



## New Elections, Confirmation Statement for Nathan Stuart

### Your Benefits as of 1/1/2025

#### TOTAL COSTS PER PAY PERIOD

Your Cost **\$154.26**



### Medical

Your cost per pay period **\$53.61**

#### Blue Cross Blue Shield of Michigan HDHP

Coverage: **Team Member + Family**

Effective Date : **1/1/2025**

#### Cost Details Per Pay Period

Your Cost **\$53.61**

#### Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Nathan Stuart	Team Member	✓ Covered	4/1/2024
Gretchen Stuart	Spouse	✓ Covered	4/1/2024
Caleb Stuart	Child	✓ Covered	4/1/2024
Emily Stuart	Child	✓ Covered	4/1/2024



### Dental

Waived

Coverage: **Team Member + Family**Effective Date : **4/1/2024**Your Cost **\$3.77**

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Nathan Stuart	Team Member	✓ Covered	4/1/2024
Gretchen Stuart	Spouse	✓ Covered	4/1/2024
Caleb Stuart	Child	✓ Covered	4/1/2024
Emily Stuart	Child	✓ Covered	4/1/2024

**Health Savings Account**

Waived

**Medical Flexible Spending Account**

Waived

**Day Care Flexible Spending Account**Your cost per pay period **\$96.15**

Day Care FSA

Contribution: **\$5,000.00 per year**Effective Date : **1/1/2025 - 12/31/2025**

Cost Details Per Pay Period

Your Cost **\$96.15****Basic Team Member Life and AD&D Plan**Your cost per pay period **\$0.00**

This benefit has an imputed income amount of \$1.85 per pay period

Basic Life and AD&amp;D

Coverage Amount: **\$130,000.00**Effective Date : **1/1/2025**

Cost Details Per Pay Period

Your Cost **\$0.00**



Effective Date : 1/1/2025

Your Cost

\$0.00



## Long-Term Disability Plan

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

### Long-Term Disability

Effective Date : 1/1/2025

#### Cost Details Per Pay Period

Your Cost

\$0.00



## Accident

Waived



## Hospital Indemnity

Waived



## Critical Illness

Waived



## Voluntary Team Member Life Plan

Your cost per pay period **\$0.36**

### Voluntary Team Member Life

Coverage: \$10,000

Effective Date : 1/1/2025

#### Cost Details Per Pay Period

Your Cost

\$0.36



## Voluntary Spouse Life

Waived



Coverage: **\$10,000.00**  
Effective Date : **1/1/2025**

Your Cost **\$0.37**

### Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Caleb Stuart	Child	✓ Covered	4/1/2024
Emily Stuart	Child	✓ Covered	4/1/2024



## Legal Services

Waived



## Identity Theft

Waived

## Totals Per Pay Period

Your Cost **\$154.26**

Due to rounding, the amounts shown above may be a penny off from your paycheck deduction.

Your Confirmation Number is: 71347799

Created on: 11/11/2024