

Congratulations and thank you for submitting your package!








Confirmation of your elections can be viewed at any time on the home page. If you need further assistance, please contact us.


Printed for Shruthy Mandadi on 12/5/2019 1:18 PM

#### WHO'S COVERED





NAME	DATE OF BIRTH	MEDICAL	DENTAL	VISION
Shruthy Mandadi	10/11/1986	✓	✓	✓
Harikishore Chada	03/23/1978	✓	✓	✓
Lasya Chada	08/13/2012	✓	✓	✓
Vihan Chada	11/23/2015	✓	✓	✓

#### Included In Your Package











BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 <b>MEDICAL</b> <b>Aetna International</b> Local HDHP 1500	Employee + Family	\$233.50	\$5,604.00
 <b>RX</b> <b>CVS Caremark</b> Coverage	Employee + Family	\$0.00	\$0.00
 <b>ACCIDENT INSURANCE</b> <b>Transamerica</b> High Plan	Employee + Family	\$9.00	\$216.00
 <b>DENTAL</b> <b>Cigna</b> DHMO	Employee + Family	\$19.23	\$461.52
 <b>VISION</b> <b>EyeMed</b> Standard Vision	Employee + Family	\$8.11	\$194.64
 <b>BASIC LIFE/AD&amp;D</b> <b>Cigna</b> Basic Term Life/AD&D (1x salary up to \$500,000)	Coverage (Amount: \$105,000)	\$0.00	\$0.00
 <b>STD</b> <b>Cigna</b> 66.67% of Pay	Coverage	\$16.14	\$387.34

	<div>LTD</div> <div>Cigna</div> <div>60% of Pay (Employer Paid Core)</div>	Coverage	\$0.00	\$0.00
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Tax Savings Accounts

 <div>HSA <b>PAYFLEX</b> Coverage</div>	Employee + Family	\$41.67	\$1,000.00
 <div>HEALTH SPENDING ACCT Not Participating</div> <div>Not available under your current medical plan selection.</div>	Not Participating	\$0.00	\$0.00
 <div>COMBINATION FLEXIBLE SPENDING Not Participating</div>	Not Participating	\$0.00	\$0.00
 <div>DEP SPENDING ACCT Not Participating</div>	Not Participating	\$0.00	\$0.00

## Also Offered By Your Employer

	<b>HOSPITAL INDEMNITY</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>CRITICAL ILLNESS</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>PARKING</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>TRANSIT</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>VOLUNTARY LIFE</b> No Coverage  You are covered at \$0.00.	No Coverage	\$0.00	\$0.00
	<b>SPOUSE LIFE</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>CHILD LIFE</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>UNIVERSAL EE LIFE</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>UNIVERSAL SP LIFE</b> No Coverage	No Coverage	\$0.00	\$0.00
	<b>VOLUNTARY AD&amp;D</b> No Coverage  You are covered at \$0.00.	No Coverage	\$0.00	\$0.00

 <b>LEGAL</b> No Coverage	No Coverage	\$0.00	\$0.00
 <b>IDENTITY THEFT</b> No Coverage	No Coverage	\$0.00	\$0.00
 <b>365+ HUB</b> No Coverage	No Coverage	\$0.00	\$0.00

<b>COST OF BENEFITS</b>		<b>ANNUAL</b>
<b>Your Cost</b>	<b>\$327.65</b>	<b>\$7,863.50</b>