

CITY OF MERCED: EMPLOYEE ONLINE ENROLLMENT



City of Merced
"Gateway to Yosemite"



INSTRUCTIONS FOR 2016 BENEFIT ELECTIONS BENEFIT COORDINATORS CORPORATION

WELCOME TO BENXCEL!

- ✓ For 2016 benefit elections, you will be using BenXcel® – Benefit Coordinators Corporation's (BCC) online benefit administration website.
- ✓ Open Enrollment will begin on Monday, October 5th, 2015.
- ✓ Open Enrollment will end on Saturday, October 31st, 2015.
- ✓ You can make changes at any time during Open Enrollment. Once Open Enrollment ends, no changes can be made unless a qualifying event occurs.
- ✓ After Open Enrollment, you can use BenXcel throughout the year to make changes to your personal information and/or to change your benefit elections after a qualified life event.

BENXCEL SUPPORT



BC's Customer Service Call Center: 800-685-6100

Monday – Thursday: 5:00am – 5:00pm PT

Friday: 5:00am – 3:00pm PT

Password Changes

Enrollment Verifications

FSA Account Balances

COBRA Inquiries






REGISTRATION & AUTHENTICATION

- ✓ Go to The City's BenXcel log in page:
<https://www.benxcel.com/ctymer.htm>
- ✓ Click the REGISTER NEW USER icon
- ✓ Enter a unique User ID of 1-20 characters
- ✓ Enter a valid e-mail address
- ✓ Choose your user type
- ✓ Click NEXT

Login

Username:

Password:

 Register New User  User Name Help  Password Help

Create a New User Account

 The Username will be used to identify you when you log in. Please enter a unique Username of 1-20 characters. Optionally enter an email address to be associated with this Username. Please note: If you have already successfully registered for a Username, you will not be able to request another. Please contact your system administrator for assistance.

User ID

Email Address

What Type of User are you? I am the subscriber I am a dependent of the subscriber

REGISTRATION & AUTHENTICATION

- ✓ Select SSN as your ID Type
- ✓ Enter your SSN in the Participant ID box
- ✓ Enter your last name in ALL CAPITAL LETTERS
- ✓ Enter your zip code
- ✓ Enter your date of birth (mm/dd/yyyy)
- ✓ Click NEXT

- ✓ Enter a password
- ✓ Verify the password
- ✓ Click SUBMIT

Verify Your Identity

Please enter the following information to verify LIN account.




ID Type Participant ID SSN

Participant ID

Participant Last Name

Participant Zip Code

Participant Date of Birth / /
mm / dd / yyyy

Establish your Password

Please enter and confirm a password of 1-20 characters.



Enter Password

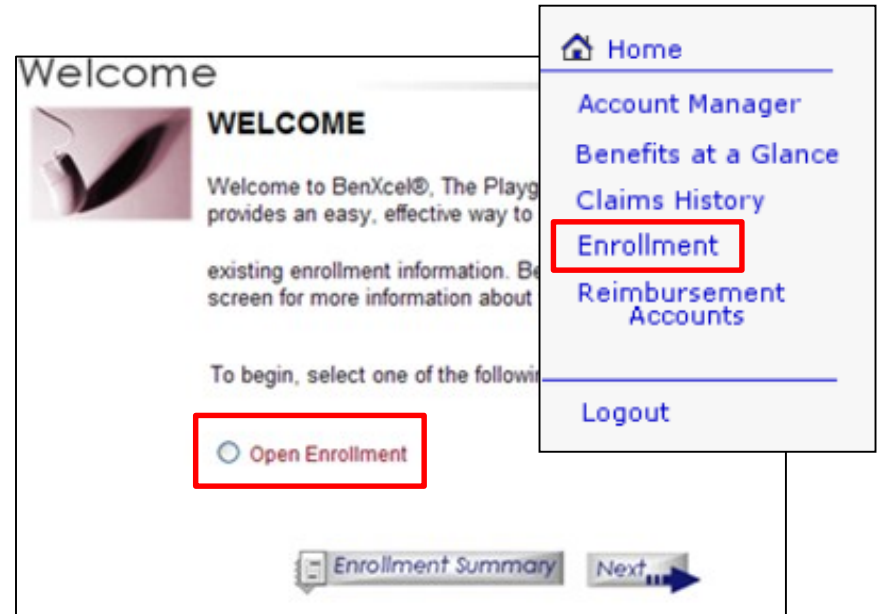
Verify Password

Password Hint (max 30 chars)



ENROLLMENT

- ✓ To make your Open Enrollment benefit elections, click ENROLLMENT from the left menu frame
- ✓ Choose OPEN ENROLLMENT from the welcome screen that appears
- ✓ Click NEXT



- ✓ You must start at the beginning of the enrollment process and go through each page and coverage for successful submission
- ✓ If you exit before submitting your enrollment, you can choose to pick up where you stopped or start enrollment over again upon your next log in

ENROLLMENT: Personal & Dependent Information

- ✓ Your enrollment process will be shown in the left pane ENROLLMENT LIST
- ✓ PERSONAL INFORMATION: enter/verify all personal information
- ✓ DEPENDENT INFORMATION: enter/verify all dependent information
- ✓ When adding a dependent, you can click the COPY ADDRESS FROM PARTICIPANT to auto-populate address information if it is the same

Enrollment List

Personal Information

Participant
 Dependent

Health Benefits

Medical
 Prescription
 Chiropractic
 Dental
 Vision
 Voluntary Dental

Life Insurance Plans

Participant Life
 Participant AD&D
 Dependent Life
 Voluntary Employee Life
 Voluntary Employee AD&D
 Voluntary Spouse Life
 Voluntary Dependent Life

Disability Plans

Short Term Disability
 Long Term Disability

401k Savings

Help

Personal Information

Please Note: This on-line enrollment process will lead you through a series of screens that display personal, dependent and benefit information. Review the information on each screen. Enroll in the benefits that make sense for you and your family and complete the appropriate forms.

Participant's ID: 612-24-5029

Participants Name: JERRY CONNER
first middle last

Address: 10 ANY ST
number direction name St./Dr./Ln./Ext.

Address Line 2:

City: ANY PLACE State/Province: CALIFORNIA

Zipcode/Postal Code: 66666

Date of Birth: 10 / 10 / 1972 Gender: Female Male

Marital Status: MARRED

If we can contact you via e-mail, please supply the participant's complete e-mail address: _____

Do you have any dependents (including your spouse) that are, or will be, enrolled in your employer's group benefit plan?: Yes No

Next

ENROLLMENT: Benefit Elections

- ✓ Each benefit has its own enrollment screen. Use the BACK and NEXT icons to move through the screens.
- ✓ A PREMIUM ACCUMULATION calculator (top right of your screen) will auto-calculate your accumulated contributions through each enrollment screen after clicking the CALCULATE icon.
- ✓ If declining, select the DECLINE radial button.
- ✓ If electing, select the ELECT radial button, indicate which plan, and choose the appropriate coverage level from the drop down box.
- ✓ If choosing a coverage level that includes dependents, click the ELECT boxes next to each dependent that should be included in the DEPENDENT section.

Benefit Enrollment

\$\$\$ Premium Accumulators

| Employer Paid Premium | Employee Contribution (Pre-Tax) | Employee Contribution (Post-Tax) |
|-----------------------|---------------------------------|----------------------------------|
| \$0.00 | \$0.00 | \$0.00 |

Participant's Name: JERRY CONNER Participant's ID: 012-24-5029

Medical Insurance Effective Date of Coverage: 06/01/2011

The cornerstone of XYZ Company's benefit program is its healthcare plan. You may enroll yourself and your eligible dependents in the comp

Elect Decline

| Plan Name | Enrollment Level | Employer Paid Premium (\$) | Employee Contribution (Estimated \$) |
|--|----------------------|----------------------------|--------------------------------------|
| <input checked="" type="radio"/> Pacificare HMO East | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Pacificare PPO | <input type="text"/> | <input type="text"/> | <input type="text"/> |

These premiums are calculated per Monthly pay period.

Click the icon above for more information about the plan.

Do you want to have the contribution deducted from your pay before taxes? Yes No

Dependents

Click the elect option for each dependent that you would like to include in this coverage.

| Elect | Soc. Sec. | Name | Gender | Birthdate | Relationship |
|--------------------------|-----------|-------------|--------|------------|--------------|
| <input type="checkbox"/> | 777881212 | MARY CONNER | Female | 06/05/1955 | Spouse |

Are you or any elected dependent covered by any other Medical Insurance Plan? Yes No

ENROLLMENT: Premium & Enrollment Summary

- ✓ This is the final enrollment screen that details each coverage, plan, enrollment level, and dependent covered; along with the cost of each benefit elected.
 - ✓ Review all information presented, as well as the ACCEPT text at the bottom of the screen.
 - ✓ If you see anything that you would like to change or that you may have elected by mistake, use the BACK icon to make changes.
 - ✓ When you are finished and satisfied with your elections, you must select FINISH & PRINT or FINISH/NO PRINT for your enrollment to be submitted.



BENEFITS AT A GLANCE

- ✓ You can access an online snapshot of your benefit elections through the BENEFITS AT A GLANCE option in your left menu frame.
- ✓ This snapshot will include benefit elections, dependents enrolled, beneficiaries, costs, etc. from the past, present, or future dated elections.

Home Account Manager **Benefits at a Glance** Enrollment Logout

Help

Benefits at a Glance

The following shows your coverages as of 10/27/2014. You may be able to update/change certain selections based on the parameters of your Benefit Plan. For further information, consult your Benefits Handbook and direct any questions to your Human Resources Department.

Group: 501171 Date: 10/27/2014

Personal Information

Participant: TEST MAILING Participant ID: 888-77-8888
Address: 100 MAIN ST
ANYTOWN, PA 18083
e-mail:
Home Phone: Work Phone:
Date of Birth: 11/11/1985 Gender: Male
Marital Status: MARRIED

Please Note: To generate a Benefits at a Glance statement for a participant, fill in all of the following fields and click Next:

Participant ID:

Group ID:

Display: Current Benefits
 Benefits as of / /
mm / dd / yyyy