

Employee Detail Report

SWI Bayfield County

Printed on 01/10/2025

Personal Information

Jane Doe

123 Main Street, PO BOX 55, waukesha, WI 53186

| SSN | ETF Member ID | Date of Birth | Effective date | Gender | Phone |
|-------------|---------------|---------------|----------------|--------|----------------|
| ***_**-6037 | | 12/21/1989 | 01/10/2025 | Female | (123) 456-7890 |

| Earnings amount | Earnings amount effective date | Date of hire |
|----------------------|--------------------------------|--------------|
| \$50,000.00 per year | 01/10/2025 | 01/10/2025 |

Dual Employment: N
Employee Type: 06
Employer Sub-Unit: 0033000-70033-00
Employer Unit: Bayfield County
Employment Status: FT

ICI Premium Category: NA
ICI Premium Waiver: N
Legacy Life: N
Life Premium Waiver: N
Medical Contrib Wait Period: 0

Out of State Employee: N
Primary Employer: Y
Protective Status: N
Tax Status: Pre
Under 70 When Hired: Y

Unique Plan Eligibility: 1
WRS Eligible: Y
Employer Unit Program Option: P04
Opt Out Incentive Eligible: NA
Calendar Set: NA

ICI Contrib Wait Period Met: N
Medical Premium Contribution: 1
Current Age for Basic Life: 0 - 64
Medicare Some Rate Override: N
Dental Payment Source: AD

Vision Payment Source: AD
Health Payment Source: AD
Life Payment Source: AD
Employer Medical Surcharge: NA
Rehire: A1

Medical

Current

Plan name: MercyCare: Local Deductible Health Plan 2025
Coverage level: Individual

| Frequency | You Pay | Employer Costs | | |
|---|--------------|----------------|----------------|----------|
| Monthly | \$746.50 | \$0.00 | | |
| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Pharmacy

Current

Plan name: Navitus Pharmacy 2025
Coverage level: Individual

| Frequency | You Pay | Employer Costs |
|-----------|----------|----------------|
| Monthly | \$156.94 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Wellness Program

Current

Plan name: Wellness Program 2025
Coverage level: Individual

| Frequency | You Pay |
|-----------|---------|
| Monthly | \$11.76 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Administrative Fee

Current

Plan name: Administrative Fee 2025
Coverage level: Individual

| Frequency | You Pay | Employer Costs |
|-----------|---------|----------------|
| Monthly | \$16.42 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|-------------------|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |

Uniform Dental

Current

Plan name: Uniform Dental 2025

Coverage level: Individual

| Frequency | You Pay |
|-----------|---------|
| Monthly | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Supplemental Dental

Current

Plan name: Delta Dental PPO Plus Premier Select Plus Plan 2025

Coverage level: Individual

| Frequency | You Pay | Employer Costs |
|-----------|---------|----------------|
| Monthly | \$21.60 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Vision

Current

Plan name: DeltaVision 2025

Coverage level: Individual

| Frequency | You Pay | Employer Costs |
|-----------|---------|----------------|
| Monthly | \$5.72 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Person(s) covered

Relationship

Date of Birth

Effective date

End date

Accident

Current

Plan name: Accident – Individual 2025

Coverage level: Individual

Frequency

You Pay

Employer Costs

Monthly

\$3.72

\$0.00

Person(s) covered

Relationship

Date of Birth

Effective date

End date

Jane Doe

Subscriber

12/21/1989

02/01/2025

Basic Life Insurance

Current

Plan name: Basic Life Insurance 2025

Coverage level: 1 times Salary

Coverage Amount: 1 times Salary

Frequency

You Pay

Employer Costs

Monthly

\$3.50

\$0.00

Person(s) covered

Relationship

Date of Birth

Effective date

End date

Jane Doe

Subscriber

12/21/1989

02/01/2025

Additional Life Insurance

Current

Plan name: Additional Life Insurance 2025

Coverage level: 3 times Salary

Coverage Amount: 3 times Salary

| Frequency | You Pay | Employer Costs |
|-----------|---------|----------------|
| Monthly | \$9.00 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|-------------------|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |

Spouse and Dependent Life Insurance

Current

Plan name: Spouse and Dependent Life Insurance 2025

Requested amount: \$20,000.00

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|---|--------------|---------------|----------------|----------|
| John Doe - Pending Dependent Verification | Spouse | 10/31/1989 | 02/01/2025 | |

Income Continuation Insurance (ICI)

Current

Plan name: Local Income Continuation Insurance - 90 Day Elimination Period 2025

Coverage level: 75% of Salary

Coverage Amount: 75% of Salary

| Frequency | You Pay | Employer Costs |
|-----------|---------|----------------|
| Monthly | \$0.00 | \$0.00 |

| Person(s) covered | Relationship | Date of Birth | Effective date | End date |
|-------------------|--------------|---------------|----------------|----------|
| Jane Doe | Subscriber | 12/21/1989 | 02/01/2025 | |