

W

Covered Individual

Ins.Den (You)

Signature Deductible 3, STAFF

(1 individual selected)

Your Cost	Provider
\$61.00	Univera

Select item

Select item

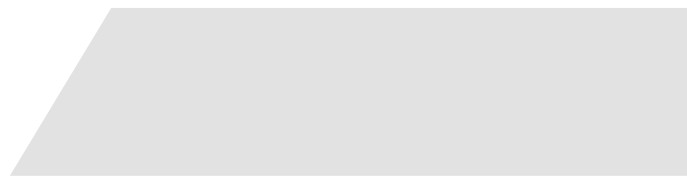
Medical

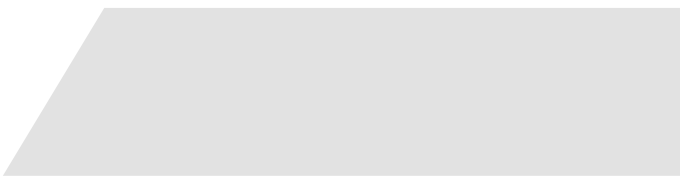


✔ You enrolled in Signature Deductible 3, STAFF.

Click [Continue to Health Savings Account - Staff](#) for the next benefit, or click [View all benefits](#) to manually select

and/or benefit version.





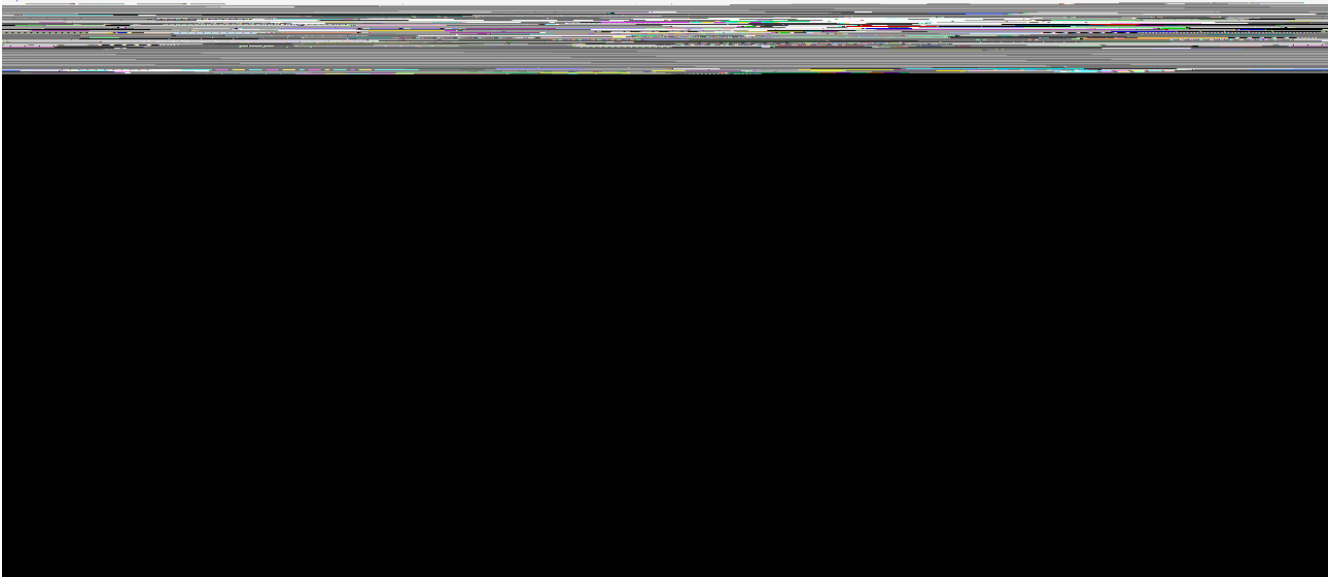
Flex Spending Account Staff

Enter your contribution amount to pay the cost

ProFlex

Provider
ProFlex

Contributions.....



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