



Current Benefits, Confirmation Statement for Zheyang Jin

Your Benefits as of 8/2/2020

TOTAL COSTS PER PAY PERIOD

Your Cost	\$117.75
Employer Cost	\$639.00

Medical

Your cost per pay period **\$79.00**

HMO (Northern California)  
Coverage: **Employee + Spouse**  
Effective Date : **1/1/2020**

Cost Details Per Pay Period

Employer Contribution	\$535.00
Your Cost (pre-tax)	\$79.00
Your Cost (post-tax)	\$0.00

Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Zheyang Jin	Employee	Covered	9/4/2018
Yue Li	Spouse	Covered	8/16/2019

Health Savings Account

Waived

Waived

## Dental

Your cost per pay period **\$13.00**

### Dental PPO (DPPPO)

Coverage: **Employee + Spouse**

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$49.00
Your Cost (pre-tax)	\$13.00
Your Cost (post-tax)	\$0.00

Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Zheyang Jin	Employee	Covered	9/4/2018
Yue Li	Spouse	Covered	8/16/2019

## Vision

Your cost per pay period **\$9.00**

### Premier Plan

Coverage: **Employee + Spouse**

Effective Date : **8/16/2019**

#### Cost Details Per Pay Period

Employer Contribution	\$12.00
Your Cost (pre-tax)	\$9.00
Your Cost (post-tax)	\$0.00

Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Zheyang Jin	Employee	Covered	9/4/2018
Yue Li	Spouse	Covered	8/16/2019

## Health Care FSA

Waived

Waived

## Dependent Care FSA

Waived

Waived

## Basic Employee Life

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

### Basic Life (2x)

Coverage: **2 X Pay**

Coverage Amount: **\$288,000.00**

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$11.95
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Optional Employee Life

Your cost per pay period **\$3.46**

### Optional Employee Life

Coverage: **1 X Pay**

Coverage Amount: **\$144,000.00**

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$0.00
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$3.46

## Optional Spouse Life

Waived

Waived

## Basic Employee AD&D

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

### Basic AD&D (2x)

Coverage: **2 X Pay**

Coverage Amount: **\$288,000.00**

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$2.02
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Optional AD&D

Your cost per pay period **\$4.54**

### Optional AD&D

Coverage: **\$432,000.00**

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$0.00
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$4.54

Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Zheyang Jin	Employee	Covered	9/4/2018
Yue Li	Spouse	Covered	8/16/2019

## Short Term Disability

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

### Short Term Disability

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

#### Cost Details Per Pay Period

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

## Long Term Disability

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

### Option 1 (Taxable)

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$27.66
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Employee Assistance

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

### Employee Assistance Plan (EAP)

Effective Date : **8/16/2019**

#### Cost Details Per Pay Period

Employer Contribution	\$1.37
Your Cost (pre-tax)	\$0.00
Your Cost (post-tax)	\$0.00

## Legal Services

Your cost per pay period **\$8.75**

### Group Legal

Effective Date : **1/1/2020**

#### Cost Details Per Pay Period

Employer Contribution	\$0.00
Your Cost (pre-tax)	\$8.75
Your Cost (post-tax)	\$0.00

## Totals Per Pay Period

Employer Contribution **\$639.00**

Your Cost **\$117.75**

Your Confirmation Number is: 47632268

Created on: 8/2/2020