

Salinas-Reyes, Yahriel

Date Printed: 09/13/2024

Confirmation Statement

 Yahriel Salinas-Reyes
 6407 Chinaberry Trail
 Plano, IA, USA 50316-3655

 Personal Email: DAL866445@utdallas.edu
 Work Email: dal866445@utdallas.edu


 Employer Assigned ID 2021823450
 Date of Hire: 08/16/2024
 Gender: Male
 Marital Status: Single
 BID: BF7KR3KF







Current Elections

Monthly Employee Costs: \$466.76




Yahriel Salinas-Reyes

Relationship: Subscriber | Date of Birth: 11/11/2000

 UT SELECT Medical (Out of Area) 2024-25 (Pharmacy included) Subscriber Only	Effective: 08/16/2024 Monthly Cost \$390.12
 UT Prescription Drug Plan 2024-25 (included with medical plan) Subscriber Only	Effective: 08/16/2024 Monthly Cost \$0.00
 UT Living Well Platform (powered by Limeade) 2024-25 Subscriber Only	Effective: 08/16/2024 Monthly Cost \$0.00
 Basic Life 2024-25 \$50,000.00	Effective: 08/16/2024 Monthly Cost \$0.00
 Basic AD&D 2024-25 \$50,000.00	Effective: 08/16/2024 Monthly Cost \$0.00
 Tobacco Premium Program (TPP) 2024-25 Subscriber Only	Effective: 08/16/2024 Monthly Cost \$0.00
 UT SELECT Dental 2024-25 Subscriber Only	Effective: 08/16/2024 Monthly Cost \$28.52
 Superior Vision Standard Plan 2024-25 (Offered by MetLife) Declined	Declined Coverage

 UT FLEX HEALTH CARE Reimbursement Account (HCRA) 2024-25	Effective: 09/01/2024 Monthly Cost \$41.66 Employee Annual Total: \$500.00 Grand Total: \$500.00
 UT FLEX DEPENDENT DAY CARE Reimbursement Account (DCRA) 2024-25 Declined	Declined Coverage
 Voluntary Group Term Life (VGTL) 2024-25 Declined	Declined Coverage
 Voluntary Employee Accidental Death & Dismemberment (AD&D) 2024-25 Declined	Declined Coverage
 Voluntary Long Term Disability 2024-25 (offered by BCBSTX) Declined	Declined Coverage
 Voluntary Short Term Disability 2024-25 (offered by BCBSTX) \$298.00 Weekly 60% of Salary (up to \$3,683.33 per month)	Effective: 08/16/2024 Monthly Cost \$6.45

Key

-  Person is covered by the benefit
-  The benefit coverage will be ending
-  Person is no longer covered by the benefit