



## New Elections, Confirmation Statement for Joshua D Boyce

### Your Benefits as of 9/1/2018

#### TOTAL COSTS PER PAY PERIOD

Your Cost	<b>\$46.31</b>
Employer Cost	<b>\$193.46</b>

#### Medical

Your cost per pay period **\$28.55**

##### Plan 3 Wisconsin High Deductible -HDHP HSA

Coverage: **Employee**

Effective Date : **9/1/2018**

#### Cost Details Per Pay Period

Total Premium	\$213.79
Employer Contribution	(\$185.24)
Your Cost (pre-tax)	\$28.55
Your Cost (post-tax)	\$0.00

#### Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Joshua D Boyce	Employee	Covered	9/1/2018

#### Company Contribution

Company Contribution

#### Health Savings Account

Waived

Waived

#### Dental

Your cost per pay period **\$13.88**

##### Dental Plan 2 High Coverage

Coverage: **Employee**

Effective Date : **9/1/2018**

#### Cost Details Per Pay Period


Total Premium	\$13.88
Employer Contribution	\$0.00
Your Cost (pre-tax)	\$13.88
Your Cost (post-tax)	\$0.00

#### Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Joshua D Boyce	Employee	Covered	9/1/2018

## Vision

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

 This benefit election is pending until approved by HR Department

### Vision Plan

Coverage: **Employee**

Effective Date : **9/1/2018**

Cost Details Per Pay Period

Total Premium	\$3.88
Employer Contribution	\$0.00

Your Cost (pre-tax)	\$3.88
Your Cost (post-tax)	\$0.00

### Who will be covered on this plan

Name	Relationship	Coverage 	Effective Date
Joshua D Boyce	Employee	 Covered	9/1/2018

## Basic Employee Life

Your cost per pay period **\$0.00**

### Basic Employee Life and AD&D

Coverage: **\$50,000.00**

Effective Date : **9/1/2018**

Cost Details Per Pay Period

Total Premium	\$1.75
Employer Contribution	(\$1.75)

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Voluntary Employee Life

Waived

Waived

## Short Term Disability

Your cost per pay period **\$0.00**

### Short Term Disability

Coverage: **.6 X Pay \$634.62**

Effective Date : **9/1/2018**

Cost Details Per Pay Period

Total Premium	\$3.49
Employer Contribution	(\$3.49)

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Long Term Disability

Your cost per pay period **\$0.00**

### Long Term Disability Class 2

Effective Date : **9/1/2018**

Cost Details Per Pay Period

Total Premium	\$2.98
Employer Contribution	(\$2.98)

Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Totals Per Pay Period

Total Premium	\$239.77
Employer Contribution	\$193.46

Your Cost **\$46.31**

\* Changes to benefit coverages may be subject to approval by your Human Resources manager.

Your Confirmation Number is: 26183080

Created on: 8/8/2018