



Confirmation

This is a summary of the benefits you selected. You can download a copy of the confirmation statement, which shows your benefit choices.

These are the benefits you chose

Medical

Kaiser Permanente
Kaiser HI - CORE

Covered: You

Effective: January 1, 2026

You pay

\$9.65

per paycheck

Dental

Delta Dental
Base DPPO

Covered: You

Effective: January 1, 2026

You pay

\$2.27

per paycheck

Vision

UnitedHealthcare
Vision

Covered: You

Effective: January 1, 2026

You pay

\$1.05

per paycheck

Basic Employee Life

Lincoln Financial
Basic Employee Life - Full Time

Coverage: \$50,000.00

Primary beneficiary: Violeta Garcia Guzman (100%)

Effective: January 1, 2026

You pay

\$0.00

per paycheck

Basic LTD

Lincoln Financial
Basic Employer LTD

Coverage: \$5,200.00

Covered: You

Effective: January 1, 2026

You pay

\$0.00

per paycheck

Your total cost

\$12.97

per paycheck

Your estimated take home pay per paycheck

[See the breakdown](#)

Flex Savings Account

Declined coverage

Limited Purpose FSA

Declined coverage

Dependent Care FSA

Declined coverage

Voluntary Employee Life

Declined coverage

Voluntary Employee Critical Illness

Declined coverage

Hospital

Declined coverage

Accident

Declined coverage

Voluntary STD

Declined coverage

Legal/ID

Declined coverage