

**Doe, Jane**

<b>Employee Benefit Summary Report</b>	<b>SWI Bayfield County</b>
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Jane Doe  
 123 Main Street  
 PO BOX 55  
 waukesha, WI, USA 53186








Home Phone: (123) 456-7890

Date of Hire: 01/10/2025  
 Gender: Female  
 Race (formal response): Other Pacific Islander  
 Ethnicity (formal response): I choose not to answer  
 Marital Status: Married  
 ETF Member ID:




<b>Current Elections</b>	Monthly Employee Costs: \$975.16
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<b>Jane Doe</b> Relationship: Subscriber   Date of Birth: 12/21/1989	
✓ <b>MercyCare: Local Deductible Health Plan 2025</b> Individual (Pending)	Effective: 02/01/2025 <b>Monthly Cost \$746.50</b>
✓ <b>Navitus Pharmacy 2025</b> Individual (Pending)	Effective: 02/01/2025 <b>Monthly Cost \$156.94</b>
✓ <b>Wellness Program 2025</b> Individual (Pending)	Effective: 02/01/2025 <b>Monthly Cost \$11.76</b>
✓ <b>Administrative Fee 2025</b> Individual	Effective: 02/01/2025 <b>Monthly Cost \$16.42</b>
✓ <b>Uniform Dental 2025</b> (Pending)	Effective: 02/01/2025
✓ <b>Delta Dental PPO Plus Premier Select Plus Plan 2025</b> Individual (Pending)	Effective: 02/01/2025 <b>Monthly Cost \$21.60</b>
✓ <b>DeltaVision 2025</b> Individual (Pending)	Effective: 02/01/2025 <b>Monthly Cost \$5.72</b>
✓ <b>Accident - Individual 2025</b> Individual	Effective: 02/01/2025 <b>Monthly Cost \$3.72</b>

 <b>Basic Life Insurance 2025</b> 1 times Salary	Effective: 02/01/2025 <b>Monthly Cost \$3.50</b>
 <b>Additional Life Insurance 2025</b> 3 times Salary	Effective: 02/01/2025 <b>Monthly Cost \$9.00</b>
 <b>Spouse and Dependent Life Insurance 2025</b>  \$20,000.00 - Pending Approval of Evidence of Insurability - \$4.20 Monthly, \$50.40 Annual	Effective: 02/01/2025
 <b>Local Income Continuation Insurance - 90 Day Elimination Period 2025</b> 75% of Salary	Effective: 02/01/2025 <b>Monthly Cost \$0.00</b>

<b>John Doe</b> Relationship: Spouse   Date of Birth: 10/31/1989	
 <b>MercyCare: Local Deductible Health Plan 2025</b>	Effective: 02/01/2025
 <b>Navitus Pharmacy 2025</b>	Effective: 02/01/2025
 <b>Wellness Program 2025</b>	Effective: 02/01/2025
 <b>Uniform Dental 2025</b>	Effective: 02/01/2025
 <b>Delta Dental PPO Plus Premier Select Plus Plan 2025</b>	Effective: 02/01/2025
 <b>DeltaVision 2025</b>	Effective: 02/01/2025
 <b>Spouse and Dependent Life Insurance 2025</b>	Effective: 02/01/2025

**Key**

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