



New Elections, Confirmation Statement for Oluwaseyi E. Mafi

Oluwaseyi E. Mafi
2901 Indiana Street 383
Dallas, TX 75226

Attached is a Confirmation Statement outlining your benefit elections, please review for accuracy and keep this statement for your records. If you have questions regarding your benefit elections, please contact the Health and Welfare Service Center at 888-MYHR-CVS.

The employer cost reflected below only includes your employer Health Savings Account contribution (if applicable). The value listed below for Employer Cost below does not reflect the full employer cost of benefits. If you indicated that you are not eligible for a Health Savings Account, you will receive the employer funds (\$500 for You Only, \$1000 for Family) into a Health Reimbursement Account. Please note that your beneficiary elections apply to your 6/1/2020 enrollment only.

Your Benefits as of 6/1/2021

TOTAL COSTS PER PAY PERIOD

Your Cost	\$66.56
Employer Cost	\$20.83

Medical

Your cost per pay period **\$35.36**

Aetna Health Savings Plan 3

Coverage: **You Only**

Cost Details Per Pay Period

Your Cost	\$35.36
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Who will be covered on this plan

Name	Relationship	Coverage
Oluwaseyi E Mafi	Colleague	Covered
Grace Bonojo	Spouse	Waived

Health Savings Account

Your cost per pay period **\$2.08**

Health Savings Account

Contribution: **\$50.00 per year**

Cost Details Per Pay Period

Your Cost	\$2.08
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Employer Cost

Your Employer makes a contribution of **\$20.83** per pay period

Employer Year to Date Contribution: **\$0.00**

Flexible Spending Accounts

Waived

Waived

Accident Insurance

Your cost per pay period \$4.15

Aetna Accident Plan - Basic

Cost Details Per Pay Period

Coverage: You Only

Your Cost

\$4.15

Who will be covered on this plan

Name	Relationship	Coverage
Oluwaseyi E Mafi	Colleague	Covered
Grace Bonojo	Spouse	Waived

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Critical Illness Insurance

Your cost per pay period \$2.05

Aetna Critical Illness

Cost Details Per Pay Period

Coverage: \$10,000.00

Your Cost

\$2.05

Who will be covered on this plan

Name	Relationship	Coverage
Oluwaseyi E Mafi	Colleague	Covered
Grace Bonojo	Spouse	Waived

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Hospital Indemnity Insurance

Waived

Waived

Dental

Your cost per pay period \$9.15

Aetna Dental Maintenance Organization

Cost Details Per Pay Period

Coverage: You Only

Your Cost

\$9.15

Who will be covered on this plan

Name	Relationship	Coverage
Oluwaseyi E Mafi	Colleague	Covered
Grace Bonojo	Spouse	Waived

Vision

Your cost per pay period **\$3.88**

Aetna Vision Preferred Basic

Cost Details Per Pay Period

Coverage: **You Only**

Your Cost

\$3.88

Who will be covered on this plan

Name	Relationship	Coverage
Oluwaseyi E Mafi	Colleague	Covered
Grace Bonojo	Spouse	Waived

Employee Assistance Program

My EAP - Resources for Living

Aetna Resources for Living provides a wide range of no-cost, confidential services - including unlimited, 24/7/365 telephonic counseling with experienced, licensed professionals - to all CVS Health colleagues and their household family members, even if they're not enrolled in a CVS Health medical plan.

Short-Term Disability

Short-Term Disability

CVS Health provides a Short-term Disability (STD) benefit that pays 80% of your Annual Benefits Base Rate (ABBR) for up to 6 weeks after a one week waiting period. If your disability continues, the benefit pays 60% for up to an additional 19 weeks.

Long-Term Disability

Long- Term Disability Core

CVS Health provides a Long-term Disability Core benefit that pays 40% of your Annual Benefits Base Rate (ABBR) if you become disabled.

Long-Term Disability Buy-up

Waived

Waived

Basic Life

Basic Life

Coverage: **\$80,000**

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Basic AD&D

Basic AD&D

Coverage: **\$80,000**

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Supplemental Life

Your cost per pay period **\$1.64**

Supplemental Life

Coverage: **1 X Pay**

Coverage Amount: **\$80,000.00**

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Cost Details Per Pay Period

Your Cost

\$1.64

Supplemental AD&D Insurance

Waived

Waived

Spouse Life

Your cost per pay period **\$0.75**

Spouse Life

Coverage Amount: **\$25,000.00**

Beneficiaries:

Name	Relationship	Primary	Secondary
My Estate	Colleague		
Grace Bonojo	Spouse	100.0%	100.0%

Cost Details Per Pay Period

Your Cost

\$0.75

Child Life

Waived

Waived

Universal Colleague Life with Living Benefits

Waived

Waived

Universal Spouse Life with Living Benefits

Waived

Waived

Business Travel Accident

Business Travel Accident Insurance

Coverage: **5 X Pay**

Coverage Amount: **\$400,000.00**

Dependent Care Flexible Spending Account	Waived
Waived	

Legal Services	Your cost per pay period	\$7.50
MetLife Legal	Cost Details Per Pay Period	
	Your Cost	\$7.50

Allstate Identity Protection	Waived
Waived	

Totals Per Pay Period	Employer Cost	\$20.83
	Your Cost	\$66.56

Due to rounding, the amounts shown above may be a penny off from your paycheck deduction.

Your Confirmation Number is: 62991745

Created on: 4/27/2021