



SWICKARD AUTO GROUP

Current Benefits, Confirmation Statement for Devin L. Smith

Your Benefits as of 10/2/2023

TOTAL COSTS PER PAY PERIOD

Your Cost	\$61.00
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Medical

Your cost per pay period **\$40.00**

CAS 3000 Plan

Coverage: **Employee**

Effective Date : **9/1/2023**

Cost Details Per Pay Period

Your Cost (pre-tax)	\$40.00
Your Cost (post-tax)	\$0.00

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Devin L Smith	Employee	Covered	9/1/2023

Health Savings Account

Waived

Waived

Employer Paid HSA Fee

Waived

Waived

☐ **Dental**Your cost per pay period **\$17.50****CAS Dental PPO Plan**Coverage: **Employee**Effective Date : **9/1/2023****Cost Details Per Pay Period**Your Cost (pre-tax) **\$17.50**Your Cost (post-tax) **\$0.00****Who will be covered on this plan:**

Name	Relationship	Coverage	Effective Date
Devin L Smith	Employee	Covered	9/1/2023

☐ **Vision**Your cost per pay period **\$3.50****CAS Vision Plan**Coverage: **Employee**Effective Date : **9/1/2023****Cost Details Per Pay Period**Your Cost (pre-tax) **\$3.50**Your Cost (post-tax) **\$0.00****Who will be covered on this plan:**

Name	Relationship	Coverage	Effective Date
Devin L Smith	Employee	Covered	9/1/2023

Voluntary Employee Life	Waived
Waived	
Voluntary STD	Waived
Waived	
Critical Illness Employee	Waived
Waived	
Accident Tier based	Waived
Waived	
Pet Insurance	Waived
Waived	

Totals Per Pay Period

Your Cost

\$61.00

* Changes to benefit coverages may be subject to approval by your Human Resources manager.

Your Confirmation Number is: 31152716

Created on: 10/2/2023