KNIGHT TRANSPORTATION

2026 EMPLOYEE BENEFITS GUIDE

For You & 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.

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.

INSIDE THE GUIDE

For Your Health

For Your Financial Future

Free Additional Benefits

For Your Information

WHAT'S NEW FOR 2026

PASSIVE OPEN ENROLLMENT

Benefits (except FSA) roll to 2026

Current benefit selections automatically carry over to 2026 unless you make changes.

Exception: Flexible Spending Accounts (FSAs) do not rollover, you must re-enroll each year to continue participation.

PHARMACY BENEFITS - AZBLUE

Prescription benefits bundled with BCBSAZ medical

Only one digital ID card is needed for medical and prescription benefits.

Plastic ID cards will no longer be mailed out. If you would like to receive a paper ID card, please visit the BCBS portal and opt out of Paperless Delivery.

NEW BIOMETRICS

U.S. Wellness and Knight

Simplified biometric screenings! See page 8 for details.

ENROLLMENT INFORMATION

FOR OPEN ENROLLMENT AND NEW HIRES

ANNUAL OPEN ENROLLMENT

Once a year an Annual Open Enrollment (AOE) is held for you to add, change, or remove your elective benefits. This event does not waive the New Hire waiting period.

PASSIVE ENROLLMENT FOR 2026: Your current benefit selections will automatically carry over to 2026 unless you make changes. IMPORTANT: Flexible Spending Accounts (FSAs) do not rollover, you must re-enroll each year to continue participation. We strongly encourage you to review your benefit elections and update your beneficiary information to ensure everything is accurate and up to date.

Applicable pre-and post-tax payroll deductions usually begin on the first pay period 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 or experience a mid-year qualifying life event.

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.

MID-YEAR CHANGES

IMPORTANT – Outside of the AOE period, you will not be allowed to change your benefit elections or add/remove your 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 or status of dependents (e.g. birth, adoption, death)
- 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
- Have a reduction in hours due to a leave of absence

***Employees on a leave of absence exceeding 90 days** will no longer be eligible for certain benefit coverages. **If the leave extends to 12 months or more**, the employee will no longer be eligible for voluntary benefits.*

***In the event you need to change your status as the result of a Life Event**, you must make your changes through our benefits portal within 30 days. You will be required to submit proof of your life event.*

***If your request for a mid-year change has not been submitted within 30 days of the event date including the proof of life event documentation** your request will be denied and you will not be allowed to make changes until the following AOE.*

ENROLLMENT FOR 2026

See instructions on back cover

EDUCATION CENTER

October 13 - October 24, 2025 | 9a-7p CST

1.833.446.8822

SELERIX SELF-SERVICE

October 13 - October 24, 2025

OPEN ENROLLMENT FOR 2026

NEW HIRE ENROLLMENT FOR 2026

BAI CAN HELP YOU CHOOSE THE RIGHT HEALTH INSURANCE OPTIONS

Benefits ALL IN

We've teamed up with Benefits All In (BAI) to help you make the most of your health insurance.

Whether you're eligible for Medicare, going through a mid-year life change that affects your coverage, or simply comparing your plan with your spouse's, BAI is here to guide you. They'll review your current plan and help you explore the best options for you and your family.

Contact BAI directly at 833-307-3649.

ENROLLMENT INSTRUCTIONS

OPEN ENROLLMENT DATES:

OCTOBER 13 - OCTOBER 24, 2025

TWO WAYS TO ENROLL

There are two convenient ways to enroll in your 2026 employee benefits:

1. Enroll Online

There are two convenient ways to enroll in your 2026 employee benefits:

- Go to: **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 you and your dependents;
  - **Date of Birth** for you and your dependents;
  - **Proper spelling** of each dependent's first and last name;
  - **Beneficiary** details.

2. Enroll by Phone

You are welcome to call the **Open Enrollment Education Center** at **833.446.8822** to speak with an enroller from October 13 to October 24, 2025 between the hours of 9 a.m. to 7 p.m., CST.

BENEFITS
SERVICE CENTER

(833) 446-8822

Mon–Fri: 9AM – 7PM (CST)

MEDICAL PLANS

EMPLOYEE CONTRIBUTIONS FOR MEDICAL INSURANCE ARE AUTOMATICALLY DEDUCTED FROM YOUR PAYCHECK ON A PRE-TAX BASIS

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

YOUR SHARE	STANDARD PLAN ($2,750)	WELLNESS PLAN ($1,750)	
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)*			
TOTAL ANNUAL DEDUCTIBLE	**IN-NETWORK***	**IN-NETWORK**	**OUT-OF-NETWORK**
Employee	$2,750	$1,750	$7,000
Employee +1	$4,250	$3,250	$14,000
Family	$4,250	$3,250	$14,000

* 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 (COINSURANCE)	**IN-NETWORK**		**IN-NETWORK**	**OUT-OF-NETWORK**
YOU PAY	25%		20%	50%
Plan Pays	75%		80%	50%
PHARMACY (DEDUCTIBLE DOES NOT APPLY)	**RETAIL**	**MAIL ORDER**	**RETAIL**	**MAIL ORDER**
Generic* (Tier 1)	$15 Copay	$30 Copay	$15 Copay	$30 Copay
Preferred Brand (Tier 2)	50% up to $300	50% up to $600	50% up to $300	50% up to $600
Non-Preferred Brand (Tier 3)	50% up to $300	50% up to $600	50% up to $300	50% up to $600
Specialty Medications (Tier 4)	50% up to $500	50% up to $1,000	50% up to $500	50% up to $1,000
* 100% coverage for generic maintenance medications for diabetes, high blood pressure and cholesterol filled at retail and mail order.				
ANNUAL OUT-OF-POCKET MAX[1]	**IN-NETWORK**		**IN-NETWORK**	**OUT-OF-NETWORK**
Employee	$7,150		$7,150	Unlimited
Employee +1	$14,300		$14,300	Unlimited
Family	$14,300		$14,300	Unlimited
PREVENTIVE CARE	**COVERED AT 100%**		**COVERED AT 100%**	
EMERGENCY ROOM COPAY	$300 Copay, waived if admitted		$300 Copay, waived if admitted	
URGENT CARE COPAY	$75 - Deductible Waived		$75 - Deductible Waived	50%
BLUECARE ANYWHERE TELEHEALTH SERVICES	$0 per Virtual Visit (See page 11 for more information)			

RATES

STANDARD & WELLNESS	WEEKLY	BI-WEEKLY	MONTHLY
Employee	$44.27	$88.54	$191.84
Employee +1	$105.21	$210.41	$455.89
Family	$113.97	$227.93	$493.85

To remove surcharges, you must complete a biometric screening and either meet the health requirements or complete the alternate options laid out on page 8.

PREMIUM SURCHARGES	WEEKLY	BI-WEEKLY	MONTHLY	WELLNESS PLAN ONLY
Nicotine	+ $34.62	+ $69.23	+ $150.00	To participate in this plan, you must complete the biometric screening and meet the required health metrics (see page 8)
Cholesterol	+ $11.00	+ $22.00	+ $47.67	

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.

1 - Deductible and HRA funds apply.

PROSANO PLAN

FOR EMPLOYEES RESIDING IN ARIZONA

This plan is not eligible for HRA Funds

BLUE SIGNATURE PROSANO $2500 PLAN

You can receive covered services from in-network or out-of-network providers, *including the BCBS network of providers.* Services provided by the Prosano Care Team are available to members at $0. No copay, no deductible no hidden fees.

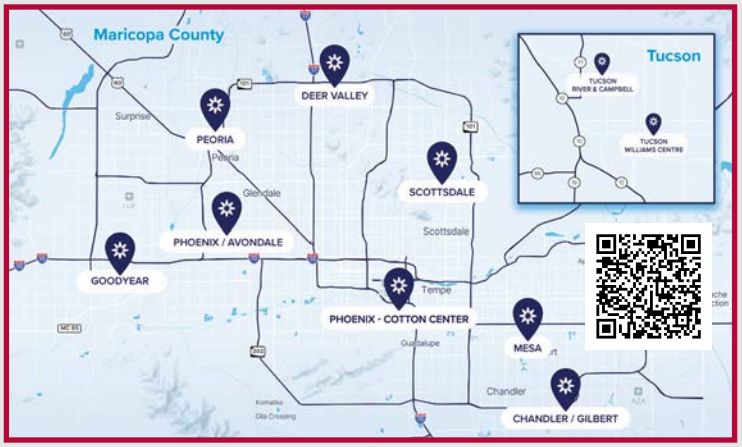
IN-NETWORK	OUT-OF-NETWORK
$2,500	$5,000
$5,000	$10,000
$5,000	$10,000

YOUR HEALTH PLAN

You will pay in-network cost share for covered services provided by in-network providers other than Prosano Health. You will pay out-of-network cost share and the provider's balance bill for covered services provided by out-of-network providers.

IN-NETWORK	OUT-OF-NETWORK
20%	50%
80%	50%
RETAIL	**MAIL ORDER**
$15 Copay	$30 Copay
50% up to $300	50% up to $600
50% up to $300	50% up to $600
50% up to $500	50% up to $1,000
IN-NETWORK	**OUT-OF-NETWORK**
$6,500	$13,000
$13,000	$26,000
$13,000	$26,000
COVERED AT 80%	**COVERED AT 50%[1]**
20% coinsurance After Deductible	50% Coinsurance
20% coinsurance After Deductible	50% Coinsurance
$0 per Virtual Medical Visit[2]	Not Covered

NO-COST CARE AT PROSANO HEALTH CARE CENTERS



For location details scan QR code or use the link: prosanohealth.com/locations.

Prosano Health is an integrated care and coverage solution developed by **Blue Cross® Blue Shield® of Arizona**. Through your **BlueSignature℠ Prosano** plan, you'll have access to no-cost advanced primary care at our **Prosano Health Care Centers**, including preventive and sick care, behavioral health support, labs, chronic condition management, and more. Plus, you'll get even more convenient benefits, like same- or next-day appointments (in-person and virtual), after-hours care, and support for navigating any specialty or emergency care needs.

With **Prosano Health Advanced Primary Care**, you'll have more access, more care, and more support. **Welcome to Better**.

WELCOME BOOKLET

bit.ly/kt-prosano-welcome

RATES

PROSANO	WEEKLY	BI-WEEKLY	MONTHLY
Employee	$39.84	$79.69	$172.66
Employee +1	$94.68	$189.37	$410.30
Family	$102.57	$205.14	$444.47

To remove surcharges, you must complete a biometric screening and either meet the health requirements or complete the alternate options laid out on page 8.

PREMIUM SURCHARGES	WEEKLY	BI-WEEKLY	MONTHLY
Nicotine	+ $34.62	+ $69.23	+ $150.00
Cholesterol	+ $11.00	+ $22.00	+ $47.67

1 - Out-of-Network Preventive Services: 50% coinsurance (after deductible) + balance bill.

2 - $0 for telehealth medical consultations; 20% coinsurance (after deductible) for telehealth counseling sessions provided by a counselor and/or psychiatric consultations provided by a psychiatrist.

BIOMETRIC SCREENINGS

STANDARD, WELLNESS, AND PROSANO PLANS

HOW DOES THIS PROGRAM WORK?

In 2026, you can save on your health care premiums for each in-range health metric listed. You can prevent **Premium Surcharges*** by meeting the following metrics:

- Cholesterol Ratio** at or below 4.5;
- Nicotine-free.

***Premium Surcharges** are applied by default and will be removed once qualifying biometric or coaching results are received by Knight Transportation. Please note that it can take up to 30 days for Knight to receive the results of your biometric screening through US Wellness or completion notice of your Sharecare coaching. We will apply surcharge removals once results are received and reimburse year to date surcharges previously incurred. We recommend completing your biometric screening or coaching sessions no later than November 30 each year to avoid surcharge payments at the start of the new year.

****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.

Standard & Wellness Plan: By default, **all employees are enrolled in the Standard EPO Medical Plan** ($2,750 deductible and no out-of-network coverage). In addition to the removal of premium surcharges, you **will automatically be moved into the lower-deductible Wellness PPO Medical Plan** ($1,750 deductible with out-of-network coverage) **if you meet the in-range health metrics listed above**. Completing a biometric screening and meeting the in-range health metric requirements (or an **alternative satisfaction activity**, as listed below) is the only way to qualify for the Wellness Medical Plan option.

Prosano Plan: Surcharge premiums will be removed after the completion of a biometric screening and meeting the in-range health metric requirements (or an alternative satisfaction activity, as listed below).

If your spouse is enrolled in a Knight medical plan, you and your spouse must both complete biometric screenings to qualify for HRA funding, and both must meet the in-range health metrics and/or alternative satisfaction activity to qualify for surcharge removals and enrollment in the Wellness Medical Plan. Dependent children are not required to complete a biometric screening.

Scheduling your screening: Knight partners with **US Wellness** to administer its biometric screening program. You can complete your biometrics at free onsite screening events throughout the year at Knight service center locations, at a participating LabCorp location, or by visiting your Primary Care Physician (PCP).

- To schedule your biometric screening, visit knight.uswellness.com and register or log into your account.

Once your account is created:

- Click on the "**Scheduling**" link at the top of your account page.
- Select your preferred appointment type:
  - **In-Person Appointment**: schedule an appointment at an upcoming onsite biometric screening at a Knight service center location (see page 8 for the 2026 Onsite Biometric Screening Schedule)
  - **Lab Voucher**: download a lab voucher to bring to a participating LabCorp location. You can find a participating LabCorp location by visiting www.labcorp.com and searching for a lab with Employee Wellness Testing
  - **PCP Form**: download PCP form, print and bring it to your doctor to complete at your appointment. Obtain your completed form from your doctor, log back into knight.uswellness.com and follow instructions to upload the PCP form.
- **If you complete an onsite or LabCorp screening, results will be sent to Knight automatically within 30 days**. If you visit your PCP, you can upload your results in the US Wellness portal.

To expedite processing, you may send a copy of your and/or your spouse's screening or coaching results to the Benefits Team via email to benefits@knighttrans.com or via fax to **602-606-6525, attn: Benefits**.

You will receive an email from **US Wellness** when your results are available.

A copy of your results is generally available in your **US Wellness** portal 7-10 days after your screening. If you need assistance contact: **US Wellness at 888-926-6099, ext. 900**.

KNIGHT TRANSPORTATION | USWellness

ALTERNATE SATISFACTION OF HEALTH METRIC TARGET

Knight Transportation is committed to helping you achieve your best health. The premium surcharges are removed for all participating employees and spouses (if applicable) covered under the Knight Transportation medical plan if they meet the health metrics.

If you or your spouse are unable to meet the health metrics to remove the premium surcharges under this program, you may qualify for an opportunity to remove premium surcharges by completing an **Alternate Satisfaction Activity**.

Contact the Knight Benefits Team at 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 to enroll in **Lifestyle Coaching (see page 12)** via Blue Cross Blue Shield of Arizona and complete 3 program calls.

PLEASE NOTE

DOT PHYSICALS WILL NOT BE CONSIDERED AS COMPLETION OF A BIOMETRIC SCREENING.

2026 BIOMETRIC SCREENING SCHEDULE

Clinic Name	Event Date	Event Time	Site Address	City	ST
Knight Phoenix Buckeye	1/7/26	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix Wahalla Ln	1/7/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight Gulfport	1/7/26	8A-12P	9368 County Farm Rd	Gulfport	MS
Knight Tulare	1/7/26	8A-12P	4450 Blackstone St	Tulare	CA
Knight Salt Lake	1/7/26	8A-12P	2519 South 5370 West	West Valley City	UT
Knight Reno	1/7/26	8A-12P	1475 Hulda Way	Sparks	NV
Knight Indy	1/7/26	8A-12P	3875 Plainfield Rd	Indianapolis	IN
Knight Dallas	1/7/26	8A-12P	732 E Wintergreen Rd	Hutchins	TX
Knight Charlotte	1/7/26	8A-12P	7001 Statesville Rd	Charlotte	NC
Knight Katy	1/7/26	8A-12P	20431 Franz Road	Katy	TX
Knight Olive Branch	1/7/26	8A-12P	8400 Industrial Dr	Olive Branch	MS
Knight Carlisle	1/7/26	8A-12P	1230 Harrisburg Pike	Carlisle	PA
Knight Phoenix Buckeye	3/11/26	8A-12P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix Wahalla	3/11/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight El Paso	3/11/26	8A-12P	1101 Southview Dr	El Paso	TX
Knight Lakeland	3/11/26	8A-12P	4045 Old Tampa Hwy	Lakeland	FL
Knight Salt Lake	3/11/26	8A-12P	2519 South 5370 West	West Valley City	UT
Knight Las Vegas	3/11/26	8A-12P	4570 Berg St	Las Vegas	NV
Knight Atlanta	3/11/26	8A-12P	4275 Shirley Dr	Atlanta	GA
Knight Denver	3/11/26	8A-12P	15900 E 32nd Ave	Aurora	CO
Knight Columbus	3/11/26	8A-12P	4630 Journal Street	Columbus	OH
Knight Kansas	3/11/26	8A-12P	6840 Kaw Dr	Kansas City	KS
Knight Phoenix Buckeye	8/12/26	8A-12P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix Wahalla	8/12/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight Columbus	8/12/26	8A-12P	4630 Journal Street	Columbus	OH
Knight Indy	8/12/26	8A-4P	3875 Plainfield Rd	Indianapolis	IN
Knight Gulfport	8/12/26	8A-12P	9368 County Farm Rd	Gulfport	MS
Knight Dallas	8/12/26	8A-12P	732 E Wintergreen Rd	Hutchins	TX
Knight Charlotte	8/12/26	8A-12P	7001 Statesville Rd	Charlotte	NC
Knight Salt Lake	8/12/26	8A-12P	2519 South 5370 West	West Valley City	UT
Knight El Paso	8/12/26	8A-12P	1101 Southview Dr	El Paso	TX
Knight Atlanta	8/12/26	8A-12P	4275 Shirley Dr	Atlanta	GA
Knight Phoenix Buckeye	9/16/26	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix Wahalla	9/16/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ

Clinic Name	Event Date	Event Time	Site Address	City	ST
Knight Denver	9/16/26	8A-4P	15900 E 32nd Ave	Aurora	CO
Knight Las Vegas	9/16/26	8A-4P	4570 Berg St	Las Vegas	NV
Knight Tulare	9/16/26	8A-4P	4450 Blackstone St	Tulare	CA
Knight Gulfport	9/16/26	8A-4P	9368 County Farm Rd	Gulfport	MS
Knight Tulsa	9/16/26	8A-12P	5651 South 59th West	Tulsa	OK
Knight Fontana	9/16/26	8A-4P	13225 Jurupa Ave	Fontana	CA
Knight Fairview	9/16/26	8A-4P	23033 NE Townsend Way	Fairview	OR
Knight Salt Lake	9/16/26	8A-4P	2519 South 5370 West	West Valley City	UT
Knight Olive Branch	9/16/26	8A-12P	8400 Industrial Dr	Olive Branch	MS
Knight Indy	9/16/26	8A-12P	3875 Plainfield Rd	Indianapolis	IN
Knight Lakeland	9/16/26	8A-12P	4045 Old Tampa Hwy	Lakeland	FL
Knight Dallas	9/16/26	8A-12P	732 E Wintergreen Rd	Hutchins	TX
Knight Phoenix Buckeye	10/7/26	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix Wahalla	10/7/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight Tulsa	10/7/26	8A-12P	5651 South 59th West	Tulsa	OK
Knight Carlisle	10/7/26	8A-12P	1230 Harrisburg Pike	Carlisle	PA
Knight Kansas	10/7/26	8A-4P	6840 Kaw Drive Frontage Rd	Kansas City	KS
Knight Dallas	10/7/26	8A-4P	732 E Wintergreen Rd	Hutchins	TX
Knight Reno	10/7/26	8A-4P	1475 Hulda Way	Sparks	NV
Knight Fairview	10/7/26	8A-12P	23033 NE Townsend Way	Fairview	OR
Knight Indy	10/7/26	8A-12P	3875 Plainfield Rd	Indianapolis	IN
Knight Gulfport	10/7/26	8A-4P	9368 County Farm Rd	Gulfport	MS
Knight Nashville	10/7/26	8A-12P	606 Briskin Lane	Lebanon	TN
Knight Phoenix Buckeye	11/11/26	8A-4P	5601 W Buckeye Rd	Phoenix	AZ
Knight Phoenix 19th Ave	11/11/26	8A-4P	2002 W Wahalla Ln	Phoenix	AZ
Knight El Paso	11/11/26	8A-12P	1101 Southview Dr	El Paso	TX
Knight Lakeland	11/11/26	8A-4P	4045 Old Tampa Hwy	Lakeland	FL
Knight Indy	11/11/26	8A-12P	3875 Plainfield Rd	Indianapolis	IN
Knight Gulfport	11/11/26	8A-4P	9368 County Farm Rd	Gulfport	MS
Knight Charlotte	11/11/26	8A-4P	7001 Statesville Rd	Charlotte	NC
Knight Las Vegas	11/11/26	8A-4P	4570 Berg St	Las Vegas	NV
Knight Columbus	11/11/26	8A-4P	4630 Journal St	Columbus	OH
Knight Atlanta	11/11/26	8A-4P	4275 Shirley Dr	Atlanta	GA
Knight Fargo, ND	11/11/26	8A-4P	65 28th St S	Fargo	ND

Please note: Above dates are subject to change.

SCHEDULE YOUR BIOMETRIC SCREENING

1. **Log in to the Knight Transportation / US Wellness portal**: Then follow the on-screen steps to schedule your screening.
2. **Fill out the registration form**: You can download the form for a PCP visit or to go to a Labcorp location; or,

Spouses are also welcome at on-site screenings! Please note that spouses will also need to create a US Wellness account and schedule their own screening.

knight.uswellness.com

WELLNESS PROGRAMS

STANDARD AND WELLNESS PLANS ONLY

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. Our Standard and Wellness medical plans are tied to our Wellness Program. Both of these medical plans utilize a **HealthEquity Health Reimbursement Account (HRA)** upon completion of a biometric screening through **US Wellness** *(it takes approximately 30 days to receive results - see page 8).*

HOW IT WORKS

BENEFITS PLAN YEAR: JANUARY 1, 2026 - DECEMBER 31, 2026

PREVENTIVE CARE: KNIGHT TRANSPORTATION PAYS 100% ALL YEAR LONG

01 HEALTH REIMBURSEMENT ACCOUNT (HRA)	02 DEDUCTIBLE	03 COINSURANCE	04 FULL COVERAGE
KNIGHT PAYS Each year Knight deposits money into your HRA account for completion of the biometric screening. Screenings completed on or after 8/1/25 apply. You spend these dollars first - before you need to pay any expenses yourself.	**YOU PAY** If you spend all the money in your HRA, you will then pay the full cost of your health expenses until you meet the deductible.	**YOU & KNIGHT SHARE** If you meet your deductible, you and Knight share the cost of health expenses up to the out-of-pocket maximum.	**KNIGHT PAYS** Knight pays 100% of your costs if you reach your out-of-pocket maximum.

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 14 FOR FSA INFO)

HRA - 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

WELLNESS FUNDS (HRA)

NOT ELIGIBLE FOR THE PROSANO PLAN

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** including 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, and cholesterol.
2. A **BIOMETRIC SCREENING HELD AT SELECT SERVICE CENTERS** (see page 9 for schedule of screening times and dates) or;
3. You can schedule a Biometric Screening at a participating **LABCORP PATIENT SERVICE CENTER**.

HOW TO USE YOUR HRA:

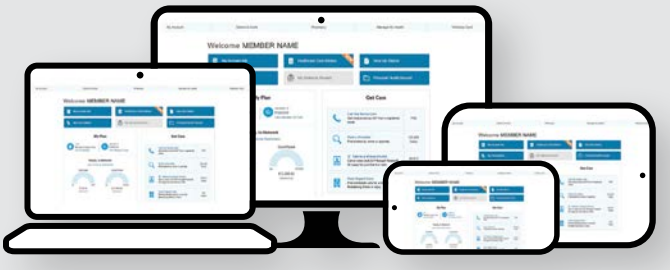
HealthEquity automatically withdraws funds from your account to pay your medical provider the portion you owe for the service. You can track your balance on my.healthequity.com and you or your provider can check your balance by calling HealthEquity customer service at **866.960.8026**.

HealthEquity®

MYBLUE ONLINE

MANAGE YOUR HEALTH PLAN ON THE GO

HEALTHPLAN TOOLS AT YOUR FINGERTIPS...



ACCESS
your digital member ID card.

VIEW
your claims, deductibles, and out-of-pocket balances.

SEARCH
for doctors, hospitals, and labs.

EXPLORE
care options and estimate costs.

MYBLUE MEMBER REGISTRATION

To register, you will need to enter your Member ID including the first three alpha-numeric characters.

- **Member ID cards are now digital**. To access your digital Member ID card go to azblue.com/member-login on your mobile device.
- **Download, email, or save:** From there, you can view, download, email, or print your digital ID card to access care.

If you need assistance accessing your digital ID card or registering, email memberhelp@azblue.com or call **800.232.2345**.

Have the following handy when you register:

- Member ID
- Date of Birth
- Email address

GET STARTED TODAY!

- Log in or register at azblue.com/member-login.
- Members can now use either their **Member ID number or SSN to register**.
- That's it! You're ready to start using your **MyBlue** account.

Plastic ID cards will no longer be mailed out. If you would like to receive a paper ID card, please visit the BCBS portal and opt out of Paperless Delivery.

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

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)
- **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
- **IF YOU NEED ASSISTANCE**—call **844-606-1612**

VISIT BlueCareAnywhereAZ.com OR DOWNLOAD THE **BlueCare Anywhere Mobile App** FROM GOOGLE PLAY OR THE APP STORE

Download on the App Store

GET IT ON Google Play

DIABETES MANAGEMENT

THE HELP AND RESOURCES YOU NEED

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
- **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**
2. **Get plenty of fiber**
3. **Go for whole grains**
4. **Skip fad diets and just make healthier choices**

DIABETES TOOLS & RESOURCES

- **Nutrition Counseling**: 6 Dietitian visits available on the Knight plans at no cost.
- **Health Management**: Work with a registered nurse to learn about your condition.
- **Blue 365 Discount Program**: A national discount program featuring healthy deals and discounts exclusively for our members.

COMMUNITY RESOURCES

Association of Diabetes Care & Education Specialists: diabeteseducator.org

American Diabetes Association – Ask the Experts: diabetes.org/tools-support/ask-the-experts

CDC – National Diabetes Prevention Program – Find a Program: cdc.gov/diabetes-prevention/lifestyle-change-program/find-a-program.html

LIFESTYLE COACHING

NO COST PROGRAM FOR ALL EMPLOYEES ENROLLED IN A MEDICAL PLAN

LIFESTYLE COACHING THROUGH SHARECARE

As part of your wellness program, you have access to Lifestyle Coaching at no additional cost through Sharecare.

- 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 Premium 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 will be removed upon receipt of confirmed completion from provider**. Please note this may take up to 30 days. Please refer to page 8.

YOUR LIFESTYLE COACH CAN:

1. **Support your weight loss goals**
2. **Challenge you to be more active**
3. **Help you find healthy ways to cope with stress**
4. **Create a plan to help you eat healthier**
5. **Encourage your efforts to quit using nicotine**
6. **Help you set realistic goals**
7. **Help you stay motivated**

GET STARTED TODAY

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

1.877.292.1359

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

HIGH-RISK MATERNITY SUPPORT

LOOKS OUT FOR PREGNANT AZ BLUE MEMBERS

AZ Blue takes the worry out of more complex pregnancies.

When enrolled, our **Care Managers** collaborate with our members on a personalized care plan to help navigate the healthcare system, work with OB/GYN providers, and provide support throughout pregnancy, delivery, and postpartum.

CARE MANAGERS HELP WITH:

- Screenings
- Pregnancy Education
- Finding a provider (if needed)
- Coordination of care
- Transition of services
- Short-term and complex needs

CASE STUDY:

Mom with hypertension welcomes healthy baby with help from AZ Blue Care Manager

True story: A 24-year-old AZ Blue member with a history of hypertension was in the final weeks of pregnancy and feeling uncomfortable. She called AZ Blue's Care Manager who guided her through taking her blood pressure with her at-home cuff.

The reading was worrisome: 151/113.

The Care Manager calmly explained that she needed to be seen in OB Triage/Emergency for her high blood pressure. Within an hour of the call, the member was in good hands at the hospital.

Several hours later, she welcomed a healthy baby girl. The new mom had no complications, her blood pressure went down and stayed down after delivery without long-term medication, and her baby did not require a NICU admission.

Today, both member and baby are home and doing well.

CONTACT AZ BLUE'S CARE MANAGEMENT TEAM FOR HIGH RISK MATERNITY SUPPORT:

CM@AZBlue.com or call 602-544-8982 to learn more.

MENTAL HEALTH CARE

HEADWAY HELPS YOU FIND THE MENTAL HEALTH CARE THAT FITS YOUR NEEDS

Whether you know what you need or aren't sure where to start, we'll help you find the right fit.

ABOUT HEADWAY

Personalized matching
Get matched with the right provider by filtering for your clinical needs and personal preferences.

Immediate availability
Same-day matching with providers who have openings within 48 hours.

In-person or virtual care
Book an in-person or virtual appointment with our providers.

Specialist network
Diverse network of 26,000+ therapists, psychiatrists, and psychologists providing high-quality care to patients across the US.

Easy-to-use platform
Book and manage appointments and payment directly on our website.

Affordable and transparent pricing
All Headway providers are in-network with your insurance. You can see your price before you book.

HOW IT WORKS

1 **Get started**
Scan this QR code

2 **Filter for your preferences**
You can filter for race/ethnicity, gender and language to find the right provider

3 **Schedule an appointment**
Add your insurance details and select an appointment slot — Headway will handle the rest.

If you're experiencing emotional distress, the resources below provide free and confidential support 24/7. If this is an emergency, call 911.

SUICIDE PREVENTION LIFELINE
Call **988**

CRISIS TEXT LINE
Text "HOME" to 741741

FOR MATCHING SUPPORT
visit headway.co

Headway

FLEXIBLE SPENDING ACCOUNT (FSA)

HealthEquity®

WHAT ARE HEALTHCARE AND DEPENDENT-CARE FSAs?

A **Healthcare FSA** is a tax-advantaged account that lets you use pre-tax dollars to pay for eligible medical expenses. You can use an FSA to save on average 30 percent on healthcare costs. Don't think of it as money deducted from your paycheck—think of it as money added to your wallet.

A **Dependent-Care FSA**[4] is a tax-advantaged account that lets you use pre-tax dollars to pay for eligible dependent care expenses. A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.

HEALTHCARE FSA - FSA[1]

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 $3,300 (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.

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.

ANNUAL TAX SAVINGS POTENTIAL[2]

$990

IRS 2026 CONTRIBUTION LIMIT: $3,300[3]

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

Check out all eligible Healthcare FSA expenses at:
HealthEquity.com/fsa-qme

See how much you can save:
HealthEquity.com/Learn/FSA
Or call: **866.960.8026**

1 FSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

2 The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 30%. Actual savings will depend on your contribution amount and taxable income and tax status.

3 Contribution limit is current as of 8/31/2025. Knight may revise this limit when IRS updates the FSA/DCFSA contribution limits each Fall.

DEPENDENT-CARE FSA - DCFSA[4]

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 $7,500 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.

ANNUAL TAX SAVINGS POTENTIAL[5]

$1,875

IRS 2026 CONTRIBUTION LIMIT: $7,500[6]

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

Check out all eligible Healthcare FSA expenses at:
HealthEquity.com/dcfsa-qme

See how much you can save:
HealthEquity.com/Learn/DCFSA
Or call: **866.960.8026**

4 DCFSAs are never taxed at a federal income tax level when used appropriately for eligible dependent care expenses. Also, most states recognize DCFSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules

5 The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 30%. Actual savings will depend on your contribution amount and taxable income and tax status.

6 Contribution limit is current as of 8/31/2025. Knight may revise this limit when IRS updates the FSA/DCFSA contribution limits each Fall.

DENTAL PLANS

DELTA DENTAL®

WITH DELTA DENTAL OF ARIZONA'S CHECK-UP PLUS PROGRAM, YOUR PREVENTIVE AND DIAGNOSTIC SERVICES ARE NOT DEDUCTED FROM YOUR ANNUAL PLAN MAXIMUM

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

FINDING AN IN-NETWORK PROVIDER

ON THE WEB

- Go to **deltadentalaz.com** and click **Member** in the top menu
- Select **Find a Dentist**
- Enter your search criteria. You can search by plan network, specialty, or dentist last name. Click **Find Dentists**
- A list of results will display. If necessary, you can also narrow the search by a number of different filters.

AUTOMATED PHONE SYSTEM

You can also find a dentist through our automated phone system by calling **800.352.6132**. When prompted, identify yourself by saying **"Subscriber."** Then when prompted, say **"Find a Dentist"** and follow the automated instructions.

RATES

STANDARD PLAN	WEEKLY	BI-WEEKLY	MONTHLY
Employee	$6.17	$12.34	$26.73
Employee + 1	$14.11	$28.23	$61.16
Family	$15.54	$31.08	$67.33

PREMIUM PLAN	WEEKLY	BI-WEEKLY	MONTHLY
Employee	$8.54	$17.08	$37.01
Employee + 1	$19.54	$39.07	$84.66
Family	$21.51	$43.02	$93.20

DELTA DENTAL MOBILE APP

LOG 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 & RESOURCES

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

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

40% OFF ADDITIONAL COMPLETE PAIR OF PRESCRIPTION EYEGLASSES
20% OFF NON-COVERED ITEMS, INCLUDING NON-PRESCRIPTION SUNGLASSES

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers PLUS PROVIDER	*$0 Copay*	*Up to $40*
Exam	$10 Copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	*$0 copay; 20% off balance over $170 allowance*	*Up to $60*
Frame	$0 copay; 20% off balance over $120 allowance	Up to $60
Standard Plastic Lenses		
Single Vision	$10 Copay	Up to $30
Bifocal	$10 Copay	Up to $50
Trifocal/Lenticular	$10 Copay	Up to $70
Progressive - Standard	$65 Copay	Up to $50
Progressive - Premium Tier 1 - 4	$95 - 225	Up to $50
Lens Options		
Anti Reflective Coating - Standard	$45 Copay	Up to $23
Anti Reflective Coating - Premium Tier 1 - 3	$57 - 100	Up to $23
Photochromic - Non-Glass	$75	Not covered
Polycarbonate - Standard	$40	Not covered
Polycarbonate - Std < 19 years of age	$0 Copay	Up to $20
Scratch Coating	$0 Copay	Up to $8
Tint	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
Contact Lenses *(Discount applies to materials only)*		
Contacts - Conventional at PLUS Providers	*$0 copay; 15% off balance over $170 allowance*	*Up to $60*
Contacts - Conventional	$0 copay; 15% off balance over $120 allowance	Up to $60
Contacts - Disposable at PLUS Providers	*$0 copay; 100% of balance over $170 allowance*	*Up to $60*
Contacts - Disposable	$0 copay; 100% of balance over $120 allowance	Up to $60
Contacts - Medically Necessary	$0 copay; paid-in-full	Up to $300
Other		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 800.988.4221	Not covered
Frequency		
Examination, Lenses & Contacts	Once every plan year	
Frame	Once every other plan year	

SAVINGS + CONVENIENCE + CHOICE

Staying in-network helps you save money on eye exams, frames and lenses.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

Visiting a **PLUS Provider** is designed to help you save even more. And since **PLUS Providers** are already in our network, the additional perks are built right into your vision benefits.

Find plenty of in-network eye doctors — including **PLUS Providers** — on our **Provider Locator**. Just look for the **PLUS**. Need extra assistance?

Contact us at **866.939.3633** or visit eyemed.com.

EYEMED RESOURCES

EYEMED MOBILE APP
bit.ly/kt-em-app

EYEMED REWARDS
bit.ly/kt-em-rewards

RATES

STANDARD PLAN	WEEKLY	BI-WEEKLY	MONTHLY
Employee	$1.03	$2.07	$4.48
Employee + Spouse	$2.85	$5.71	$12.37
Employee + 1	$3.02	$6.04	$13.09
Family	$3.96	$7.92	$17.16

HOSPITAL INDEMNITY

CHUBB®

WHEN HARDSHIPS COME ALONG, CHUBB IS HERE TO PROVIDE COVERAGE TO HELP YOU GET BACK ON TRACK

BENEFITS AND FEATURES

Hospital Admission - $1,000 - Pays 2 times per year This benefit is for a covered admission to a hospital or hospital sub-acute intensive care unit. Maximum Benefit Per Calendar Year: 2

Hospital Admission ICU - $1,000 - Pays 1 time per year This benefit is for a covered admission to a hospital Intensive Care Unit. Maximum Benefit Per Calendar Year: 1

Hospital Confinement - $100 per day - This benefit is for a covered confinement to a hospital or hospital sub-acute intensive care unit Maximum Benefit Per Calendar Year: 30

Hospital Confinement ICU - $200 per day - This benefit is for a covered confinement in a hospital Intensive Care Unit. Maximum Benefit Per Calendar Year: 30

The following conditions must be met:

- The hospital stay is a direct result, from no other causes, of injuries or illness sustained in a covered accident or sickness and lasts for at least 20 hours

The Maximum Benefit under this Plan is 30 days per covered person per Plan Year.

Newborn Nursery - $50 Per Day - This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.

Maximum Days Per Confinement:

- Normal Delivery: 2
- Caesarean Section: 4

Observation Unit - $100 - This benefit is for treatment in a hospital observation unit for a period of less than 20 hours. Maximum Benefit Per Calendar Year: 30

Wellness - $100 per day - Maximum Days Per Calendar Year: 1

Easy to Qualify - No health questions are asked or health exam required.

No Pre-existing Conditions - Benefits are paid regardless of pre-existing conditions (except for pregnancy and childbirth when conception occurred prior to the employee's effective date).

No Benefit Coordination - Chubb Hospital Cash benefits are paid regardless of any other coverage and insured may have.

Spouse and Children Coverage Available - Extend Chubb Hospital Indemnity Plan coverage to eligible members of family.

WE'VE GOT YOU COVERED

Chubb Hospital Indemnity Plan is designed to help you with the financial exposure of a hospitalization by providing benefits that can be used towards the out-of-pocket costs associated with hospital admission and confinement.

Chubb Hospital Cash plan pays cash benefits directly to you, regardless of other coverage you have.

CLAIM EXAMPLE

DIGESTIVE – 1 DAY HOSPITALIZATION

Claim Received: 8/27/2025 Claim Paid: 8/29/2025

BENEFIT PAID	BENEFIT AMT	TOTAL
Hospital Admission	$1,000	$1,000
Inpatient	$100 per day	$100

TOTAL PAID: $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

CHUBB RESOURCES

CHUBB HOSPITAL INDEMNITY FLYER
bit.ly/kt-chubb-hi

QUESTIONS? SUBMIT A CLAIM?

- **833-542-2013** or
- chubbworkplacebenefits.com

This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.
This document is a brief description of Form No. C82000 (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions and limitations that may vary by state.
Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by ACE Property & Casualty Insurance Company, Philadelphia, PA, a Chubb company. www.chubbworkplacebenefits.com.

ACCIDENT

CHUBB®

GOOD THINGS IN LIFE HAPPEN EVERY DAY, AND UNFORTUNATELY, ACCIDENTS HAPPEN TOO. WHEN THEY DO, CHUBB CAN HELP PROTECT YOU.

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too.

That's where Chubb Accident can help. Chubb Accident pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. And Chubb Accident pays extra benefits for injuries resulting from participating in organized sports. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

Sports Package Benefit

Your benefits increase 25%, up to $1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay those expenses.

Rehabilitation Package Benefit

We pay cash benefits for Admission, Daily Confinement and Recovery! Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.

Wellness Benefit - $50 per covered person/per year

Be proactive with your health with preventative care. This benefit pays you $50 for undergoing a covered health screening test, immunization, eye exam, routine physical or well-child/ preventative exam.

HOW IT WORKS

Chubb Accident helps pay for unexpected costs of accidental injury. If your child breaks a leg at soccer practice here's how benefits may stack up.

The Sports Package increases the total benefit payment by $760

Ambulance	$300
ER Visit	$200
X-Ray	$40
Fracture	$2,250
Crutches	$100
Physical Therapy	$50
Follow-up Visits	$100
SUBTOTAL	**$3,040**
PLUS SPORTS PKG	**$760**
TOTAL PAYMENT	**$3,800**

This example is for illustrative purposes only and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance for terms and conditions.

FEATURES

Date of Application Coverage

Coverage becomes effective as soon as your application is signed, you have authorized payment and the Initial Eligibility requirements are met.

Guaranteed Issue

No medical history is required for coverage to be issued.

Guaranteed Renewable

Your coverage cannot be cancelled as long as your premiums are paid as due.

Fully Portable

You can keep your coverage even if you change jobs or retire.

SCHEDULE OF BENEFITS

The below offers a brief description of covered benefits. Refer to the Certificate of Insurance for details:

Initial Care ($25-$1,000)

Includes Ambulance (Ground/Air), Emergency Room, Initial Doctor's Office Visit, Urgent Care, Emergency Dental.

Hospital and Rehabilitation ($50-$1,000)

Includes Hospital, ICU and/or Rehabilitation Admissions, Hospital Confinement (per day, up to 365 days), ICU Confinement, (per day, up to 30 days), Rehabilitation Confinement (per day, up to 30 days), Recovery (per day, up to seven days).

Follow-up Care & Treatment ($20-$2,500)

Includes Major Diagnostic Exam (CT, MRI, etc.), Organ Loss, Outpatient Surgery Facility, Physical Therapy (per visit, up to 6 visits), Prosthetics, Tendon, Ligament, or Rotator Cuff Surgery, Transportation (for treatment 100 miles or more away; per trip, up to three trips), X-ray.

Injuries ($200-$10,000)

Includes Burns (Level 1, 2, 3), Skin Graft (25% of the burn benefit), Coma, Dislocations (open reduction, closed reduction), Eye, Fractures (open reduction, closed reduction), Herniated Disc, Knee Cartilage — Torn, Lacerations, Loss of Hands, Feet or Sight, Loss of Fingers or Toes.

Additional Benefits ($25 -$25,000)

Includes First Accident benefit (once per policy), Accidental Death for Employee, Spouse. & Child(ren), Catastrophic Accident for Employee, Spouse. & Child(ren), Family Care (per day, up to 30 day for each child in a child care center, Sports Package Benefits Increases total benefit by 25% when accident is due to participation in organized sports (up to $2,000 per person per year), wellness (per person, once per year; 90 day waiting period).

CHUBB RESOURCES

CHUBB ACCIDENT FLYER
bit.ly/kt-chubb-acc

QUESTIONS? SUBMIT A CLAIM?

- **833-542-2013** or
- chubbworkplacebenefits.com

CRITICAL ILLNESS

CHUBB®

CRITICAL ILLNESSES CHANGE LIFE IN AN INSTANT. LET CHUBB CRITICAL ILLNESS HELP PROTECT YOU FROM FINANCIAL HARDSHIP WHILE YOU RECOVER

Heart attacks, cancer and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being.

We pay cash directly to you.

If you're like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money. Chubb Critical Illness pays you directly to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Would a Check for $20,000 Help?

Chubb Critical Illness pays you cash in a timely manner. Upon diagnosis of a covered condition, we send a lump sum check directly to you. You can use your cash benefit however you choose—to help with your everyday living expenses, pay your out-of-pocket medical costs or replace lost income. Your benefit is paid in full regardless of any other insurance you may have.

COVERED STANDARD CONDITIONS

Alzheimer's Disease
Benign Brain Tumor
Cancer
Carcinoma In Situ
Coma
Coronary Artery Obstruction*
End Stage Renal Failure
Heart Attack
Loss of Sight, Speech, Hearing
Major Organ Failure
Multiple Sclerosis*
Paralysis or Dismemberment
Parkinson's Disease
Skin Cancer ($250)
Stroke

COVERED CHILDHOOD CONDITIONS**

Cerebral Palsy
Congenital Anomalies[1]
Cystic Fibrosis
Down Syndrome
Muscular Dystrophy
Type 1 Diabetes

* Benefit payment is 25% of face amount.
** Childhood Condition benefit is payable once per child.
1 (such as Lung defects, Heart defects, Spina bifida, Cleft lip or palate, Limb malformations, Development disorders of the brain, Born with loss of sight)

CHUBB RESOURCES

CHUBB CRITICAL ILLNESS FLYER
bit.ly/kt-chubb-ci

QUESTIONS? SUBMIT A CLAIM?

- **833-542-2013** or
- chubbworkplacebenefits.com

HOW IT WORKS

When you are diagnosed with a covered condition[1], submit your claim and we'll quickly send you a check. It's that simple. You can use your money however you choose.

No Lifetime Maximum

If you get sick again with the same or different condition, you're still covered.

There is no total maximum benefit amount to worry about. Different covered conditions need to be diagnosed at least six months apart.

Recurrence Benefit

Once Chubb pays a Critical Illness benefit for Aneurysm (ruptured Cerebral or Aortic), Benign Brain Tumor, Cancer, Carcinoma In Situ, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, Sudden Cardiac Arrest, or Transient Ischemic Attack and if there is a recurrence, you can receive 100% of your Face Amount, as long as you were treatment free for at least 6 months.

For a recurrence of Cancer, you can receive 100% of your Face Amount, as long as you were treatment free for 12 months and in complete remission.*

* Complete remission is defined as having no symptoms and no signs that can be identified to indicate the presence of Cancer.

NO LIFETIME MAXIMUM BENEFIT EXAMPLE	
$20,000 Face Amount	
Stroke Diagnosis	$20,000
Heart Attack Diagnosis (first)	$20,000
Heart Attack Recurrence	$20,000
Total Benefits:	**$60,000**

No Maximum Benefit Amount: Covered conditions must be diagnosed at least six months apart. This example is hypothetical and is solely to illustrate a situation that can result in benefits payable for a claim. It is not based on an actual claim and should not be compared to an actual claim.

FEATURES

Competitive, Extensive Coverage

Powerful protection at a budget-friendly price.

Family Coverage

You can insure yourself, your spouse, and your kids. Your children and dependent grandchildren through age 26 can be included at no additional cost.

Portability

You can keep your coverage if you change jobs or retire.

No Coordination of Benefits

Payments are made in addition to any other insurance you may have.

GROUP TERM LIFE/AD&D

EMPLOYER PAID BASIC GROUP TERM LIFE AND AD&D

SYMETRA

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 $52,000 (value may decrease after age 70), and
- **Non-Driver Associates** receive 1x Annual Earnings up to a maximum of $300,000 (value may decrease after age 70).

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.

File a Claim

SUPPLEMENTAL GROUP TERM LIFE AND AD&D

All benefit eligible Associates also 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 (not to exceed 5x your salary) of Supplemental Life Insurance (with a matching AD&D amount) on yourself in $10,000 increments.

- **Guaranteed Issue limits for New Hires**: You may elect up to $200,000 in coverage without providing evidence of insurability (EOI).
- **During the 2026 open enrollment period**: Employees are allowed to increase their benefits by up to 2 increments of $10,000 up to Guaranteed Issue limit of $200,000 with no EOI required.

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

An EOI pre-populated form will be emailed directly to you and if there is no email on file then you will receive it in the mail.

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**: You may elect up to $25,000 of spouse coverage without providing EOI.
- **During the 2026 open enrollment period**: Spouses are allowed to increase their benefits by up to 2 increments of $5,000 up to $25,000 of spouse coverage - no EOI required.

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).

There is no EOI required on child elections.

****The use of "spouse" In this document means a person insured as a spouse as described in the certificate of insurance or rider.**

EMPLOYEE SUPPLEMENTAL LIFE RATES				SPOUSE SUPPLEMENTAL LIFE RATES				CHILDREN RATES	
NON-NICOTINE		NICOTINE		NON-NICOTINE		NICOTINE		ALL MEMBERS	
AGE	PER $1,000	AGE	PER $1,000	AGE	PER $1,000	AGE	PER $1,000	AGE	PER $1,000
0-29	$0.122	0-29	$0.180	0-29	$0.168	0-29	$0.226	1 day to 26 years (regardless of marital or student status)	0.228
30-34	$0.134	30-34	$0.214	30-34	$0.180	30-34	$0.260		
35-39	$0.168	35-39	$0.260	35-39	$0.214	35-39	$0.306		
40-44	$0.237	40-44	$0.421	40-44	$0.283	40-44	$0.467		
45-49	$0.387	45-49	$0.755	45-49	$0.433	45-49	$0.801		
50-54	$0.594	50-54	$1.157	50-54	$0.640	50-54	$1.203		
55-59	$0.973	55-59	$1.836	55-59	$1.019	55-59	$1.882		
60-64	$1.376	60-64	$2.434	60-64	$1.422	60-64	$2.480		
65-69	$2.434	65-69	$3.952	65-69	$2.480	65-69	$3.998		
70-74	$3.710	70-74	$5.493	70-74	$3.756	70-74	$5.539		
75+	$6.907	75+	$9.311	75+	$6.953	75+	$9.357		

RATE CALCULATION EXAMPLE

EMPLOYEE (NON-NICOTINE USER) Desires a $20,000 Benefit

Age of 46 = Rate of $0.387
$20,000 divided by 1,000 = 20
20 x $0.387 = $7.74 per month

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.

DISABILITY INSURANCE

SHORT-TERM AND LONG-TERM DISABILITY INCOME INSURANCE

SYMETRA

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.

- 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 calendar days waiting period before benefits are payable.

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

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[2]	DRIVING ASSOCIATES[2,3]
Coverage amount is 60% of your monthly earnings to a maximum benefit of $5,000/month.	Coverage amount is 50% of your monthly earnings[3] to a maximum benefit of $5,000/month.

IF STD OR LTD 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:

- 2 years if disability occurs before age 65
- Not less than 1 year if disability occurs between the age of 65-69
- 1 year of disability occurs at age 70 and over

Learn when to file your STD or LTD claim

There may be times when you know you'll be taking time off, such as a surgery or maternity leave. If you know the date your time away from work due to a disability will begin, let us know ahead of time. If your disability is unplanned, contact us as soon as possible.

Learn how →

File a Claim

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 $0.403
Weekly Benefit of $480.77 divided by 10 = $48.07
48.07 x .403 = $19.37 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 60% = $8,333
Your volume will be the lesser of your monthly salary or the monthly eligible salary cap of $8,333
Age of 41 = Rate of $0.518
Monthly Salary (Volume) $4,166.67 divided by 100 = $41.67
41.67 x .518 = $21.59 per month

DISABILITY INCOME INSURANCE RATES

AGE	SHORT-TERM	LONG-TERM	
	PER $10[1]	CLASS I NON-DRIVERS[2]	CLASS II DRIVING ASSOC[2]
<25	$0.299	$0.173	$0.196
25-29	$0.311	$0.173	$0.196
30-34	$0.311	$0.253	$0.299
35-39	$0.334	$0.403	$0.483
40-44	$0.403	$0.518	$0.702
45-49	$0.437	$0.748	$1.081
50-54	$0.518	$0.943	$1.541
55-59	$0.644	$1.311	$1.737
60-64	$0.782	$1.311	$1.541
65-69	$0.897	$1.633	$1.541
70-74	$0.897	$1.633	$1.541
75+	$0.897	$1.633	$1.541

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.

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)."

EMPLOYEE STOCK PURCHASE PLAN

PURCHASE SHARES OF KNIGHT-SWIFT TRANSPORTATION HOLDINGS INC

MERRILL
A BANK OF AMERICA COMPANY

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 at 855.793.8785.

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

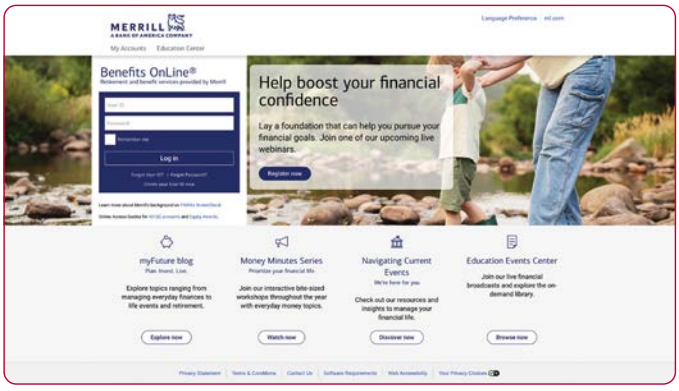
The Knight Transportation Benefits Team will not be able to make the elections on your behalf.

To learn more about the Knight-Swift ESPP, call 877.319.8116 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**
  - 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

For new hires and rehires, after 90 days you will be eligible for participation in the **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 participating KNX Holdings companies (Knight, Swift, Barr-Nunn, US Xpress, Total Transportation, Hayes, Eleos, and UTXL) 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 $24,500 per year with a catch-up contribution maximum of $8,000 for participants age 50 or older by year end and $11,250 for participants age 60-63 by year end. Knight Transportation **has an annual discretionary match.** Effective Jan. 1, 2026, participants who earn in excess of $150,000 in FICA wages (indexed annually) the previous year must make all catch-up contributions as Roth (after-tax).

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 ½ 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, including opting-out, any time at principal.com. Plus, Principal will 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.

BENEFICIARY DESIGNATION

Login to principal.com or call **800-547-7754** to designate or update your beneficiary!

VESTING SCHEDULE

Employee Contributions via payroll deduction are 100% vested immediately.

Knight's Matching Contributions vesting is based on your years of service:

MATCHING CONTRIBUTIONS VESTING SCHEDULE	
YEARS OF SERVICE	**VESTED PERCENTAGE OF MATCH**
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5+ years	100%

Retirement Readiness: Retirement Wellness Planner
Education and Insight: Build Your Knowledge

ROTH CONTRIBUTIONS

ARE THEY 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 when you contribute it.
- You **don't** pay income tax when you withdraw it, as long as you're at least age 59 ½, 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. Call 800.547.7754.

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

Need help? Call
800.547.7754
Mon through Fri, 7am - 9pm CT

FREE SERVICE FOR ALL EMPLOYEES:

SYMETRA SUPPORT

EMPLOYEE ASSISTANCE PROGRAM SERVICES

SYMETRA

ComPsych

Symetra Support℠ (provided by ComPsych GuidanceResources®) you and family members get support when they need it, with up to five face-to-face sessions per person, per issue, per year with an EAP counselor.[1] Unlimited telephone access to counselors with a master's or doctor-level degree is available through a Symetra-dedicated toll-free number.

IN-PERSON GUIDANCE

Some matters are best resolved by meeting with a professional in person. With **Symetra Support**, 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 any time — 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, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

ONLINE RESOURCES

Symetra Support 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

GUIDANCERESOURCES NOW MOBILE APP

The **GuidanceResources NOW** mobile app provides fingertip access to helpful resources, information, advice and helpful tools covering thousands of topics. Download the app now at Google Play or the App Store.

GET THE MOBILE APP TODAY

GET IN ON Google Play

Download on the App Store

TAKE ADVANTAGE OF SYMETRA SUPPORT

Log in or Sign up now at:

GuidanceResources.com

First time? Click **Register**, enter Organization Web ID: **SYMETRA**

or call **888-628-4824**

[1] In California, counseling sessions are limited to three sessions in a six-month period. Symetra Life Insurance Company is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, "Symetra"). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations. Group insurance policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Not available in any U.S. territory. In New York, group insurance policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. GuidanceResources® and EstateGuidance® are provided by ComPsych® Corporation. ComPsych® Corporation is not affiliated with Symetra Life Insurance Company or any of its affiliates.

FREE SERVICE FOR ALL EMPLOYEES:

BENEFICIARY ASSISTANCE

A HELPING HAND AFTER A LOSS

Managing a loved one's final affairs can be overwhelming. The amount of time and effort needed to close an estate can make an already stressful time even more difficult.

Your Beneficiary Companion Program can offer some relief and provide guidance to help with paperwork, notifications and other time-consuming details.

Empathetic guidance

Dedicated Beneficiary Assistance coordinators are available 24/7 to:

- Answer any questions
- Offer guidance on obtaining death certificate copies
- Manage notifications, including:
  - Social Security Administration
  - Credit reporting agencies
  - Credit card companies/financial institutions
  - Third-party vendors
  - Government agencies
- Discontinue access to loved one's social media accounts, and assist with memorialization to preserve their digital profile

Fraud Resolution

A deceased's identity is an attractive target for criminals—and may be relatively easy to obtain. Beneficiary Assistance coordinators will help protect your loved one's identity and lend a hand if their identity is stolen.

Services include:

- A credit report review with the beneficiary
- Suppression of the deceased's credit report or an offer to freeze/close the account with credit bureaus
- Full-service resolution assistance if the deceased's identity is stolen:
  - Credit bureau and fraud department notification
  - Help filing a police report
  - Creditor follow-ups

Call 877.823.5807 for your Beneficiary Companion Guidebook—a handy tool to help you after a loved one's death.

SYMETRA **BENEFICIARY COMPANION**

Call anytime from anywhere 24/7.

U.S. & Canada: 877.823.5807

Anywhere else: 240.330.1422 (collect or direct)

Learn More

Group insurance policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Beneficiary Companion is provided by Generali Global Assistance through Symetra Financial Corporation subsidiaries. Benefits may not be available in all states. Generali Global Assistance is not affiliated with Symetra Life Insurance Company or any of its affiliates. For information, visit us.generaliglobalassistance.com.

FREE SERVICE FOR ALL EMPLOYEES:

TRAVEL ASSISTANCE

24-HOUR-A-DAY EMERGENCY HELP

Emergencies happen. When they happen far from home, it's comforting to know there's a team of multilingual professionals standing by to help.

Your Travel Assistance Program offers a variety of 24-hour-a-day services in more than 200 countries and territories worldwide—and each one is just a phone call away.

Medical Services

- Assistance finding physicians, dentists and medical facilities.
- When medically necessary, free transportation for you, your traveling companion, your dependents[1,2]
- Free round-trip transportation[2] for one immediate family member or friend to visit you if you're traveling alone and are likely to be hospitalized for seven consecutive days.
- Replacement of medication and eyeglasses.[3]
- In the event of death while traveling, all necessary government authorizations and a container appropriate for transportation will be arranged and paid for, as well as return home of the remains for burial.

Other Key Services[4]

- Pre-trip information
- Emergency message relays
- If requested, new travel arrangements
- An advance of up to $500 in emergency cash
- Help locating and replacing lost or stolen items
- Help locating an attorney/advancement of bail bond
- Assistance with telephone interpretation in all major languages, or referral to an interpretation or translation service for written documents.

Call 877.823.5807 for pre-trip information anytime. All other services take effect when you're on a trip 100 miles or more from home lasting 90 days or less.

When you call, please provide the following:

1. The address where you are staying
2. A phone number where we may reach you
3. Your employer's name

SYMETRA **TRAVEL ASSISTANCE**

Call anytime from anywhere 24/7.

U.S. & Canada: 877.823.5807

Anywhere else: 240.330.1422 (collect or direct)

Learn More

1 Our medical team or one of our doctors will make the determination that transport is needed. 2 Travel arrangements must be made through Europ Assistance. 3 Provided service, ancillary expenses are the member's responsibility. 4 Consult official documents for program details, exclusions and limitations. Travel Assistance is provided by Europ Assistance. Benefits may not be available in all states. Europ Assistance is not affiliated with Symetra Life Insurance Company or any of its affiliates. For information, visit www.europassistance-usa.com.

FREE SERVICE FOR ALL EMPLOYEES:

IDENTITY THEFT ASSISTANCE

DIRECT ACCESS TO 24/7 SUPPORT

Identity theft is a rising concern and it can happen to anyone. That's where your Identity Theft Protection Program comes in. It provides you with information to protect yourself, and step-by-step coaching to help you confirm and resolve identity theft.

If you think your identity has been stolen

Just pick up the phone—24 hours a day, seven days a week—and call **877-823-5807** if you're in the U.S. or Canada, or **240-330-1422** from anywhere else in the world. A Symetra Identity Theft Expert will help you obtain a copy of your credit report from all three major credit-reporting agencies. All three agencies will also place a fraud alert on your records. Once you receive your reports, your Identity Theft Expert will walk you through the documents to help determine if fraud or theft has occurred.

Here's the help you'll receive

- Lost wallet assistance[1]
- Credit information review[2]
- Three-bureau fraud alert placement assistance
- ID theft affidavit assistance
- Emergency cash while traveling (a repayment guarantee is needed)

Tips to remember

1. Carry only one or two credit cards.
2. Bring only the ID information that you'll actually need.
3. Do not carry your Social Security card in your wallet.
4. If your purse or wallet is stolen, immediately report it to the police.
5. Notify your financial institution if your credit card is lost or stolen.

SYMETRA **IDENTITY THEFT PROTECTION**

Call anytime from anywhere 24/7.

U.S. & Canada: 877.823.5807

Anywhere else: 240.330.1422 (collect or direct)

Learn More

1 Generali Global Assistance will assist you with canceling lost credit cards and provide information to help you replace lost items such as your driver's license and Social Security card. 2 Member must provide a copy of their credit report, which can be obtained free of charge at www.annualcreditreport.com (once every 12 months). Identity Theft Protection is provided by Generali Global Assistance. Benefits may not be available in all states. Generali Global Assistance is not affiliated with Symetra Life Insurance Company or any of its affiliates. For more information, visit us.generaliglobalassistance.com.

MEDICARE CONSULTING

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.

SGIA MEDICARE CONSULTING

Contact SGIA for personal consultations and Medicare information.

Visit SGIA at sgiamedicare.com, or call 888-284-3301 between the hours of 8am and 6pm CST. You may also email at info@sgiamedicare.com.

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, 2026. 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 **BCBSAZ** 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 **BCBSAZ** 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 **Knight Transportation** 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**.

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**, or call them at 1.800.772.1213 (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).

LEGAL NOTICES

HIPAA Privacy Notice

This notice is effective October 1, 2015, and it describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

What is protected health information (PHI)?

Protected health information ("PHI") includes all individually identifiable health information transmitted or maintained by the health plan* ("plan"), whether electronically, in writing, or orally.

Examples of PHI include reports of diagnosis and treatment submitted with a benefit claim form and records relating to an eligibility determination by a claims administrator. PHI does not include health information created or received by an employer for employment-related purposes, such as a medical certification submitted with a request for FMLA leave.

* Health plan is defined as employer-provided group health insurance, limited scope dental/vision plans, health-related FSA accounts and most employee assistance programs (EAPs). Workers' compensation is not defined as a health plan as it pertains to PHI.

What are the plan's duties relating to your PHI?

The plan is required by law to maintain the privacy of your PHI and to provide you with this notice of its legal duties and privacy practices. The plan must abide by the terms of this notice, but it reserves the right to change the terms

of this notice and apply the revised notice to all PHI that it maintains, in which case you'll be appropriately notified of the change. This notice does not apply to de-identified information, which is information that does not identify an individual and that cannot reasonably be used to identify an individual.

When can your PHI be used or disclosed?

Except as described below, the plan will not use or disclose your PHI to anyone but you without your written consent. Also, your PHI cannot be used for marketing purposes or sold without your written consent. If you authorize the plan to use or disclose your PHI, you may revoke that authorization in writing at any time. You can receive PHI on your dependent children under the age of 18 who are on the plan. No disclosure will be made to you regarding the PHI of your dependent children age 18 or older who are on the plan unless they provide us with written authorization. Similarly, if your spouse calls, your PHI cannot be disclosed without written authorization from you.

The plan may use or disclose your PHI without your consent if the use or disclosure relates to treatment, payment or health care operations, and, in connection with these functions, your PHI may be disclosed by the plan to **Knight Transportation**. "Treatment" includes the provision, coordination or management of health care and related services. For example, the plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

"Payment" includes billing, claims management, and reviews for medical necessity. For example, the plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the plan. "Health care operations" includes quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, and premium rating, and periodic audits of the plan's normal business operations. For example, the plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing (or other) functions. However, the plan is prohibited from using or disclosing genetic information for underwriting purposes.

The plan also may use or disclose your PHI without your consent when required by law or under certain other permitted situations. Legally required disclosures include disclosures to or relating to:

- the U.S. Department of Health and Human Services to determine the plan's compliance with this notice
- reporting abuse, neglect or domestic violence to public authorities if the plan has reason to believe you may be a victim of abuse, neglect or domestic violence, subject to prior notice to you
- judicial or administrative proceedings, such as in response to a subpoena, subject to prior notice to you
- a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law, or to funeral directors as necessary to carry out their duties with respect to the decedent
- to comply with workers' compensation or other similar programs established by law

Other permitted situations include disclosures to or relating to:

- a public health oversight agency for oversight activities authorized by law, including uses or disclosures in civil, administrative or criminal investigations
- for public health activities, such as to report product defects or stop the spread of a communicable disease
- law enforcement purposes, such as to report certain types of wounds or for the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- for research, subject to certain conditions
- to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

When using or disclosing PHI or when requesting PHI from another covered entity, the plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to you; disclosures made to the U.S. Department of Health and Human Services; uses or disclosures that are required by law; or uses or disclosures that are required for the plan's compliance with legal regulations.

What are your rights?

You have certain rights with respect to your PHI. These include the right to:

- request that the plan restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations; the plan is not required to comply with your request
- receive confidential PHI communications and request that the plan communicate with you in a certain way if you feel that the disclosure of your PHI could endanger you
- inspect and obtain a copy of your PHI and receive the copy electronically if the plan uses or maintains an electronic record of your PHI
- request a correction of your PHI if you believe that the PHI the plan has about you is inaccurate or incomplete
- request and receive a list of disclosures made by the plan of your PHI, other than those disclosures for which an accounting is not required (such as disclosures for treatment, payment or health care operations); special rules apply to disclosures made through an electronic health record which permit you to request and receive a list of disclosures made by the plan of your PHI through an electronic health record (including disclosures for treatment, payment or health care operations) during the 3-year period preceding your request
- request and receive a paper copy of this notice even if you have received this notice previously or agreed to receive this notice electronically
- receive notification from the plan in the event there is a breach of PHI that is not secured through the use of a technology or methodology specified by the U.S. Department of Health and Human Services
- file a complaint with the Privacy Officer (Mike Ruchensky, Chief Information Systems Officer) or U.S. Department of Health and Human Services if you believe that your privacy

LEGAL NOTICES

rights have been violated; the plan will not retaliate against you for filing a complaint

To exercise any of these rights, including filing a claim with the Privacy Officer, contact the **Knight Transportation Benefits Department** at **602.352.5100**. To file a claim with the U.S. Department of Health and Human Services, send your complaint to Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The plan will not retaliate against you for filing a complaint.

Who can you contact for additional information?

If you have questions or need additional information, please contact the **Knight Transportation Benefits Department** at **602.352.5100**.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your health plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization service.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount.

This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network.You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

U.S. Department of Health & Human Services Hubert H. Humphrey Building 200 Independence Avenue, S.W. Washington, D.C. 20201, or call 1-877-696-6775.

Visit ***https://www.cms.gov/nosurprises*** for more information about your rights under federal law.

Patient Protection Notice

This notice is effective October 1, **Knight Transportation** medical plans generally allow the designation of a primary care provider. Some plans require it, including HMO plans. You have the right to designate any primary care provider who participates in the plan's network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurer*.

* Insurer in the case of the insured **Blue Cross Blue Shield of Arizona** in the case of the **Knight Transportation Self-Funded Medical & Prescription Drug Plan**.

You do not need prior authorization from your insurer* or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your plan's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your plan.

Who can you contact for additional information?

If you have questions or need additional information, please contact **602.352.5100**. Representatives are available to assist you Monday through Friday between 8:00 a.m. and 6:00 p.m. ET (except national holidays).

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**. 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 KIDSNOW or **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** or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility:

ALABAMA Medicaid	ALASKA Medicaid	ARKANSAS Medicaid	CALIFORNIA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO Medicaid and CHIP	**FLORIDA Medicaid**	**GEORGIA Medicaid**	**INDIANA Medicaid**
Health First Colorado https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	GA HIPP Website: GA HIPP Website: https://medicaid.georgia.gov/health insurance premium payment program hipp Phone: 678 564 1162, Press 1 GA CHIPRA Website; https://medicaid.georgia.gov/programs/third party liability/childrens health insurance program reauthorization act 2009 chipra Phone: 678 564 1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA Medicaid and CHIP	**KANSAS Medicaid**	**KENTUCKY Medicaid**	**LOUISIANA Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	**MASSACHUSETTS Medicaid & CHIP**	**MINNESOTA Medicaid**	**MISSOURI Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA Medicaid	NEBRASKA Medicaid	NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218
NEW JERSEY Medicaid and CHIP	**NEW YORK Medicaid**	**NORTH CAROLINA Medicaid**	**NORTH DAKOTA Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) CHIP Premium Assistance Phone: 609-631-2392	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid and CHIP**	**PENNSYLVANIA Medicaid and CHIP**	**RHODE ISLAND Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
S. CAROLINA Medicaid	**SOUTH DAKOTA Medicaid**	**TEXAS Medicaid**	**UTAH Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1 888 828 0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT Medicaid	**VIRGINIA Medicaid and CHIP**	**WASHINGTON Medicaid**	**WEST VIRGINIA Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywwhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWWHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	**WYOMING Medicaid**		
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269		

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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 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: **Knight Transportation**	4. Employer Identification Number (EIN): **86-0649974**	
5. Employer address: **2002 W Wahalla Ln**	6. Employer phone number: **602.352.5100**	
7. City: **Phoenix**	8. State: **Arizona**	9. ZIP code: **85027**
10. Who can we contact about employee health coverage at this job? **Knight Transportation Benefits Department**		
11. Phone number (if different from above):	12. E-mail address: **benefits@knighttrans.com**	

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.

NOTES

IMPORTANT CONTACT INFORMATION

BENEFIT	CARRIER	PHONE	WEBSITE / EMAIL
MEDICAL AND PHARMACY	BLUE CROSS BLUE SHIELD OF ARIZONA	866.286.0988	AZBLUE.COM
	PROSANO HEALTH	855.776.7266	PROSANOHEALTH.COM
HEALTH INSURANCE ELECTION ASSISTANCE	BAI BENEFITS ALL IN	833.307.3649	BENEFITSALLIN.COM
HEALTH REIMBURSEMENT ACCOUNTS	HEALTHEQUITY	866.960.8026	MY.HEALTHEQUITY.COM
FLEXIBLE SPENDING ACCOUNTS	HEALTHEQUITY	866.960.8026	MY.HEALTHEQUITY.COM
LIFESTYLE COACHING	SHARECARE (BCBSAZ)	877.292.1359	AZBLUE.SHARECARE.COM
DENTAL	DELTA DENTAL OF ARIZONA	602.938.3131, OPT #1 OR 800.352.6132	DELTADENTALAZ.COM
VISION	EYEMED	866.939.3633	EYEMED.COM
HOSPITAL INDEMNITY INSURANCE	CHUBB	833.542.2013	CHUBBWORKPLACEBENEFITS.COM
ACCIDENT AND CRITICAL ILLNESS	CHUBB	833.542.2013	CHUBBWORKPLACEBENEFITS.COM
GROUP TERM LIFE INSURANCE	SYMETRA	877.377.6773	LADCLA@SYMETRA.COM SYMETRA.COM/MYGO
DISABILITY INSURANCE	SYMETRA	877.377.6773	LADCLA@SYMETRA.COM SYMETRA.COM/MYGO
EMPLOYEE STOCK PURCHASE PLAN	MERRILL LYNCH	877.319.8116	BENEFITS.ML.COM
RETIREMENT / 401K	PRINCIPAL	800.547.7754	PRINCIPAL.COM
EMPLOYEE ASSISTANCE PROGRAM (EAP)	SYMETRA (IN PARTNERSHIP WITH COMPSYCH)	888.628.4824	GUIDANCERESOURCES.COM
CORPORATE BENEFITS DEPARTMENT		602.352.5100	BENEFITS@KNIGHTTRANS.COM

ENROLLMENT: 833-446-8822

If you are missing an insurance ID card, please reach out to the vendor directly.

KNIGHT TRANSPORTATION