



Enrolled Benefits Document

Summary

Enrollment Effective from 12/01/2021 to 12/01/2022

Total Plans: 3

Group Name	Plan Name	Coverage	Premium	Frequency
Health Plans	BCBS Silver	Employee Only	\$77.53	Every Scheduled Pay
Dental Plans	BCBS Dental	Employee + Child(ren)	\$44.38	Every Scheduled Pay
Vision Plans	VSP	Employee + Children	\$6.54	Every Scheduled Pay
Accident Plans	Waived			
Cancer Plans	Waived			
Hospital Plans	Waived			
STD Plans	Waived			
Wellness	Waived			

Health Plans

BCBS Silver

Employee Only

Employee Contribution \$77.53	Taxable Income -	Employee Frequency Every Scheduled Pay
Company Contribution -		Company Frequency -
Coverage Amount -		
Provider	Website	

Dental Plans

BCBS Dental

Employee + Child(ren)

Employee Contribution \$44.38	Taxable Income -	Employee Frequency Every Scheduled Pay
Company Contribution -		Company Frequency -
Coverage Amount -		

--More--

Provider

Website

Children (Other Dependents)

Kaden Halford (Child)

Child

Date of Birth	Effective From	Effective To
07/11/2003	-	-

Odin Halford (Child)

Child

Date of Birth	Effective From	Effective To
12/26/2013	-	-

Vision Plans

VSP

Employee + Children

Employee Contribution \$6.54	Taxable Income -	Employee Frequency Every Scheduled Pay
Company Contribution -		Company Frequency -
Coverage Amount -		

Provider

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Accident Plans

Waived

Cancer Plans

Waived

Hospital Plans

Waived

STD Plans

Waived

Wellness

Waived