

LUCAS M PEDLEY Hewitt Associates - 10-30-2014 4:46 p.m. Central Daylight Time

Completed Successfully!

Your enrollment has been completed successfully. You can change these choices any time until 10-31-2014, when enrollment ends.

Your confirmation number is **161444376**. This serves as confirmation that your enrollment is complete. No further action is needed at this time.



What Happens Next

- You should [Print this page](#) for future reference. If you're unable to print this page, you may request a paper confirmation by calling the Your Benefits Resources Customer Service Center.
- If you enrolled a new dependent in coverage, you may be required to submit documentation, such as a birth certificate, to verify your dependent's eligibility for coverage. If you don't provide the required documentation, your dependent will be dropped from coverage. If documentation is required, you will receive notification in the weeks following enrollment with information on how to submit your documentation.
- You should receive an ID card from your plan around 01-01-2015. However, there are some situations when you won't receive an ID card. If you require medical services after 01-01-2015 and you haven't received your card, call your plan or see [Health Plan ID Cards](#) to learn what to do.

Other Considerations

[More Benefits Available](#)[Show](#)

Transaction Recap

		Your Pay Period Cost
Coverage effective 01-01-2015		
Medical	Aetna CDHP with HSA	\$36.50
	You Only	Details 
	Cost	\$36.50
	Tobacco Surcharge	\$0.00
	Your Cost	\$36.50
Health Savings Account	Your Contribution - \$0.00/year	\$0.00
	Employer Contribution - \$500.00/year	Details 
	Your Contribution	\$0.00
	Employer Contribution	\$500.00
	Total for 01-01-2015 through 12-31-2015	\$500.00
Health Care Flexible Spending Account	Coverage Amount - \$0.00/year	\$0.00

Dental	Delta PPO Plus Premier You Only	\$5.50
Vision	VSP Basic You Only	\$3.92
Employee Assistance Program	Enrolled	\$0.00
Long-Term Disability	40% of Pay	\$0.00
Short-Term Disability	60% of Pay	\$0.00
Basic Life Insurance	2 x Benefits Eligible Pay Coverage - \$100,000.00	\$0.00
Optional Life Insurance	No Coverage Coverage - \$0.00	\$0.00
Spouse Life Insurance	No Coverage Coverage - \$0.00	\$0.00
Child Life Insurance	No Coverage Coverage - \$0.00	\$0.00
Basic AD&D	2 x Benefits Eligible Pay Coverage - \$100,000.00	\$0.00
Optional AD&D	No Coverage Coverage - \$0.00	\$0.00
Dependent Care Flexible Spending Account	Coverage Amount - \$0.00/year	\$0.00
Group Legal	No Coverage	\$0.00

Your Pay Period Cost**Your Cost Summary****Pay Period
Before-Tax****Pay Period
After-Tax****Your Cost****\$45.92****\$0.00**