




Prior Year Coverage






Printed for KAMALAKAR RAO on 1/29/2024 8:39 PM




Who's Covered

NAME	DATE OF BIRTH	MEDICAL	DENTAL	VISION
KAMALAKAR RAO	03/26/1981	✓	✓	✓
Jyotsna Mamidala	05/25/1982	✓	✓	✓
Vishvak Mamidala	08/30/2009	✓	✓	✓
Vidhvaan Mamidala	11/08/2012	✓	✓	✓


Benefits Selected

BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 MEDICAL Anthem Blue Cross Blue Shield Anthem BlueCard Expat PPO 2000	Employee + Family EFFECTIVE AS OF 01/01/2023	COMPANY CONTRIBUTION \$248.07 EMPLOYEE CONTRIBUTION \$244.65	COMPANY CONTRIBUTION \$5,953.72 EMPLOYEE CONTRIBUTION \$5,871.48







 <p>RX Express Scripts Coverage</p>	<p>Employee + Family EFFECTIVE AS OF 01/01/2022</p>	<p>EMPLOYEE CONTRIBUTION \$0.00</p>	<p>EMPLOYEE CONTRIBUTION \$0.00</p>
 <p>HOSPITAL INDEMNITY MetLife Low Plan</p>	<p>Employee + Family EFFECTIVE AS OF 01/01/2023</p>	<p>EMPLOYEE CONTRIBUTION \$13.46</p>	<p>EMPLOYEE CONTRIBUTION \$323.04</p>
 <p>CRITICAL ILLNESS MetLife \$10,000</p>	<p>Employee + Family (Amount: \$10,000) EFFECTIVE AS OF 01/01/2023</p>	<p>EMPLOYEE CONTRIBUTION \$9.05</p>	<p>EMPLOYEE CONTRIBUTION \$217.20</p>
 <p>DENTAL Cigna DHMO</p>	<p>Employee + Family EFFECTIVE AS OF 11/06/2021</p>	<p>EMPLOYEE CONTRIBUTION \$17.60</p>	<p>EMPLOYEE CONTRIBUTION \$422.40</p>
 <p>VISION VSP Vision Care Standard Vision</p>	<p>Employee + Family EFFECTIVE AS OF 01/01/2023</p>	<p>EMPLOYEE CONTRIBUTION \$7.10</p>	<p>EMPLOYEE CONTRIBUTION \$170.40</p>

 <p>VOLUNTARY LIFE The Hartford Employee Term Life</p> <p>BENEFICIARIES: Primary 100% Jyotsna Mamidala (05/25/1982)</p> <p>You are covered at \$50,000.00.</p>	<p>Coverage (Amount: \$50,000)</p> <p>EFFECTIVE AS OF 02/17/2023</p>	<p>EMPLOYEE CONTRIBUTION \$2.18</p>	<p>EMPLOYEE CONTRIBUTION \$52.20</p>
 <p>VOLUNTARY AD&D The Hartford Employee AD&D</p> <p>BENEFICIARIES: Primary 100% Jyotsna Mamidala (05/25/1982)</p> <p>You are covered at \$50,000.00.</p>	<p>Employee + Family (Amount: \$50,000)</p> <p>EFFECTIVE AS OF 01/01/2023</p>	<p>EMPLOYEE CONTRIBUTION \$0.95</p>	<p>EMPLOYEE CONTRIBUTION \$22.80</p>
 <p>STD MetLife 66.67% of earnings up to \$3,000 weekly maximum</p>	<p>Coverage</p> <p>EFFECTIVE AS OF 01/01/2023</p>	<p>EMPLOYEE CONTRIBUTION \$10.37</p>	<p>EMPLOYEE CONTRIBUTION \$248.99</p>

Tax Savings Accounts

BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 DEP SPENDING ACCT Not Participating	Not Participating EFFECTIVE AS OF 11/06/2021	\$0.00	\$0.00

Waived Benefits

BENEFIT	COVERAGE LEVEL	PER PAY PERIOD	ANNUAL
 ACCIDENT INSURANCE No Coverage	No Coverage EFFECTIVE AS OF 01/01/2023	\$0.00	\$0.00
 365+ HUB No Coverage	No Coverage EFFECTIVE AS OF 11/06/2021	\$0.00	\$0.00
 SPOUSE LIFE No Coverage	No Coverage EFFECTIVE AS OF 11/06/2021	\$0.00	\$0.00
 CHILD LIFE No Coverage	No Coverage EFFECTIVE AS OF 11/06/2021	\$0.00	\$0.00
 LEGAL No Coverage	No Coverage EFFECTIVE AS OF 12/01/2021	\$0.00	\$0.00
 IDENTITY THEFT No Coverage	No Coverage EFFECTIVE AS OF 12/01/2021	\$0.00	\$0.00

COST OF BENEFITS

PER PAY PERIOD

ANNUAL

<p>Benefits Subtotal</p>	<p>Before-Tax: \$269.35 After-Tax: \$36.01 \$305.36</p>	<p>Before-Tax: \$6,464.28 After-Tax: \$864.23 \$7,328.51</p>
<p>Your Cost</p>	<p>\$305.36</p>	<p>\$7,328.51</p>

Did You Know?

Based on your benefit selections above, your employer would be helping to reduce the amount you pay for benefits by \$248.07 per pay period or \$5,953.72 annually.

Benefits Related Information Request

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