

Plan	Option	Coverage	Pre Tax	After Tax	Imputed Income	Employer Cost
Medical - Anthem Blue Cross PPO	Employee + Spouse		93.25	0.00	0.00	652.75
Prescription - Caremark Prescription Drug	Employee + Spouse		16.63	0.00	0.00	116.38
Dental - Delta Dental PPO	Employee + Spouse		0.00	0.00	0.00	87.42
Vision - VSP	Employee + Spouse		0.00	0.00	0.00	7.26
Health Care Spending Account - HealthEquity Health Care FSA		2,650.00	110.42	0.00	0.00	0.00
Basic Life - ReliaStar Basic Life		195,000.00	0.00	0.00	0.00	9.75
Basic AD&D - ReliaStar AD&D		195,000.00	0.00	0.00	0.00	2.44
Employee Assistance Program - Managed Health Network			0.00	0.00	0.00	1.20
Business Travel Accident - Zurich Business Travel Accident		100,000.00	0.00	0.00	0.00	0.05
Long Term Disability - Voya Long Term Disability			0.00	0.00	0.00	0.00
Short Term Disability - Voya Short Term Disability			0.00	0.00	0.00	0.00
		Total	220.30	0.00	0.00	877.25

Covered Dependents

Plan	Option	Dependent	Relationship	Social Security Number
Medical - Anthem Blue Cross PPO	Employee + Spouse	Deborah Atkinson	Spouse	549-94-6070
Prescription - Caremark Prescription Drug	Employee + Spouse	Deborah Atkinson	Spouse	549-94-6070
Dental - Delta Dental PPO	Employee + Spouse	Deborah Atkinson	Spouse	549-94-6070
Vision - VSP	Employee + Spouse	Deborah Atkinson	Spouse	549-94-6070

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