



Santiago, Joseph

Date Printed: 11/09/2023

Associate Benefit Summary Report

Joseph Santiago
171 Fairway Dr
Lake Placid, FL, USA 33852

Home Phone: 8484662444
Cell Phone: 8484662444
Personal Email: josephsantiago596@gmail.com
Work Email: Joseph.Santiago@panerabread.com










Employer Assigned ID 506339
Date of Hire: 02/07/2019
Gender: Male
Marital Status: Unknown









Open Enrollment Elections

Bi-Weekly Associate Costs: \$15.06






Joseph Santiago













Relationship: Subscriber | Date of Birth: 11/10/2000

 2024 PPO 500 Declined Effective: 01/01/2024	Declined Coverage
 2024 Health Flexible Spending Account Declined Effective: 01/01/2024	Declined Coverage
 2024 Allstate Group Hospital Indemnity - High Declined Effective: 01/01/2024	Declined Coverage
 2024 Allstate Group Accident - High Declined Effective: 01/01/2024	Declined Coverage
 2024 Allstate Group Critical Illness - \$10,000 Declined Effective: 01/01/2024	Declined Coverage
 2024 Dental High Associate Only	Effective: 01/01/2024 Bi-Weekly Cost \$15.06
 2024 Vision Low Declined Effective: 01/01/2024	Declined Coverage
 2024 Dependent Care Flexible Spending Account Declined Effective: 01/01/2024	Declined Coverage
 2024 Short-Term Income Protection Declined Effective: 01/01/2024	Declined Coverage

 2024 Long-Term Income Protection Declined Effective: 01/01/2024	Declined Coverage
 2024 Basic Term Life - 1x Salary \$38,000.00	Effective: 10/01/2023 Bi-Weekly Cost \$0.00
 2024 Life with Long Term Care Declined Effective: 01/01/2024	Effective: 01/01/2024 - 01/01/2024
 2024 Optional Term Life Declined Effective: 09/01/2023	Declined Coverage
 2024 Dependent Term Life - High Declined Effective: 09/01/2023	Declined Coverage
 2024 High Legal Plan Declined Effective: 01/01/2024	Declined Coverage
 2024 Allstate Identity Protection Pro+ Declined Effective: 01/01/2024	Declined Coverage
 2024 Employee Assistance Program (EAP) Associate Only	Effective: 09/01/2023 Bi-Weekly Cost \$0.00

Current Elections	Bi-Weekly Associate Costs: \$0.00
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 2023 PPO 500 Declined Effective: 09/01/2023	Declined Coverage
 2023 Health Flexible Spending Account Declined Effective: 09/01/2023	Declined Coverage
 2023 Allstate Group Hospital Indemnity - High Declined Effective: 09/01/2023	Declined Coverage
 2023 Allstate Group Accident - High Declined Effective: 09/01/2023	Declined Coverage
 2023 Allstate Group Critical Illness - \$10,000 Declined Effective: 09/01/2023	Declined Coverage

 2023 Dental High Declined Effective: 09/01/2023	Declined Coverage
 2023 Vision Low Declined Effective: 09/01/2023	Declined Coverage
 2023 Dependent Care Flexible Spending Account Declined Effective: 09/01/2023	Declined Coverage
 2023 Income Protection Part 1 Declined Effective: 09/01/2023	Declined Coverage
 2023 Income Protection Part 2 Declined Effective: 09/01/2023	Declined Coverage
 2023 Basic Term Life - \$15,000	Effective: 09/01/2023 - 09/30/2023
 2023 Basic Term Life - 1x Salary \$38,000.00	Effective: 10/01/2023 Bi-Weekly Cost \$0.00
 2023 Optional Term Life Declined Effective: 09/01/2023	Declined Coverage
 2023 Dependent Term Life - High Declined Effective: 09/01/2023	Declined Coverage
 2023 High Legal Plan Declined Effective: 09/01/2023	Declined Coverage
 2023 Allstate Identity Protection Pro+ Declined Effective: 09/01/2023	Declined Coverage
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Rate Factor Surveys

Open Enrollment Responses

(Effective: 01/01/2024 - 12/31/2024)

Responses as of 11/09/2023

Has any adult (19 and older) person to be insured used tobacco in the last 12 months?

No




Current Responses

(Effective: 01/01/2023 - 12/31/2023)

Responses as of 11/09/2023

Has any adult (19 and older) person to be insured used tobacco in the last 12 months?

No**Key**

-  Person is covered by the benefit
-  The benefit coverage will be ending
-  Person is no longer covered by the benefit