



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	<input checked="" type="checkbox"/> Covered	4/1/2024
Gretchen Stuart	Spouse	<input checked="" type="checkbox"/> Covered	4/1/2024
Caleb Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Emily Stuart	Child	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Covered	4/1/2024
Gretchen Stuart	Spouse	<input checked="" type="checkbox"/> Covered	4/1/2024
Caleb Stuart	Child	<input checked="" type="checkbox"/> Covered	4/1/2024
Emily Stuart	Child	<input checked="" type="checkbox"/> 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&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	<input checked="" type="checkbox"/> Covered	4/1/2024
Emily Stuart	Child	<input checked="" type="checkbox"/> 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