



Atkinson, Mark
757 Elm Drive
Petaluma, CA 94952

Re: Enrollment Confirmation Statement

Dear Mark:

This is your enrollment confirmation statement for coverage effective 01-Jan-2019. Carefully review your elections and covered family members, if applicable. You acknowledge by electing these benefits, you are authorizing deductions that will remain in effect at least until the next open enrollment period, or until you are able to make a change to your benefits as a result of a qualifying life event.

Plan	Coverage Option	Annual Election Amount or Coverage	You Pay Before-Tax Bi-weekly	You Pay After-Tax Bi-weekly	Delta Dental Pays Bi-weekly
Medical - Anthem Blue Cross PPO	Employee + Spouse	\$	\$ 149.20	\$ 0.00	\$ 596.80
Prescription - Caremark Prescription Drug	Employee + Spouse	\$	\$ 26.60	\$ 0.00	\$ 106.40
Dental - Delta Dental PPO	Employee + Spouse	\$	\$ 0.00	\$ 0.00	\$ 87.42
Vision - VSP	Employee + Spouse	\$	\$ 0.00	\$ 0.00	\$ 7.26
Dependent Care Spending Account - HealthEquity Dependent Care FSA		\$ 2,650	\$ 110.42	\$ 0.00	\$ 0.00
Basic Life - ReliaStar Basic Life		\$ 195,000	\$ 0.00	\$ 0.00	\$ 9.75
Basic AD&D - ReliaStar AD&D		\$ 195,000	\$ 0.00	\$ 0.00	\$ 2.44
Employee		\$	\$ 0.00	\$ 0.00	\$ 1.20



Assistance Program - Managed Health Network					
Business Travel Accident - Zurich Business Travel Accident		\$ 100,000	\$ 0.00	\$ 0.00	\$ 0.05
Long Term Disability - Voya Long Term Disability		\$	\$ 0.00	\$ 0.00	\$ 0.00
Short Term Disability - Voya Short Term Disability		\$	\$ 0.00	\$ 0.00	\$ 0.00
			\$ 286.22	\$ 0.00	\$ 811.32

Note:

- If applicable, premium deductions for medical, vision, dental, Flexible Spending and Health Savings Accounts are deducted 24 times per year. If you are covering a Domestic Partner, the amount of imputed value is not listed. You may review this amount in HRMS Employee Self-Service or on your paycheck.
- If your enrollment election in HRMS is showing as suspended (additional information is required), the premium totals do not include the suspended election. However, when you print your confirmation statement, note that your suspended election amount will be included on your statement. This does not mean that your election is final. You must submit the requested documentation to HR/Benefits or your suspended election will be deleted and your change will not be processed.

Contact the HR/Benefits department at benefits@delta.org, if you have questions

Listed below are your covered dependents:

Plan	Coverage Option	Dependents
Medical - Anthem Blue Cross PPO	Employee + Spouse	Atkinson, Mrs. Deborah
Prescription - Caremark Prescription Drug	Employee + Spouse	Atkinson, Mrs. Deborah



Dental - Delta Dental PPO	Employee + Spouse	Atkinson, Mrs. Deborah
Vision - VSP	Employee + Spouse	Atkinson, Mrs. Deborah