



New Elections, Confirmation Statement for Nathan Stuart

Your Benefits as of 1/1/2026

TOTAL COST PER PAY PERIOD

Your Cost \$206.75

Medical

Your cost per pay period \$57.90

Blue Cross Blue Shield of Michigan HDHP

Coverage: Team Member + Family
Effective Date: 1/1/2026

Cost Details Per Pay Period

Your Cost \$57.90

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
Hannah Stuart	Child	Covered	12/27/2024

Dental

Waived

Waived

Vision

Your cost per pay period \$3.89

Vision Plan

Coverage: Team Member + Family
Effective Date: 1/1/2026

Cost Details Per Pay Period

Your Cost \$3.89

Who will be covered on this plan:

Name	Relationship	Coverage	Effective Date
Nathan Stuart	Team Member	Covered	1/1/2026
Gretchen Stuart	Spouse	Covered	1/1/2026
Caleb Stuart	Child	Covered	1/1/2026
Emily Stuart	Child	Covered	1/1/2026
Hannah Stuart	Child	Covered	1/1/2026



Health Savings Account

Waived

Waived



Medical Flexible Spending Account

Waived

Waived



Day Care Flexible Spending Account

Your cost per pay period **\$144.23**

Day Care FSA

Contribution: **\$7,500.00 per year**

Effective Date: **1/1/2026 - 12/31/2026**

Cost Details Per Pay Period

Your Cost **\$144.23**



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&D

Coverage Amount: **\$130,000.00**

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

Cost Details Per Pay Period

Your Cost **\$0.00**



Short-Term Disability Plan

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

Short-Term Disability

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

Cost Details Per Pay Period

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

Waived



Hospital Indemnity

Waived

Waived

Critical Illness

Waived

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

Waived

Voluntary Child Life

Your cost per pay period **\$0.37**

Voluntary Child Life

Coverage: **\$10,000.00**

Effective Date: **12/27/2024**

Cost Details Per Pay Period

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
Hannah Stuart	Child	✔ Covered	12/27/2024

Legal Services

Waived

Waived

Identity Theft

Waived

Waived

Total Per Pay Period

Your Cost **\$206.75**

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

Your Confirmation Number is: 71347799

Created on: 11/10/2025