TSH** tests help identify thyroid issues and aids treatment steps.

**Cotinine** is a saliva test to measure nicotine use or tobacco smoke exposure. Tobacco use is associated with increased risk of cancers, heart disease and pulmonary disease. Avoiding or quitting tobacco use is one of the leading modifiable health risks a person can do to increase longevity.

## ALTERNATE SATISFACTION OF HEALTH METRIC TARGET

Knight Transportation is committed to helping you achieve your best health. The premium discounts for participating are available to all employees and spouses (if applicable) covered under the Knight Transportation medical plan. If you or your spouse are unable to meet the health metrics for the premium discounts under this program, you may qualify for an opportunity to earn the same premium discount by completing an Alternate Satisfaction Activity. Contact the Knight Benefits Team at [benefits@knighttrans.com](mailto:benefits@knighttrans.com) and they will work with you to find an alternative that is right for you in light of your health status. One option is enroll in Lifestyle Coaching via Blue Cross Blue Shield of Arizona and complete 3 program calls.

## HOW DOES THIS PROGRAM WORK?

For 2023, you can receive a premium savings for each in-range health metrics listed. You can prevent surcharges\* by:

- Cholesterol Ratio at or below 4.5;
- Waist circumference under 40" for men and under 35" for women;
- Nicotine Free result from cotinine testing.

\* Surcharges will be removed once results are received from US Wellness

These results will be reported after your onsite biometric screening, LabCorp visit or when you use the US Wellness form at your doctor's visit. For all 3 of the biometrics options, you can find the forms on the US Wellness website at [knight.uswellness.com](http://knight.uswellness.com). If your spouse is enrolled in the Medical plan, you and your spouse must both qualify with in-range metrics to receive this premium savings.

Please keep in mind that if you and/or your spouse do not qualify (Cholesterol ratio over 4.5 and/or Waist Circumference over 35 or 40 and or tobacco users) a surcharge will be applied to your monthly premiums for the entire year of 2023 unless you successfully complete an **Alternate Satisfaction** as outlined below.

**In addition, you will be placed into a higher deductible medical plan. This higher deductible medical plan will be \$2,500 for employee only and \$4,000 for two-party and family plans.**

There will be free onsite biometric screenings to help you and your spouse (if he/she is covered under the Medical plan) verify and record your Cholesterol Ratio, Waist Circumference, and Tobacco/Nicotine use status. These test results will determine your 2023 medical plan deductible. **See page 10 for the 2023 Onsite Biometric listing.**

## Complete a biometric and cotinine screening one of three ways:

1. Attend any of the onsite biometric screening events held at service centers across the country. (page 10 for schedule)
2. **Through a participating Lab Corp Service Center** – go to [knight.uswellness.com](http://knight.uswellness.com).
  - Under the **Lab Voucher** section, select "**Find a Lab**" and find the nearest location that fits your schedule.
  - Download and print the lab voucher by selecting "**Request A Voucher**," then complete it with your personal information.
  - **YOU MUST** take this form with you to the lab, along with your photo identification (**FASTING REQUIRED**).
3. A physician fax form completed by your Primary Care Physician (PCP) detailing your current clinical measurements, including cholesterol and waist circumference.

This form must be downloaded prior to your office visit at [knight.uswellness.com](http://knight.uswellness.com).

- Cotinine Testing cannot be recorded on the Primary Care Physician form. For cotinine testing and Nicotine Free verification, participants must attend an onsite biometric screening to do the stand alone saliva test.

# 2023 BIOMETRIC SCREENING SCHEDULE

Clinic Name	Event Date	Event Time	Site Address	City	ST	Clinic Name	Event Date	Event Time	Site Address	City	ST
Knight Phoenix Buckeye	1/11/23	8A-4P	5601 W Buckeye Rd	Phoenix	AZ	Knight Columbus	8/9/23	8A-12P	4275 Westward Ave	Columbus	OH
Knight Phoenix Wahalla	1/11/23	8A-4P	2002 W Wahalla Ln	Phoenix	AZ	Knight Indy	8/9/23	8A-12P	3875 Plainfield Rd	Indianapolis	IN
Knight Gulfport	1/11/23	8A-12P	9368 County Farm Rd	Gulfport	MS	Knight Gulfport	8/9/23	8A-12P	9368 County Farm Rd	Gulfport	MS
Knight Tulare	1/11/23	8A-12P	4450 Blackstone St	Tulare	CA	Knight Dallas	8/9/23	8A-12P	732 E Wintergreen Rd	Hutchins	TX
Knight Salt Lake	1/11/23	8A-12P	2519 South 5370 West	West Valley City	UT	Knight Charlotte	8/9/23	8A-12P	7001 Statesville Rd	Charlotte	NC
Knight Reno	1/11/23	8A-12P	1475 Hulda Way	Sparks	NV	Knight Salt Lake	8/9/23	8A-12P	2519 South 5370 West	West Valley City	UT
Knight Indy	1/11/23	8A-12P	3875 Plainfield Rd	Indianapolis	IN	Knight El Paso	8/9/23	8A-12P	1101 South View Dr	El Paso	TX
Knight Dallas	1/11/23	8A-12P	732 E Wintergreen Rd	Hutchins	TX	Knight Atlanta	8/9/23	8A-12P	4275 Shirley Dr	Atlanta	GA
Knight Charlotte	1/11/23	8A-12P	7001 Statesville Rd	Charlotte	NC	Knight Phoenix Buckeye	9/13/23	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Katy	1/11/23	8A-12P	20431 Franz Road	Katy	TX	Knight Phoenix Wahalla	9/13/23	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight Olive Branch	1/11/23	8A-12P	8400 Industrial Dr	Olive Branch	MS	Knight Denver	9/13/23	8A-12P	15900 E 32nd Ave	Aurora	CO
Knight Phoenix Buckeye	3/8/23	8A-4P	5601 W Buckeye Rd	Phoenix	AZ	Knight Las Vegas	9/13/23	8A-12P	4570 Berg St	Las Vegas	NV
Knight Phoenix Wahalla	3/8/23	8A-4P	2002 W Wahalla Ln	Phoenix	AZ	Knight Tulare	9/13/23	8A-12P	4450 Blackstone St	Tulare	CA
Knight El Paso	3/8/23	8A-12P	1101 South View Dr	El Paso	TX	Knight Tulsa	9/13/23	8A-12P	5651 South 59th Ave	Tulsa	OK
Knight Lakeland	3/8/23	8A-12P	4045 Old Tampa HWT	Lakeland	FL	Knight Fontana	9/13/23	8A-12P	13225 Jurupa Ave	Fontana	CA
Knight Salt Lake	3/8/23	8A-12P	2519 South 5370	West Valley City	UT	Knight Fairview	9/13/23	8A-12P	23033 NE Townsend Way	Fairview	OR
Knight Las Vegas	3/8/23	8A-12P	4570 Berg St	Las Vegas	NV	Knight Salt Lake	9/13/23	8A-12P	2519 South 5370	West Valley City	UT
Idaho Falls	3/8/23	8A-12P	1795 N Holmes Ave	Idaho Falls	ID	Knight Phoenix Buckeye	10/11/23	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Atlanta	3/8/23	8A-12P	4275 Shirley Dr	Atlanta	GA	Knight Phoenix Wahalla	10/11/23	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight Denver	3/8/23	8A-12P	15900 E 32nd Ave	Aurora	CO	Knight Tulsa	10/11/23	8A-12P	5651 South 59th Ave	Tulsa	OK
Knight Phoenix Buckeye	5/10/23	8A-4P	5601 W Buckeye Rd	Phoenix	AZ	Knight Carlisle	10/11/23	8A-12P	1230 Harrisburg Pike	Carlisle	PA
Knight Phoenix Wahalla	5/10/23	8A-4P	2002 W Wahalla Ln	Phoenix	AZ	Knight Idaho Falls	10/11/23	8A-12P	1795 N Holmes Ave	Idaho Falls	ID
Knight Gulfport	5/10/23	8A-12P	9368 County Farm Rd	Gulfport	MS	Knight Kansas	10/11/23	8A-12P	6840 Kaw Dr	Kansas City	KS
Knight Tulare	5/10/23	8A-12P	4450 Blackstone St	Tulare	CA	Knight Dallas	10/11/23	8A-12P	732 E Wintergreen Rd	Hutchins	TX
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Knight Tulsa	5/10/23	8A-12P	5651 South 59th Ave	Tulsa	OK	Knight Fairview	10/11/23	8A-12P	23033 NE Townsend Way	Fairview	OR
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# LIFESTYLE COACHING



No cost program for all employees enrolled in a medical plan.

## LIFE CAN GET SO BUSY...

That sometimes it's easy to lose sight of our personal health goals. Having extra support and encouragement can make a difference in actually achieving those goals. As part of your wellness program, you have access to Lifestyle Coaching through Sharecare.

- Lifestyle Coaching is available to you at no additional cost.
- Coaches are highly trained, qualified experts with backgrounds in nutrition, psychology, public health, and more.
- Phone calls are 20 minutes or less, and occur every 4 to 6 weeks.
- Coaches can help you with goal setting, problem solving, and accountability.
- **Completing at least three coaching calls each year may satisfy the removal of the Nicotine or Cholesterol surcharges from your Knight Transportation payroll.** If your spouse is enrolled in a medical plan and did not meet the biometric requirements, they too must complete at least three coaching calls to satisfy removal of the surcharges.

Surcharges removed upon receipt of confirmed completion from provider. Please refer to page 9.

## YOUR LIFESTYLE COACH CAN:



**SUPPORT YOUR WEIGHT LOSS GOALS**



**CHALLENGE YOU TO BE MORE ACTIVE**



**HELP YOU FIND HEALTHY WAYS TO COPE WITH STRESS**



**CREATE A PLAN TO HELP YOU EAT HEALTHIER**



**ENCOURAGE YOUR EFFORTS TO QUIT USING TOBACCO**



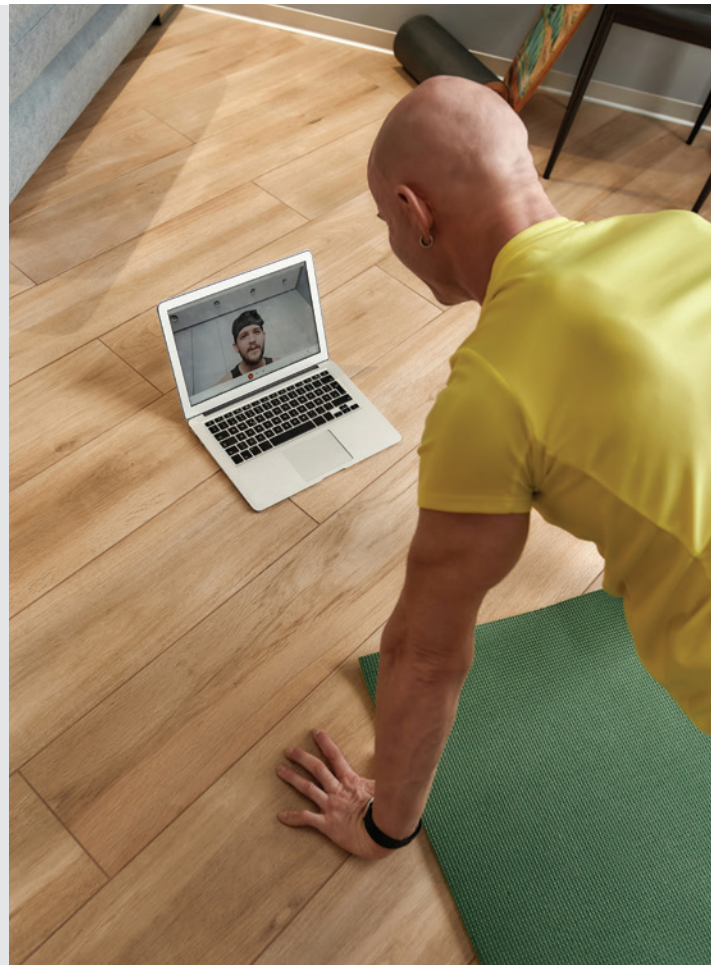
**HELP YOU SET REALISTIC GOALS**



**SHARE HEALTH TIPS AND TOOLS**



**HELP YOU STAY MOTIVATED**



## GET STARTED WITH YOUR LIFESTYLE COACH TODAY

- Log in to the app, use the QR code below, or go to [azblue.sharecare.com](https://azblue.sharecare.com)
- Click **Achieve** – then choose **Coaching**
- Answer the enrollment questions
- Click to schedule your first call.



**1.877.292.1359**

# DIABETES MANAGEMENT

BCBSAZ provides the help and resources you need.

## THE GOOD NEWS IS PREDIABETES IS REVERSABLE

You may have just learned you have prediabetes or diabetes. Or you may have been living with it for a while now. Wherever you are in your healthcare journey, you have the help and resources to learn how to manage it.

The good news is prediabetes is reversible. Work with your provider to find out if you are at risk, and what you can do to change course:

- Take the Prediabetes Risk Test at [DoIHavePrediabetes.org](http://DoIHavePrediabetes.org)
- Talk to your doctor at your yearly checkup (or more frequently, if recommended)
- Stay current on your labs, including having your blood sugar checked as part of your annual physical

## REDUCE THE IMPACT WITH PROPER CARE

It's hard to manage a serious health condition like diabetes, but you can reduce the impact it has on your life with the proper care and attention.

Changing your lifestyle could be a big step towards diabetes prevention. Reduce your odds with these diabetes prevention tips:

- 1. Get more physical activity**  
Regular exercise can help you lose weight, lower your blood sugar and boost your sensitivity to insulin – which helps keep your blood sugar within a normal range.
- 2. Get plenty of fiber**  
Fiber helps reduce your risk of diabetes by improving your blood sugar control, lowering your risk of heart disease and promoting weight loss by helping you feel full.
- 3. Go for whole grains**  
Whole grains may reduce your risk of diabetes and help maintain blood sugar levels so be sure to include them in your diet.
- 4. Skip fad diets and just make healthier choices**  
Focus less on low-carb diets and more on portion control and incorporating a variety of food groups into your healthy eating plan.

## DIABETES TOOLS AND RESOURCES

If you find out you have prediabetes or diabetes, don't miss this opportunity to get help living the quality of life you want – and it won't cost you a thing!

### SHARECARE LIFESTYLE COACHING

- Available at no cost. Coaches are highly trained with backgrounds in nutrition, psychology, public health and more.
- Sharecare diabetes education materials – Available through the Sharecare app.
- See page 9 for more information.



### NUTRITION COUNSELING (DIETITIAN) BENEFITS

- 6 visits available on the Knight plans at no cost.

### BLUE 365 DISCOUNT PROGRAM

- A national discount program featuring healthy deals and discounts exclusively for our members.



### DISEASE MANAGEMENT PROGRAM

- Work with a registered nurse to learn about your condition.

### FREE GLUCOMETER<sup>1</sup>

- Free glucometer through the pharmacy benefit - Contact Lifescan® at **1-888-887-6299** or **1-888-233-3282** and use code **257BCA001** to apply for a free glucometer.

## COMMUNITY RESOURCES

**Association of Diabetes Care & Education Specialists:**

[diabeteseducator.org](http://diabeteseducator.org)



**American Diabetes Association – Ask the Experts:**

[diabetes.org/tools-support/ask-the-experts](http://diabetes.org/tools-support/ask-the-experts)



**CDC – National Diabetes Prevention Program – Find a Program:**

[cdc.gov/diabetes/prevention/find-a-program.html](http://cdc.gov/diabetes/prevention/find-a-program.html)



<sup>1</sup> Offering applies to newly diagnosed diabetic patients or patients willing to switch glucose meters. Processed through the medical benefit and limited to one glucometer per lifetime.

# OVIA PREGNANCY

Watch your little one grow, plus get \$100!

Blue Cross Blue Shield of Arizona brings you Ovia Pregnancy, a program that supports women and their partners throughout the pregnancy journey. It's included in your health plan benefits at no extra cost to you.



 sharecare + 

## MATERNITY BENEFITS TO SUPPORT YOUR ENTIRE PREGNANCY JOURNEY:

- Watch your baby grow week by week
- Read daily **personalized articles and tips**
- Look up **food and medication safety**
- Watch **supportive weekly videos** about your pregnancy

## GET A \$100 GIFT CARD

1. Enroll in the pregnancy program at [azblue.sharecare.com](http://azblue.sharecare.com)
2. Engage in the program at least **three times per month for a minimum of three months**
3. **Complete 3 prenatal visits** with your provider (self-reported within the app)



Once you've completed all three steps, your \$100 Visa e-gift card will be sent to the email address used for your Sharecare account within 48 hours.

## ACCESS OVIA THROUGH SHARECARE:

- Sign in at [azblue.sharecare.com](http://azblue.sharecare.com)
- Select the **Achieve** icon followed by **Programs**
- Select the **Pregnancy** program
- Take a **quick assessment**, then download the **Ovia** app



# BLUECARE ANYWHERE

See a doctor anytime, anywhere.

Discover the ease and convenience of BlueCare Anywhere telehealth services. Just sign in on your computer, tablet, or mobile device to visit a doctor whenever and wherever you need one.



## SIMPLE STEPS TO CONNECT TO CARE

There's never a convenient time to be sick. Whether you're at home, at work, or traveling, a board-certified doctor can see you right away for a range of common illnesses, aches, and pains, and can prescribe medications. Virtual visits are available 24/7.

- **SIGN UP**—It's simple and only requires name, email, password, and service key – **KNIGHT**
- **SELECT A PROVIDER**—from those on the list
- **ENTER YOUR HEALTH DATA**—and insurance information (first visit only)
- **PAY THE \$25 COST SHARE**—with a credit card or FSA
- **CHOOSE A PHARMACY**—in case medication is required
- **SEE THE DOCTOR**—or schedule an appointment
- **AFTER THE VISIT, GET A SUMMARY**—that you can share with your primary care provider

VISIT [BlueCareAnywhereAZ.com](http://BlueCareAnywhereAZ.com) OR DOWNLOAD THE **BlueCare Anywhere Mobile App** FROM GOOGLE PLAY OR THE APP STORE



**SGIA makes Medicare simple.**



## MEDICARE ASSISTANCE PROGRAM

Through our partnership with SGIA, personalized assistance is available to explore your Medicare options. SGIA provides information, guidance, and complete enrollment assistance. The Medicare Assistance Program is available at no-cost before, during, or after enrollment.

- You'll receive SGIA's no-charge, one-on-one assistance before, during or after enrollment
- SGIA's personalized services make Medicare simple every step of the way
- SGIA's Medicare expertise can help increase benefits and often reduce costs
- SGIA is experienced – they have assisted thousands of people nationwide.



**Contact SGIA for personal consultations and Medicare information.**

Visit SGIA at [sgiamedicare.com](http://sgiamedicare.com), or call **888-284-3301** between the hours of 8am and 6pm CST. You may also email SGIA at [info@sgiamedicare.com](mailto:info@sgiamedicare.com).



## FREQUENTLY ASKED QUESTIONS ABOUT MEDICARE

**Q: I am 65 and plan to keep working for some time. I have health insurance from my employer. Do I have to sign up for Medicare Part B now?**

- Probably not. In most cases, for as long as you have group health insurance provided by an employer for whom you are still actively working for, you can delay enrolling in Part B. Part B covers doctors visits and other outpatient services and requires a monthly premium. When you eventually retire, or leave work, you'll be entitled to a special enrollment period of eight months to sign up for Part B without incurring a late penalty. This also applies to most people who are covered beyond age 65 by insurance from the employer of their actively working spouse.

**Q: Should I still sign up for Medicare Part A?**

- With one BIG exception (see next question), there's no reason not to enroll in Part A. Part A covers hospital stays, and there are no premiums for Part A. You can sign up for Part A during your initial Medicare enrollment period, which runs for seven months, starting three months before the month of your 65th birthday, the month of your 65th birthday and ending three months after your 65th birthday.

**Q: Will I get the same health benefits at work as I get now?**

- By law, people who continue to work beyond age 65 still must be offered the same health insurance benefits (for themselves and their dependents) as younger people working for the same employer. So, your employer cannot require you to take Medicare when you turn 65 or offer you a different kind of insurance. For example, by paying the premiums for Medicare supplemental insurance or a Medicare Advantage plan, as an inducement to enroll in Medicare and drop your employer plan. This law (known as ERISA) applies only to employers with 20 or more workers.

**Q: What if my employer offers me COBRA or retiree health benefits?**

- It can be confusing, but different rules apply to Part B and Part D in either of these situations:
  - Part B: You can delay Part B enrollment without penalty, only while you or your spouse is still actively working for the employer that provides your employer group health insurance. Neither COBRA nor Retiree Coverage is a reason, per the Social Security Administration, to delay enrollment in Part B. If you elect COBRA or Retiree Coverage, and are not actively employed, you may incur a late enrollment penalty, when you do enroll in Part B. You would not be eligible for a special enrollment period and would have to enroll during the general election period of January 1 through March 31st of each year. Your Part B coverage would then be effective on the following July 1st.
  - Part D: As long as your COBRA or retiree drug coverage is creditable, you do not need to enroll in Part D until these benefits end, as explained above.

# FLEXIBLE SPENDING ACCOUNT (FSA)

## What are MyBlue Savings Healthcare and Dependent-Care FSAs?



A **Healthcare FSA** is a flexible spending account that allows you to set aside pre-tax dollars for eligible healthcare expenses not covered by your insurance plan. You can use the money in your FSA to help cover your out-of-pocket healthcare costs for both you and your dependents, whether they're on your plan or not.



An Independent Licensee of the Blue Cross Blue Shield Association

A **Dependent-Care FSA** is a flexible spending account that allows you to set aside pre-tax dollars for dependent-care expenses that are necessary in order for you to work.

## HEALTHCARE FSA (FSA)

### HOW A HEALTHCARE FSA WORKS

You choose an annual election amount—a dollar amount roughly equal to the amount you expect to have to pay out of pocket for healthcare during the year—up to \$2,850 (minimum \$500). At the beginning of the plan year, your account is pre-funded by your employer, which means they deposit the full annual election amount. The money is immediately available for you to use on qualified expenses. Your election amount is then deducted from your paychecks in equal installments throughout the year.

You'll want to choose your annual election amount carefully. If you put in more than you end up spending, you will lose that amount at the end of the year.

### WHY SHOULD I ENROLL?

Almost everyone has some level of predictable medical needs. If you expect to have medical expenses that won't be paid for by a health insurance plan, you'll want to take advantage of the savings an FSA offers. The money you put into a healthcare FSA is taken from your paycheck before taxes are deducted, so it's tax-free money. When you use the account to pay for eligible medical expenses, you don't pay taxes on those withdrawals.

On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$800 per year on healthcare expenses!

### QUALIFYING EXPENSES

- Copays, deductible payments, coinsurance, doctor office visits, exams, lab work, X-rays
- Hospital charges, Prescription drugs
- Dental exams, X-rays, fillings, crowns, orthodontia
- Vision exams, frames, contact lenses, contact lens solution, laser vision correction
- Physical therapy, Chiropractic care
- Medical supplies, first aid kits, and more

## DEPENDENT-CARE FSA (DCFSA)

### HOW A DEPENDENT-CARE FSA WORKS

You choose an annual election amount—a dollar amount roughly equal to the amount you expect to have to spend on dependent care during the year—up to \$5,000 per family (minimum \$500).

The money goes into your account in installments through pretax payroll deductions. You can then use the money in your account to pay for eligible dependent-care expenses incurred during the plan year.

You'll want to choose your annual election amount carefully. If you put in more than you end up spending, you will lose that amount at the end of the year.

### WHY SHOULD I ENROLL?

Childcare and dependent-care are big expenses for many families. People rely on daycare or after-school programs for their children in order to work. Others depend on services like home health care to take care of older parents or disabled family members. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers. The money you put into a dependent-care account is taken from your paycheck before taxes are deducted, so it's tax-free money. When you use the account to pay for eligible dependent-care expenses, you don't pay taxes on those withdrawals.

With an average 30% tax savings, you could be saving up to \$1,500 per year on dependent-care expenses!

### QUALIFYING EXPENSES

- Before-school or after-school care for children age 12 and younger
- Custodial care for dependent adults
- Licensed daycare centers
- Nanny or au pair services
- Nursery schools or preschools
- Late pickup fees
- Summer or holiday day camps

You'll find a complete list of eligible Healthcare and Dependent-Care expenses at [mybluesavings.com](https://mybluesavings.com)

### Online & mobile access

Get instant access to your account at [mybluesavings.com](https://mybluesavings.com) or the **MyBlue Savings mobile app**, where you can:

- See your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts/messages
- Sign up for direct deposit
- Sign up for text message alerts



Download the MyBlue Savings app today!



# DENTAL PLAN



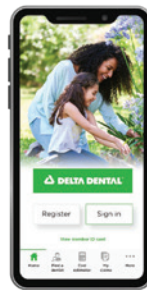
**Delta Dental of Arizona's CheckUp Plus Program, your preventive and diagnostic services are not deducted from your annual plan maximum.**

BENEFIT HIGHLIGHTS	STANDARD PLAN	PREMIUM PLAN
<b>Calendar Year Plan Deductible</b> Individual / Family	\$50 / \$150	\$50 / \$150
<b>Annual Maximum Benefit Per Person (per calendar year)</b> Two annual cleanings do not apply	\$1,500	\$2,500
<b>Diagnostic &amp; Preventive Care Benefits</b> Prophylaxis cleanings, oral exams, fluoride, and x-rays	100%	100%
<b>Restorative Services/Endodontic Services</b> Routine fillings (amalgams & resins) / Root Canal treatment	80% after deductible	80% after deductible
<b>Prosthodontic Services/Major Services</b> Bridges, crowns, dentures, onlays	50% after deductible	80% after deductible
<b>Orthodontic Benefits</b> Diagnostic and treatment. Bands must be placed by 20 years of age	50% up to \$1,000 (Children Only)	50% up to \$2,000 (Children & Adults)

## FINDING AN IN-NETWORK PROVIDER

### ON THE WEB

- Go to [deltadentalaz.com](http://deltadentalaz.com) and click **Provider**. Search in the top menu.
- Select **Find a Network Dentist**.
- Enter your search criteria. You can search by address, zip code, dentist or practice name. Click **Search**.
- A list of results will display. If necessary, you can also narrow the search by network, specialty, language, gender or any other available information.



## DELTA DENTAL MOBILE APP

### LOGGING IN TO VIEW BENEFITS

Sign in with the username and password you use for the website. If you haven't registered for an account yet, you can do that in the app.



### ACCESS A FULL RANGE OF TOOLS AND RESOURCES

- Mobile ID card
- Find a Network Dentist
- Dental Care Cost Estimator
- Save your preferred dentist for quick access
- My claims

## AUTOMATED PHONE SYSTEM

You can also find a dentist through our automated phone system by calling **800.352.6132**. Then select **Option 5** and follow the automated instructions.

## RATES

STANDARD PLAN	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$1.21	\$6.05	\$12.10	\$26.21
Employee + 1	\$2.77	\$13.84	\$27.67	\$59.96
Family	\$3.05	\$15.23	\$30.47	\$66.01

PREMIUM PLAN	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$1.56	\$7.80	\$15.59	\$33.78
Employee + 1	\$3.57	\$17.83	\$35.67	\$77.28
Family	\$3.93	\$19.63	\$39.26	\$85.07

## PLEASE CALL 800.352.6132 WITH QUESTIONS

Employee contributions for dental insurance are automatically deducted from your paycheck on a pre-tax basis.

In addition to your pre-tax payroll premiums, you'll pay:

- Deductible** – the first dollars of dental expenses before the insurance begins.
- Co-insurance** – the plan pays a percentage of the claim and you pay a percentage.

This plan is administered in accordance with Section 125 of the Internal Revenue Service Code. See "When can I change my coverage" section.



# VISION PLAN



As an enrolled member in the Davis Vision Plan, you can experience the many benefits that the plan has to offer. Just visit [www.davisvision.com/members](http://www.davisvision.com/members) (use client code 2424) to learn more.

BENEFIT HIGHLIGHTS	MEMBER COST	NON-PARTICIPATING PROVIDER (OUT-OF-NETWORK)
<b>Exam with Dilation as Necessary</b>	\$10 Copay	Up to \$35
<b>Exam options</b> Standard Contact lens Fit and Follow Up: Specialty Contact lens Fit and Follow Up	\$10 Copay \$60 allowance less copay plus 15% off balance	N/A N/A
<b>Frames</b> Any frame available at provider location	Covered in Full Frames OR Frame Allowance: Any fashion level frame from Davis Vision's Collection (retail value, up to \$100). \$120 toward any frame from provider plus 20% off any balance. No copay required.	Up to \$60 allowance
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive Ultimate Progressive	\$10 Copay \$10 Copay \$10 Copay \$10 Copay \$65 Copay \$105 Copay \$175 Copay	\$25 \$40 \$55  Up to \$80
<b>Lens Options</b> UV Coating Tint (Tinting of Plastic Lenses) Standard Scratch-Resistance Standard Polycarbonate (Child / Adult) Anti-Reflective Coating (Standard / Premium / Ultimate)	\$15 Member Charge \$15 Member Charge Included \$0 / \$35 \$40 / \$55 / \$69 / \$85	N/A N/A N/A N/A N/A
<b>Contact Lenses</b> (Discount applies to materials only) Conventional Disposable Medically Necessary	\$10 Copay, \$120 material allowance \$10 Copay, \$120 material allowance \$0 Copay, Paid-in-full with prior approval	Up to \$64 Up to \$64 \$225
<b>Laser Vision Correction</b>	Up to 50% discount	N/A
<b>Frequency</b> Examination, Lenses and Contact Lenses Frame	Once every January 1 Once every other January 1	

## ONLINE RETAIL OPTION

Shop with convenience while using your member benefit online through these in-network online retailers:

[1800contacts](http://1800contacts.com) [GLASSES.COM](http://GLASSES.COM)



### VIDEO OF DAVIS VISION BENEFITS

<https://bit.ly/davis-video>

This plan is administered in accordance with Section 125 of the Internal Revenue Service Code. See "When can I change my coverage" section. Employee contributions for vision insurance are automatically deducted from your paycheck on a pre-tax basis.

VISION PLAN	DAILY	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$0.19	\$0.94	\$1.89	\$4.09
Emp+Spouse	\$0.52	\$2.61	\$5.21	\$11.29
Emp+Child(ren)	\$0.55	\$2.76	\$5.52	\$11.95
Family	\$0.72	\$3.62	\$7.23	\$15.67

## FIND AN IN-NETWORK PROVIDER AND MEMBER INFORMATION

- Go to [www.davisvision.com](http://www.davisvision.com) and register using your member ID number or call **1.800.999.5431**.
- Find a provider without registering by going to [www.davisvision.com](http://www.davisvision.com), click **Member**, then type **2424** in the **Client Code** field.



## NEED GLASSES OR CONTACTS?

Use your \$120 allowance for frames or contacts. You pay the extra over the \$120 allowance, less discounts, plus another \$10 copay for standard single, bifocal or trifocal lenses.

# HOSPITAL INDEMNITY PLAN



**Group Hospital Indemnity from Lincoln Financial pays a benefit for hospitalization for a covered accident or sickness.**

## HOSPITAL COSTS KEEP RISING

Even with health insurance, making the co-payments and paying deductibles can be a hardship.

## GROUP HOSPITAL INDEMNITY INSURANCE

The Group Hospital Indemnity insurance policy helps fill some gaps in existing insurance plans. Group Hospital Indemnity pays over and above any other health insurance benefits – with no deductibles or coinsurance. **Two hospital admissions are covered per eligible participant per calendar year.**

The plan is straightforward and benefits can be paid directly to the insured or health care provider. Any medical doctor or hospital may be used.

## HOSPITAL INDEMNITY PLAN HIGHLIGHTS

<b>Eligible persons</b>	Employee, spouse and dependent children
<b>Hospital Confinement/Period</b>	\$100/day / 30 days per hospitalization
<b>Elimination Period</b>	0 days – sickness; 0 days – accident
<b>Issue Ages</b>	18 and over for employee and spouse; 0 through 25 for dependent child
<b>Portability</b>	Employee leaving current employer may keep the policy in force by continuing to pay premiums

## COVERAGE PROVIDED

<b>Hospital Confinement</b>	\$100/day / 30 days per hospitalization
<b>Hospitalization \$1,000 Lump Sum Rider</b>	Pays a \$1,000 lump sum benefit and \$100 daily benefit for an insured person's hospital confinement up to two times per calendar year
<b>ICU Daily Confinement Benefit</b>	\$200/day (10 days per hospitalization)
<b>Preventive Care Rider</b>	<ul style="list-style-type: none"> <li>• Annual Physical Exam</li> <li>• Routine Eye Exam</li> <li>• Immunizations</li> <li>• Blood Glucose Test</li> <li>• Blood Screening for Triglycerides, Cholesterol, HDL or LDL</li> </ul>
<b>\$50 up to twice per year, per insured maximum, \$50 up to four times per year per family maximum.</b>	

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.



## CLAIM EXAMPLE

### BACK DISORDER - 1 DAY HOSPITALIZATION

*Claim Received: 6/25/2022*

*Claim Paid: 6/27/2022*

BENEFIT PAID	BENEFIT AMOUNT	TOTAL
Daily Confinement Benefit	\$100 per Day	\$100
Initial Lump Sum Benefit	\$1,000	\$1,000

**CHECK AMOUNT: \$1,100**

## HOSPITAL INDEMNITY PLAN - MONTHLY RATES

ISSUE AGES	WITH \$1,000 LUMP SUM RIDER			
	EMPLOYEE	+ SPOUSE	+ CHILD(REN)	FAMILY
All Ages	\$19.27	\$39.38	\$35.71	\$54.26

## HOW TO SUBMIT A CLAIM

Go to the forms selection page on the Lincoln Financial website:

<https://bit.ly/lf-claims-forms>



- Under **Business Category**, check the **Claims** box
- Then, select your **State** and click the **Show Forms** button
- Choose the **Hospital Indemnity Claim Form** from the list of forms and follow the instructions on the form

## QUESTIONS?

**Call 877-ASK-LINC (877-275-5462)**

# ACCIDENT PLAN



Underwritten by Lincoln Financial.



Take a moment now to think about life as you know it. Then ask yourself these questions:

- If you were suddenly injured in an accident how would you manage the expenses of life during your recovery?
- How often are children injured in accidents?
- How much would a trip to the emergency room cost you? Would you want to ensure you and your family get the best care available?

## SOMETIMES LIFE TAKES A TUMBLE

Accidents and unexpected injuries are a fact of life. Even the healthiest and most safety-conscious employees find themselves on the wrong end of mishap. Accident insurance is a way for employees to help pay for medical bills and other out-of-pocket expenses that often arise after an unexpected injury. No employer can prevent accidents from happening, but it can provide access to meaningful accident-only insurance benefits so employees can help offset the costs associated with the accident.

- Deductibles and copayments
- Transportation and lodging costs
- Everyday bills and more

What's more, your benefits come directly to you without any retributions on how you can use them.

Lincoln's Accident Plan is not your ordinary accident insurance. It is a group voluntary Off-The-Job accident-only insurance policy that can help fill gaps not covered by comprehensive health insurance plans.

## NON-OCCUPATIONAL ACCIDENT INSURANCE PROVIDES BENEFITS FOR:

- **Hospital Admission**
- **Hospital Confinement**
- **Hospital Intensive Care Unit**
- **Emergency Room Treatment**

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

**Benefits paid directly to you, regardless of any other coverage you have, without any restrictions on how you can use them:**

### INITIAL CARE BENEFITS

Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental.

### INJURY BENEFITS

Burn; concussion; dislocation; eye injury; ruptured disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury torn knee cartilage.

### FOLLOW-UP CARE

Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation.

### GUARANTEED ISSUE

There are no medical questions you'll have to answer, **but your spouse or domestic partner must answer a disability question.**

### LEVEL PREMIUMS AND BENEFITS

Rates don't increase and benefits don't decrease because of age.

### FAMILY INSURANCE

Apply for your spouse, children and dependent grandchildren.

### PORTABILITY

Take your insurance with you. You may keep current policy and be individually billed.

### CONVENIENT PAYROLL DEDUCTION

No bills to watch for. No checks to mail. A direct bill option is available when you change jobs or retire.

## HOW TO SUBMIT A CLAIM

Go to the forms selection page on the Lincoln Financial website:

<https://bit.ly/lf-claims-forms>



- Under **Business Category**, check the **Claims** box
- Then, select your **State** and click the **Show Forms** button
- Choose the **Accident Group Claim Form** from the list of forms and follow the instructions on the form

## QUESTIONS?

Call 877-ASK-LINC (877-275-5462)

# CRITICAL ILLNESS

Underwritten by Lincoln Financial.

Take a moment now to think about life as you know it. Then ask yourself these questions:

- If you were to be diagnosed with a critical illness how would you manage the expenses of life during this time?
- How will you continue to pay for childcare and other bills?
- What are your treatment options? Are there other doctors, specialists or hospitals outside your neighborhood available to you?
- If you were unable to work during your recovery, would you need additional funds?

## LIFE CAN CHANGE IN AN INSTANT

Critical illness insurance provides a lump-sum cash benefit that you can use as you wish. After the critical illness diagnosis, you or your insured family member will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the certificate effective date.

### COVERED CONDITIONS:

- Heart Attack
- Stroke
- Cancer (Invasive, Non-Invasive, and Skin Cancer)
- Benign Tumor
- Arterial/Vascular Disease
- Childhood Disease
- Permanent Paralysis
- Endstage Kidney Failure
- Major Organ Failure
- Occupational Exposure
- Progressive Disease
- Severe Burns
- Mitral or Aortic Valve Disease
- Severe Traumatic Brain Injury

### PRE-EXISTING LIMITATION<sup>1</sup>

There is no pre-existing limitation on this product as all illness are considered first occurrence after the effective date.

## HOW TO SUBMIT A CLAIM

Go to the forms selection page on the Lincoln Financial website:

<https://bit.ly/lf-claims-forms>



- Under **Business Category**, check the **Claims** box
- Then, select your **State** and click the **Show Forms** button
- Choose the **Critical Illness Group Claim Form** from the list and follow the instructions on the form

## QUESTIONS?

Call 877-ASK-LINC (877-275-5462)



## Lincoln Financial Critical Illness Insurance provides benefits you'll appreciate:

### SINGLE CASH BENEFIT

Choose a benefit from \$10,000, \$20,000 or \$30,000. Benefit amounts vary by state. Please consult your policy/group certificate for details.

### HEALTH SCREENING BENEFIT

Health Screening Benefit pays a \$50 benefit once per insured per calendar year for undergoing a qualifying health screen test. Please consult your policy/group certificate for details.

### RECURRENT CRITICAL ILLNESS BENEFIT RIDER<sup>2</sup>

This benefit provides you and your family with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the employer. A recurrence of the same critical illness must be separated by a 6-month waiting period. For a cancer condition, you or your insured family member must be treatment free for 12 months.

### ATTAINED AGE PREMIUMS

Rates are based on your age as of each plan anniversary.

### HOSPITALIZATION/TREATMENT

Not required to collect benefit. You receive benefit payments after first diagnosis.

### FAMILY INSURANCE

Apply for your spouse, children and dependent grandchildren.

### PORTABILITY

Take your insurance with you. You may keep current policy and be individually billed.

### CONVENIENT PAYROLL DEDUCTION

No bills to watch for. No checks to mail. A direct bill option is available when you change jobs or retire.

1. Please refer to Schedule of Benefits for benefit amounts and covered conditions by state.
2. Hospital Confinement and ICU benefits cannot be paid at the same time.

Benefit amount payable may vary by state. This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

# GROUP TERM LIFE/AD&D



## EMPLOYER PAID BASIC GROUP TERM LIFE AND AD&D

All benefit eligible Associates are provided with Basic Life Insurance coverage and Accidental Death & Dismemberment (AD&D) coverage at no cost to you. Driving Associates receive the greater of \$25,000 or 1x salary and Non-Driver Associates receive the amount of 1x salary up to \$300,000 (value may decrease after age 65).

**To complete enrollment for this benefit you must contact the enrollment center within 60 days of your hire date even if you are not electing any other benefits to confirm your beneficiary.**

## SUPPLEMENTAL GROUP TERM LIFE AND AD&D

You have the option to elect additional coverage called Supplemental Life Insurance and Accidental Death and Dismemberment Insurance.



### EMPLOYEE OPTIONS

As an employee you may purchase up to \$500,000 of Supplemental Life Insurance (with a matching AD&D amount) on yourself in \$10,000 increments.

- **Guaranteed Issue limits for New Hires only:** You may elect the lesser of 5X's basic yearly earnings or \$200,000 without providing evidence of insurability (EOI).
- **During the 2023 open enrollment period only:** Late entrants and employees outside their new hire enrollment period must submit evidence of insurability for all amounts of insurance.

**Current enrolled employees may elect two increments of \$10,000 up to the GI level of \$200,000 without evidence of insurability. All amounts over the GI require EOI.**

**Current enrolled employees with coverage at or above \$200,000 will require evidence of insurability (EOI) for all increases in coverage.**

**Employees who have previously been declined coverage are not eligible for this open enrollment.**

### SPOUSE OPTIONS\*

Spouse\*\* - Eligible employees may elect Spouse Supplemental Life and AD&D insurance of up to \$500,000 in \$5,000 increments not to exceed your approved employee Supplemental Life Insurance amount. Coverage is available only if Employee Supplemental Life Insurance is elected.

- **Guaranteed Issue limits for New Hires only:** You may elect up to \$25,000 of spouse coverage without providing EOI.

### CHILD OPTIONS

**Children** - Eligible Employees may elect Child Supplemental Life and AD&D in increment of \$2,000 to a maximum of \$10,000 age 1 day to 26 years (regardless of marital or student status).

**\*All elections to increase coverage or for new coverage require medical underwriting (EOI).**

**\*\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.**

EMPLOYEE SUPPLEMENTAL LIFE RATES				SPOUSE SUPPLEMENTAL LIFE RATES				CHILDREN RATES	
NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO		ALL MEMBERS	
AGE	PER \$1,000	AGE	PER \$1,000	AGE	PER \$1,000	AGE	PER \$1,000	AGE	PER \$1,000
0-29	\$0.110	0-29	\$0.160	0-29	\$0.150	0-29	\$0.200	1 day to 26 years (regardless of marital or student status)	0.228
30-34	\$0.120	30-34	\$0.190	30-34	\$0.160	30-34	\$0.230		
35-39	\$0.150	35-39	\$0.230	35-39	\$0.190	35-39	\$0.270		
40-44	\$0.210	40-44	\$0.370	40-44	\$0.250	40-44	\$0.410		
<b>45-49</b>	<b>\$0.340</b>	45-49	\$0.660	45-49	\$0.380	45-49	\$0.700		
50-54	\$0.520	50-54	\$1.010	50-54	\$0.560	50-54	\$1.050		
55-59	\$0.850	55-59	\$1.600	55-59	\$0.890	55-59	\$1.640		
60-64	\$1.200	60-64	\$2.120	60-64	\$1.240	60-64	\$2.160		
65-69	\$2.120	65-69	\$3.440	65-69	\$2.160	65-69	\$3.480		
70-74	\$3.230	70-74	\$4.780	70-74	\$3.270	70-74	\$4.820		
75+	\$6.010	75+	\$8.100	75+	\$6.050	75+	\$8.140		

**RATE CALCULATION EXAMPLE**

**EMPLOYEE (NON-TOBACCO USER)**  
Desires a \$20,000 Benefit

Age of 46 = Rate of \$0.34  
\$20,000 divided by 1,000 = 20  
20 x \$0.34 = \$6.80 per month

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# DISABILITY INSURANCE



Long Term and Short Term Disability Income Insurance.

## LONG TERM DISABILITY (LTD)

LTD provides you with benefits to replace part of your paycheck when you can't work because of sickness or injury. They work hand-in-hand with STD coverage to ensure you and your family's financial security. Employees must be working a minimum of 30 hours per week to be eligible for coverage. Pre-existing conditions are excluded from coverage.

**You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and the disability begins in the first 12 months after your effective date of coverage.**

- LTD is available for employees.
- You are responsible for the full cost of your LTD insurance.
- Premium payments will be made through post-tax payroll deductions.
- When you become disabled you must complete an elimination period, meaning you are absent from work due to the same disability for 90 consecutive days before benefits are payable.
- Premiums are waived as long as you are receiving LTD benefits.
- Rates are based on your current age (adjusted each year on the program anniversary date) and based on your prior year's W-2 earnings. If no W-2 was issued, then the benefit is based on your base salary.

NON-DRIVER ASSOCIATES	DRIVING ASSOCIATES
Coverage amount is 60% of your monthly earnings to a maximum benefit of \$5,000/month.*	Coverage amount is 50% of your monthly earnings to a maximum benefit of \$5,000/month.*
If disability occurs before age 60, benefit may be paid to age 65. If disability occurs on or after age 60, benefits are paid according to a benefit schedule.	<ul style="list-style-type: none"> <li>• 2 years if disability occurs before age 65</li> <li>• Not less than 1 year if disability occurs between the age of 65-69</li> <li>• 1 year of disability occurs at age 70 and over</li> </ul>

### RATE CALCULATION EXAMPLE (STD)

DRIVING ASSOCIATE | AGE 40 | ANNUAL SALARY - \$50,000

\$50,000 divided by 52 weeks = \$961.54 weekly salary  
 Weekly Salary = \$961.64 x 50% = \$480.77 weekly benefit  
 Age of 40 = Rate of \$0.35  
 Weekly Benefit of \$480.77 divided by 10 = \$48.07  
 48.07 x .35 = \$16.82 per month

### RATE CALCULATION EXAMPLE (LTD)

NON-DRIVER ASSOCIATE | AGE 41 | ANNUAL SALARY - \$50,000

50,000 divided by 12 months = \$4,166.67 monthly salary  
 Maximum Eligible salary formula: \$5,000 divided by 50% = \$10,000  
 Your volume will be the lesser of your monthly salary or the monthly eligible salary cap of \$10,000  
 Age of 41 = Rate of \$0.45  
 Monthly Salary (Volume) \$4,166.67 divided by 100 = \$41.67  
 41.67 x .45 = \$18.75 per month



## SHORT TERM DISABILITY (STD)

STD benefits provide weekly income to you if you become disabled and are not able to work due to illness or off the job injuries. Employees must be working a minimum of 30 hours per week to be eligible for coverage.

**All employees, including non-new hires electing for the first time, can elect STD and LTD coverages without EOI. However, you will be subjected to the current policy Pre-Existing limitations. Employees who have previously been declined coverage are not eligible for this Limited Enrollment.**

- STD is available for employees.
- You are responsible for the full cost of your STD insurance.
- Premium payments will be made through post-tax payroll deductions.
- Your STD benefits are paid for up to 12 weeks. When you become disabled you must complete a 7 day waiting period before benefits are payable.

NON-DRIVER ASSOCIATES	DRIVING ASSOCIATES
Coverage amount is 60% of your weekly earnings to a maximum benefit of \$1,000/week.*	Coverage amount is 50% of your weekly earnings <sup>3</sup> to a maximum benefit of \$600/week.*

1 = Rate per \$10 of Coverage Amount. 2 = Rate per \$100 of Basic Monthly Earnings. 3 = Drivers - For employees who do not have a w-2 from the prior year, base salary is defined as "a base salary of \$52,000 per year (which includes per diem pay)."

### DISABILITY INCOME INSURANCE RATES

AGE	SHORT-TERM	LONG-TERM	
	PER \$10 <sup>1</sup>	CLASS I NON-DRIVERS <sup>2</sup>	CLASS II DRIVING ASSOC <sup>2</sup>
0-24	0.26	\$0.15	\$0.17
25-29	0.27	\$0.15	\$0.17
30-34	0.27	\$0.22	\$0.26
35-39	0.29	\$0.35	\$0.42
40-44	0.35	\$0.45	\$0.61
45-49	0.38	\$0.65	\$0.94
50-54	0.45	\$0.82	\$1.34
55-59	0.56	\$1.14	\$1.51
60-64	0.68	\$1.14	\$1.34
65+	0.78	\$1.42	\$1.34

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# EMPLOYEE STOCK PURCHASE PLAN

## Purchase shares of Knight-Swift Transportation Holdings Inc.



Knight Transportation is excited to announce the opportunity to all Knight Transportation Associates\* (who are currently employed with Knight Transportation for more than 90 days) to participate in the Employee Stock Purchase Plan (ESPP).



## KNIGHT-SWIFT ESPP

This opportunity will allow you to purchase shares of Knight-Swift Transportation Holdings Inc. (NYSE: KNX) on a quarterly basis at a 5% discount of the closing price at the conclusion of each quarter. **Purchase date may be up to 15 days after quarter ends.**

- These shares will be purchased with funds you have elected to have withheld from your payroll

For each offering period, you can contribute from 1% to 15% from your eligible pay (salary, bonus and commission) up to a maximum stock value of \$25,000 per calendar year. Deductions from your paycheck are made automatically on an after-tax basis, and are held in a non-interest-bearing account until stock purchases are made.

- You can change or stop your contributions during an offering period

**The enrollment period to elect participation in the Knight-Swift ESPP is during the first two weeks of the month prior to a new quarter beginning (March, June, September, December).** During this enrollment period, if you wish to take advantage of the 5% discount on Knight-Swift company stock, you will need to go online and elect to participate (detailed directions on the right) or call Merrill Lynch at **855.793.8785**.

- All elections must be made by the employee through a Merrill Lynch Account

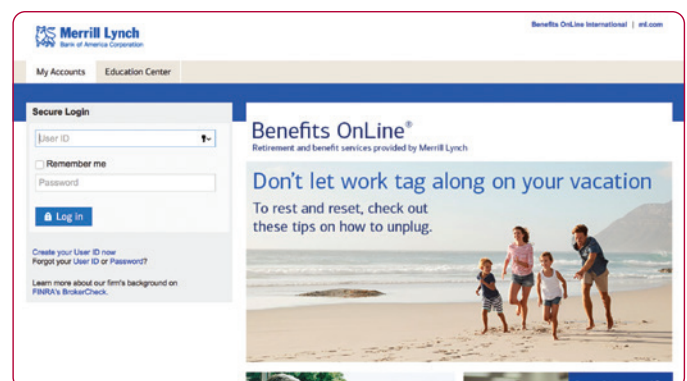
The Knight Transportation Benefits Team will not be able to make the elections on your behalf.

**To learn more about the Knight-Swift ESPP, call 855.793.8785 and speak with a Participant Service Representative.**

## HOW TO ENROLL

If you wish to enroll in the Knight-Swift ESPP, follow the steps below:

- Access the site at [www.benefits.ml.com](http://www.benefits.ml.com)
  - The first time you visit the site, you'll need to **create a User ID and password**, which you can do by clicking the **Create your User ID now link** on the login page
  - You will need your **Social Security Number** (non-U.S. employees will receive an internal verification number, which is used to create a User ID and password)
  - If you already have a User ID and password for another plan at Merrill Lynch (such as the Knight-Swift equity plan), you do not need to create new ones
- After logging in, you'll be on the **My Accounts** page
  - During enrollment periods, you'll see an **exclamation point next to the plan's name** (Knight-Swift Transportation ESPP) on the left hand side of the page
  - Hovering over that icon will produce a pop-up, from which you can click **See My Elections**
  - Clicking that link will take you to the **Portfolio page on Computershare's website** to enroll in the ESPP
- From the **Portfolio page**, you will be able to make your ESPP enrollment elections
  - **Follow the prompts** to begin your enrollment, starting with your tax certification
  - You will be prompted to **enter the percentage of your eligible compensation you wish to contribute** to the ESPP.



# RETIREMENT 401(K)



After 90 days you will be eligible and auto-enrolled at 3%.

For new hires and rehires, after 90 days you will be eligible for participation and auto-enrolled at a 3% withholding (pre-tax) into Knight-Swift Transportation Holdings, Inc. 401(K) Plan. It's a great way to save enough for the life you want in retirement. The 90-day waiting period will consider past employment with Knight, Swift, Barr-Nunn, Abilene Motor Express, AAA Cooper, and MME for your effective date.

## PLAN OVERVIEW

### DEFERRALS AND EMPLOYER MATCH

Once you're eligible for the Plan, you can contribute a pretax portion of your salary, up to 75% of your eligible pay with a maximum of \$20,500 per year (this amount may change per IRS guidelines for 2023). Knight Transportation will match the greater of 100% up to 3% of eligible pay, or \$2,000. The Employer match will be calculated based upon the combined contributions made to your Pre-Tax plan as well as your Roth (if contributing) made during the plan year.

### ROTH CONTRIBUTIONS

You'll also have the option to put aside after-tax Roth contributions. You do pay income tax on the money when you contribute it, but contributions and earnings can be withdrawn tax-free as long as you're at least age 59 1/2 at the time of the withdrawal and the money has been in your account for at least 5 years.

### STAY UP-TO-DATE

Once your account is set up, you can make changes to your contributions and TO YOUR other preferences any time at [principal.com](http://principal.com). Plus, we'll send you tips to help you maximize your participation in the Knight-Swift Transportation Holdings, Inc. 401(k) Plan.

You are fully vested day one of your 401K contributions. The below vesting schedule refers to Knight's match contributions.

VESTING SCHEDULE	
YEARS OF SERVICE	VESTED AMOUNT
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5+ years	100%

### BENEFICIARY DESIGNATION

Login to [www.principal.com](http://www.principal.com) or call 800-547-7754 to designate or update your beneficiary!

Retirement Readiness: [principal.com/WellnessPlanner](http://principal.com/WellnessPlanner)  
Education and Insight: [principal.com/LearnNow](http://principal.com/LearnNow)

Questions:

**800.547.7754**

## ROTH CONTRIBUTIONS

### ARE ROTH CONTRIBUTIONS RIGHT FOR YOU?

"Roth contributions" might be one of those terms that you've heard before but aren't sure what it means. Based on your current retirement plan situation, they could help you get more out of your savings when you retire.

**Roth contributions might be right for you if you:**

- Are a consistent saver.
- Are on track to exceed your estimated retirement needs.
- Can't participate in a Roth IRA.
- Think your income tax rate will be higher in retirement than it is now.

### ARE ROTH CONTRIBUTIONS DIFFERENT FROM REGULAR CONTRIBUTIONS?

**Regular contributions to your 401 (k) or 403(b)**

- You **don't** pay income taxes on the money when you contribute.
- You **do** pay income tax when you withdraw it.
- May be better if you think your tax rate will go down when you retire.

**Roth contributions**

- You **do** pay income tax on the money right when you contribute it.
- You **don't** pay income tax when you withdraw it, as long as you're at least age 59 1/2, and the money has been in your account for at least five years.
- May be better if you think your tax rate will be higher when you retire.

### PAY TAXES NOW OR LATER?

Figuring out whether you'll pay more taxes now or when you retire can be tricky. However, as long as your employer's plan allows it, you can make a combination of both regular and Roth contributions to help balance out what you owed.

**We can help. Go to: [principal.com/roth](http://principal.com/roth) to use the Roth calculator**

Enroll in your 401(k) at:  
<https://secure05.principal.com/retirement/enroll/>

**Need help?**

Call **1.800.547.7754**,

Mon through Fri, 7am - 9pm CT





# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Available to all employees.

**EmployeeConnect** offers professional, confidential services to help you and your loved ones improve your quality of life.

**EmployeeConnect** counselors are experienced and credentialed. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

## IN-PERSON GUIDANCE

Some matters are best resolved by meeting with a professional in person. With **EmployeeConnect**, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

## UNLIMITED 24/7 ASSISTANCE

You and your family can access the following services anytime – online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

## ONLINE RESOURCES

**EmployeeConnect** offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **GuidanceResources.com** or download the **GuidanceNow** mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more



For more information about the program, visit **GuidanceResources.com**, download the **GuidanceNow** mobile app or call **888.628.4824**.

**GuidanceResources.com** login credentials:  
Username: **LFGSupport** | Password: **LFGSupport1**



# LIFEKEYS SERVICES

Available to all employees.

No matter how well you plan, unexpected challenges will arise. When they do, help and support are nearby – thanks to **LifeKeys** services from Lincoln Financial Group

## LIFEKEYS SERVICES INCLUDE:

### Save money on shopping and entertainment

You have access to **GuidanceResources Online** that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more. Also available in the **GuidanceNow** mobile app.

### Help with important life matters

You'll find supportive tools and advice on a wide range of topics – including legal, financial, family and career on **GuidanceResources Online**. It's one way to stay "in the know" on matters that impact your personal and professional life.

### Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. **LifeKeys** includes an online resource for the information you need to recognize and prevent identity theft – and restore your good name.

### Online will preparation

Creating a will allows you to make vital decisions ahead of time – such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. **EstateGuidance** offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

### Guidance and support for your beneficiaries

**LifeKeys'** comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters and help coping with the occasional challenges of day-to-day life.

## FOR YOUR BENEFICIARIES:

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. **LifeKeys** services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

- Grief counseling—advice, information and referrals
- Legal support—quick access to legal information
- Financial services—online resources or advice
- Help with everyday life—comprehensive information

## It's easy to access LifeKey services.

Download the **GuidanceNow** app at **GuidanceResources.com** or call **855.891.3684**.  
(1st-time user: Enter Web ID **LifeKeys**)



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# TRAVELCONNECT SERVICES

Available to all employees.

**TravelConnect** services offer help, comfort and reassurance to help make travel less stressful. If you're enrolled in Lincoln's Life/AD&D insurance, you and your loved ones can count on **TravelConnect** services 24 hours a day, 7 days a week.

## DURING AN EMERGENCY

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. **TravelConnect** helps with:

- Arranging travel if you're injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster, or a political or security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return

## WHEN YOU'RE FAR FROM HOME

From planning the trip until flying home, these **TravelConnect** services can help you on your way:

- Medical record requests
- Medication and vaccine delivery
- Medical, dental and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information.

### For a list of TravelConnect services:

Go to [mysearchlightportal.com](http://mysearchlightportal.com), and enter your Group ID: **LFGTravel123**



If you need medical, security or travel assistance, regardless of the nature or severity of your situation, contact On Call 24 hours a day:

Call collect from anywhere in the world: **+1.603.328.1955**

Call toll free from U.S. or Canada: **866.525.1955**

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**Global Assistance Services** must be coordinated and approved by On Call in order to be covered.

**See your plan description** for full terms and conditions of the services offered in your plan.



# FUNERALPREP

Available to all employees.

With many details to manage and decisions to make, the funeral planning process can be overwhelming. To help you every step of the way, we've partnered with **Funeral Decisions Co.** to provide comprehensive planning services: **Lincoln FuneralPrep**.

## WHAT IS LINCOLN FUNERALPREP?

An online portal that provides a breadth of resources, Lincoln FuneralPrep can help with at-need planning or pre-planning—24 hours a day.

### At-need planning

When grieving the loss of a loved one, you're dealing with far more than a life insurance claim. Each year many workers will be affected by a loss and many will face the overwhelming task of making funeral arrangements. FuneralPrep helps you reduce the stress and uncertainty of making rapid decisions during an emotional time.

### Pre-planning

Planning ahead is one of the best things you can do for your family. Even a simple plan can make a big difference. In addition to providing pre-planning resources, FuneralPrep can direct you to funeral planning professionals who can provide expert guidance and advice.

## HOW TO ACCESS FUNERALPREP:

### 1. Self-service online portal: [Lincolnfuneralprep.com](http://Lincolnfuneralprep.com)

The online portal at [lincolnfuneralprep.com/gplife](http://lincolnfuneralprep.com/gplife), includes a wealth of online funeral planning resources and services, including the ability to:

- **Search for funeral homes.** Access an interactive list of funeral homes and cemeteries around the country. You can easily find suitable providers by filtering by location, service, and budget.
  - **Access market information.** Get a sense of your options by reviewing price ranges and service options in your selected geographic location.
  - **View guides and checklists.** Organize your priorities, consider your options, and make informed decisions based on your preferences with our handy online guides and checklists
- ### 2. Connect with a funeral planning consultant
- Work with a funeral planning expert who is prepared to guide you through the pre-planning process and:
- **Help compare options.** Get help comparing pre-planning options, even if you don't have a specific funeral home in mind.
  - **Provide personalized service.** Work with our experts to ensure your plans reflect your wishes and meet your objectives.
  - **Offer objective guidance.** Get guidance on planning options and various funding strategies.

**We're here for you and your loved ones.**

To learn more about **Lincoln FuneralPrep**, visit: [lincolnfuneralprep.com/gplife](http://lincolnfuneralprep.com/gplife)



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# FAQ FREQUENTLY ASKED QUESTIONS

## How to Register for the MyBlue Member Portal?

1. To Access MyBlue:
2. Go to [azblue.com/Member](http://azblue.com/Member) and under the section Register for MyBlue (located on the right side of the page) and select the link for the Member registration;
3. Review the terms and conditions and click Accept if you agree;
4. The next screen will ask if you are a member or new enrollee. Select Member;
5. On the next screen, enter the required registration information, and then choose a login ID, a password and a back-up security question. Be sure to have your Blue Cross Blue Shield membership ID card with you. You will need to type your name exactly as it appears on your ID card;
6. You should receive a Confirmation page and now select Login to MyBlue and explore all of the services available to you on MyBlue.

## Can an In-Network provider require payment up front?

This is up to the discretion of the provider. If this occurs and you have available funds in your HRA account, you can manually submit your expense to MyBlue Savings.

## What information do I need to have in order to enroll dependents for insurance coverage?

You need to have the legal name, birth date and social security number of all dependents you wish to enroll on your insurance plans. Please have this information available PRIOR to enrolling. If you are missing dependent information, your enrollment will not be complete.

## How do I know if my medical provider participates in the Blue Cross Blue Shield network?

There are several ways that you can find out if your provider participates in the Blue Cross Blue Shield PPO network. The most reliable way – for members who reside inside as well as outside of Arizona – to find out if your doctor is currently participating is to log on to [azblue.com/Doctor](http://azblue.com/Doctor). You may also call customer service at **1.866.286.0988**. It is always a good idea to check with your primary doctor and medical service providers prior to each visit to confirm that they are still participating in the Blue Cross Blue Shield PPO network.

## Who do I need to contact to correct and/or update my demographic information (name, date of birth, address)?

Please contact the corporate benefits department directly to correct and/or update your information. This information will be sent to all applicable insurance providers.

## If I enroll for benefits, when can I expect to receive my insurance ID cards?

You should expect to receive your medical, dental and vision insurance ID cards within 14-21 business days after your enrollment. **You will only receive these ID cards after your initial enrollment.** You will not receive insurance ID cards for all other benefits. If you do not receive them, please contact the insurance company directly to request a new card.

## Can I enroll my spouse if they have a different last name?

YES, you can enroll your legal spouse but you must first provide a copy of your legal marriage certificate to the corporate benefits department.

## What if I need access to care, but do not have my ID cards?

If you need immediate access to care and do not have your card, you can print a temporary ID card at [www.azblue.com](http://www.azblue.com) and logging on to the MyBlue Member Portal (see first question: How to Register for the BlueNet Member Portal), contact customer service at 1-866-286-0988, or give your healthcare provider your member number (SSN) and insurance contact information.

## Why am I currently paying for insurance coverage I did not elect?

If you are enrolled for coverage you did not elect, it may be the result of the National Medical Support Order that was received on behalf of your dependent child(ren). Knight is obligated to uphold a court order. If you wish to dispute the order please contact the child support enforcement agency directly.

## If I leave the company can I keep my group insurance coverage?

If you leave the company you may be able to continue your Knight group insurance by electing COBRA for up to 18 months. However, you are responsible for the entire premium, both the portion that you paid as an employee and the employer contribution as well.

# ENROLLMENT INSTRUCTIONS FOR 2023

## OCTOBER 3 - OCTOBER 14, 2022

There are two convenient ways to enroll in your 2023 benefits

### Enroll Online

- Go to: [www.benselect.com/KnightTransportation](http://www.benselect.com/KnightTransportation)
- Enter your **Social Security Number (SSN)**
- Enter your **Personal Identification Number (PIN)**: Enter the **last 4 digits of your SSN plus the last two digits of your year of birth** (6 digits total)
- Remember to **have all necessary information available** when enrolling:
  - **Social Security Numbers** for yourself and your dependents;
  - **Date of Birth** for yourself and your dependents;
  - **Proper spelling** of each dependent's first and last name;
  - **Beneficiary** details.

### Enroll by Phone

You are welcome to call the **Open Enrollment Education Center** at **1.888.564.4480** to speak with an enroller from October 3 to October 14, 2022 between the hours of 9 a.m. to 7 p.m., CST.



# LEGAL NOTICES

## Section 125

**Knight Transportation** will continue to offer a Section 125 premium plan, which allows payroll deductions for medical and dental coverage to be taken before taxes, providing you with significant tax savings. Elections made during open enrollment are binding until **December 31, 2023**. You cannot change or cancel coverage during the year unless a qualifying change in family status occurs. For more information, contact Human Resources.

## Notice of Special Enrollment

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll you and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contribution towards you and your dependents' other coverage).

However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll you and your dependents. However, you must request enrollment within 30 days after the marriage, birth adoption, or placement for adoption. For more information, contact Human Resources.

Special enrollment rights also exist in the following circumstances, where you or your dependents will have 60 days to request special enrollment in the group health plan coverage: If you or your dependents

experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or if you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP coverage that would pay the employee's portion of the health insurance premium.

## Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the medical plan options offered by **Knight Transportation** provide benefits for mastectomy related services. These services include reconstruction of the breast involved in mastectomy, surgery and reconstruction of the remaining breast to produce symmetrical appearance, and prosthesis and treatment of physical complications at all stages of mastectomy (including lymphedemas). Please refer to your summary plan description for details or contact AETNA at the number listed on your medical ID card.

## COBRA

(Consolidated Omnibus Budget Reconciliation Act of 1986)

## Notice of Employee Group Health Plan Continuation Coverage

Under Federal law, **Knight Transportation** is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates when coverage under the health plan would otherwise end due to certain qualifying events. This notice is intended to inform all plan participants, in summary fashion of your potential future options and obligations under the continuation coverage provisions of COBRA law. Should an actual

qualifying event occur in the future, you will receive additional information and the appropriate election notice at that time. Please take special note, however, of your notification obligations which are outlined in this notification.

## Qualifying Events for Covered Employee

If you are the covered employee, you may have the right to elect continuation coverage if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

## Qualifying Events for Covered Spouse

If you are the covered spouse of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- A termination or reduction of hours of your spouse's employment (for reasons other than gross misconduct)
- Death of your spouse
- Divorce or, if applicable, legal separation from your spouse
- Your spouse becomes entitled to Medicare

## Qualifying Events for Covered Dependent Children

If you are the covered dependent child of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- Termination or reduction in hours of the employee's employment (for reasons other than gross misconduct)
- The death of the employee
- Parent's divorce or, if applicable, legal separation
- The employee becomes entitled

to Medicare

- You cease to be a "dependent child" under the terms of the health plan

## Employee, Spouse & Dependent Notifications Required

Under law, the employee, spouse, or other family member has the responsibility to notify **Knight Transportation** of a divorce, legal separation, or a child losing dependent status under the **Knight Transportation Health Plan**.

This notification must be made within 60 days from whichever date is later, the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract because of the event. If this notification is not completed within the required 60 day notification period, then rights to continuation coverage will be forfeited.

Upon notification of a qualifying event, a COBRA election form notifying all covered individuals (also known as qualified beneficiaries) of their rights to elect continuation coverage is to be mailed to the most current address. Each qualified beneficiary has independent election rights and will have 60 days to elect continuation coverage. The 60 day election window is measured from the later of the date health plan coverage is lost due to the event or from the date of notification. This is the maximum period allowed to elect continuation coverage as the plan does not provide an extension of the election period beyond what is required by law. If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end and they cease to be a qualified beneficiary.

# LEGAL NOTICES

## Important Notice from Knight Transportation About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Knight Transportation** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Knight Transportation** has determined that the prescription drug coverage offered by AETNA is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage,

you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Knight Transportation** coverage may not be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/ options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current **Knight Transportation** coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Tuttle Click Automotive Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information:

**Knight Benefits  
Knight Transportation, Inc.  
2002 W Wahalla Ln  
Phoenix, AZ 85027  
602.352.5100  
benefits@knighttrans.com**

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Knight Transportation** changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year.

You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)  
Call your State Health Insurance Assistance Program (see the

inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call **1.800.MEDICARE** (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.213** (TTY 1.800.325.0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

# CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

## PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states as listed on the next page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility:**

ALABAMA Medicaid	ALASKA Medicaid	ARKANSAS Medicaid	CALIFORNIA
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hippd@dhcs.ca.gov">hippd@dhcs.ca.gov</a>
COLORADO	FLORIDA Medicaid	GEORGIA Medicaid	INDIANA Medicaid
Health First Colorado <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program-HIBI">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI</a> Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
IOWA Medicaid and CHIP	KANSAS Medicaid	KENTUCKY Medicaid	LOUISIANA Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	MASSACHUSETTS Medicaid & CHIP	MINNESOTA Medicaid	MISSOURI Medicaid
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740. TTY: Maine relay 711	Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005

# CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

MONTANA Medicaid	NEBRASKA Medicaid	NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	NEW YORK Medicaid	NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid	PENNSYLVANIA Medicaid	RHODE ISLAND Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
UTAH Medicaid and CHIP	VERMONT Medicaid	VIRGINIA Medicaid and CHIP	WASHINGTON Medicaid
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
WEST VIRGINIA Medicaid	WISCONSIN Medicaid and CHIP	WYOMING Medicaid	
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWHIPP (1-855-699-8447)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

*OMB Control Number 1210-0137 (expires 1/31/2023)*

# HEALTH INSURANCE MARKETPLACE

## PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Knight Transportation** at **602.352.5100**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



# HEALTH INSURANCE MARKETPLACE

## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: <b>Knight Transportation</b>	4. Employer Identification Number (EIN): <b>86-0649974</b>	
5. Employer address: <b>2002 W Wahalla Ln</b>	6. Employer phone number: <b>844.837.3979</b>	
7. City: <b>Phoenix</b>	8. State: <b>Arizona</b>	9. ZIP code: <b>85027</b>
10. Who can we contact about employee health coverage at this job? <b>Knight Transportation Benefits Department</b>		
11. Phone number (if different from above):	12. E-mail address: <b>benefits@knighttrans.com</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees.
  - Some employees.

Eligible employees are: All full-time employees of **Knight Transportation** working 30-hour or more hours per week on an ongoing basis.

- With respect to dependents:
  - We do offer coverage.
  - We do not offer coverage.

Eligible employees are:

- Your legal spouse
- Your eligible children up to age 26. "Children" are defined as your natural children, stepchildren, legally-adopted children and children for whom you are the court-appointed legal guardian

- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed midyear, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.





# IMPORTANT CONTACT INFORMATION

BENEFIT	CARRIER	PHONE	WEBSITE / EMAIL
MEDICAL	BLUE CROSS BLUE SHIELD OF ARIZONA	866.286.0988	AZBLUE.COM
HEALTH REIMBURSEMENT ACCOUNTS	BLUE CROSS BLUE SHIELD OF ARIZONA	855.352.5737	MYBLUESAVINGS.COM
LIFESTYLE COACHING	SHARECARE (BCBSAZ)	1.877.292.1359	AZBLUE.SHARECARE.COM
FLEXIBLE SPENDING ACCOUNTS	MYBLUESAVINGS (BCBSAZ)	855.352.5737	MYBLUESAVINGS.COM
DENTAL	DELTA DENTAL OF ARIZONA	602.938.3131, OPT #1 OR 800.352.6132	DELTADENTALAZ.COM
VISION	DAVIS VISION	800.999.5431	DAVISVISION.COM
HOSPITAL INDEMNITY INSURANCE	LINCOLN FINANCIAL GROUP	800.423.2765	MYLINCOLNPORTAL.COM
ACCIDENT AND CRITICAL ILLNESS	LINCOLN FINANCIAL GROUP	800.423.2765	MYLINCOLNPORTAL.COM
GROUP TERM LIFE INSURANCE	LINCOLN FINANCIAL GROUP	800.423.2765	LIFECLAIMS@LFG.COM
DISABILITY INSURANCE	LINCOLN FINANCIAL GROUP	800.423.2765	DISABILITYCLAIMS@LFG.COM
EMPLOYEE STOCK PURCHASE PLAN	MERRILL LYNCH	855.793.8785	BENEFITS.ML.COM
RETIREMENT / 401K	PRINCIPAL	800.547.7754	PRINCIPAL.COM
EMPLOYEE ASSISTANCE	COMPSYCH	888.628.4824	GUIDANCERESOURCES.COM
CORPORATE BENEFITS DEPARTMENT		602.352.5100	BENEFITS@KNIGHTTRANS.COM

**OPEN ENROLLMENT: 888-564-4480 | NEW HIRE ENROLLMENT: 844-564-4482**



This information is provided for highlights purposes only. Full plan details are provided in the plan SPD/booklet-certificate. Like most group insurance policies, this policy has certain conditions, limitations and exclusions. While every effort has been made to ensure accuracy, the highlights sheet is not a plan document. If there are any errors, omissions, discrepancies or other differences between the highlights sheet and formal plan documents, the plan documents shall always govern.