



## New Elections, Confirmation Statement for Joshua D. Boyce

### Your Benefits as of 1/1/2019

#### TOTAL COSTS PER PAY PERIOD

Your Cost	<b>\$46.83</b>
Employer Cost	<b>\$193.64</b>

#### Medical

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

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

Coverage: **Employee**

Effective Date : **1/1/2019**

#### 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 **\$14.40**

This benefit election is pending until approved by HR Department

##### Dental Plan 2 High Coverage

Coverage: **Employee**

Effective Date : **1/1/2019**

#### Cost Details Per Pay Period

Total Premium	\$14.40
Employer Contribution	\$0.00
Your Cost (pre-tax)	\$14.40
Your Cost (post-tax)	\$0.00

#### Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Joshua D Boyce	Employee	Covered	1/1/2019

## Vision

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

### Vision Plan

Coverage: **Employee**

Effective Date : **1/1/2019**

#### 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**

 This benefit election is pending until approved by HR Department

### Short Term Disability

Coverage: **.6 X Pay \$651.92**

Effective Date : **1/1/2019**


#### Cost Details Per Pay Period

Total Premium	\$3.59
Employer Contribution	(\$3.59)

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

## Long Term Disability

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

 This benefit election is pending until approved by HR Department

### Long Term Disability Class 2

Effective Date : **1/1/2019**


#### Cost Details Per Pay Period

Total Premium	\$3.06
Employer Contribution	(\$3.06)

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

## FSA Health

Waived

 This benefit election is pending until approved by HR Department

Waived

FSA Dependent Care	Waived
⚠ This benefit election is pending until approved by HR Department	
Waived	

Totals Per Pay Period

Total Premium	\$240.47
Employer Contribution	\$193.64
Your Cost	<b>\$46.83</b>

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

Your Confirmation Number is: 26183080

Created on: 12/7/2018