

Confirmation Statement Details



The confirmation statement reflects your current elections and your open enrollment elections.

1. Your current elections are shown under **Current Enrollment Summary**. Please see the screen print below.

The screenshot shows the 'Current Enrollment Summary' section of the BenAdmin web application. The table lists the following enrollment details:

PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYEE PRE-TAX	EMPLOYER PRE-TAX	EMPLOYEE POST-TAX
Anthem Blue Cross EPO High Option Plan (Pre-tax) Effective: 01/02/2019 Cost Effective: 01/02/2019 - 12/31/2020	TEST ENROLL (Employee)	\$49.04	\$49.04	\$236.42	-
Delta Dental PPO High Option Plan (Pre-tax) Effective: 08/01/2019 Cost Effective: 08/01/2019 - 12/31/2019	TEST ENROLL (Employee)	\$26.72	\$26.72	\$0.00	-
VSP Vision Buy Up Plan (Pre-tax) Effective: 08/01/2019 Cost Effective: 08/01/2019 - 12/31/2019	TEST ENROLL (Employee)	\$8.82	\$8.82	\$0.00	-
AD&D Insurance (Pre-tax) Effective: 01/02/2019 Cost Effective: 01/02/2019 - 12/31/2019	TEST ENROLL (Employee) Current Coverage: \$50,000.00	\$0.55	\$0.55	-	-
VOYA	TEST ENROLL (Employee)	\$3.96	\$3.96	-	-

2. Your selections for open enrollment will be shown under the **Future Enrollment Summary**. Please see the screen print below.

The screenshot shows the 'Future Enrollment Summary' section of the BenAdmin web application. At the top, the 'Out of Pocket' total is displayed as \$68.88. The table below lists the following enrollment details:

PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYEE PRE-TAX	EMPLOYER PRE-TAX	EMPLOYEE POST-TAX
Anthem Blue Cross EPO High Option Plan (Pre-tax) Effective: 01/02/2019 Cost Effective: 01/02/2019 - 12/31/2020	TEST ENROLL (Employee)	\$49.04	\$49.04	\$236.42	-
Delta Dental PPO High Option Plan (Pre-tax) Effective: 08/01/2019 Cost Effective: 01/01/2020 - 12/31/2020	TEST ENROLL (Employee)	\$26.72	\$26.72	\$0.00	-
VSP Vision Buy Up Plan (Pre-tax) Effective: 08/01/2019 Cost Effective: 01/01/2020 - 12/31/2020	TEST ENROLL (Employee)	\$8.82	\$8.82	\$0.00	-
AD&D Insurance (Pre-tax) Effective: 01/02/2019 Cost Effective: 01/01/2020 - 12/31/2020	TEST ENROLL (Employee) Current Coverage: \$50,000.00	\$0.55	\$0.55	-	-
VOYA	TEST ENROLL (Employee)	\$3.96	\$3.96	-	-

- The Future Enrollment Summary will also reflect the designated amount that has been contributed by the City of Merced. It is noted on the confirmation statement as a **“Spending Credit.”** Please see the screen print below.

Confirmation Statement

City of Merced

Employee Settings | Welcome - TEST ENROLL (Employee)

BenAdmin

Employee Home > Confirmation Statement

Demographics

TEST TEST (Other) 100%

Current Enrollment Summary

VOYA

TEST ENROLL (Employee)
Current Coverage \$50,000.00
Elected Coverage \$60,000.00
(EE cost \$4.15)

\$3.46 - - \$3.46

Future Enrollment Summary

Voluntary Employee Life (Post-tax)
Effective: 01/01/2020
Cost Effective: 01/01/2020 - 12/31/2020

Waived Benefits

Primary Beneficiary

TEST TEST (Other) 100%

Total Benefit Employee Cost	\$102.83	Total Employee Cost	\$102.83
Spending Credit Spending Credits Allotted	\$33.95	Total Employee Pre Cost	\$93.72
Spending Credit Spending Credits Applied	\$33.95	Total Employee Post Cost	\$9.11
Spending Credit Spending Credits Remaining	\$0.00	Total Employer Pre Cost	\$236.42

Out of Pocket

Total Employee Bi-weekly Deduction \$68.88

WAIVED BENEFITS

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Please note: The dental benefit is the first benefit in which your employer’s contribution is applied. In order for the employer contribution to apply correctly the dental rate will display as pre-tax employee cost.

- Each benefit displayed on the confirmation statement reflects an Effective date and a Cost Effective Date. Please see the screen print below:

Confirmation Statement

City of Merced

Employee Settings | Welcome - Kelley Gault (Partner)

BenAdmin

Home > Company Home > Employee Home > Confirmation Statement | Search Employee

Demographics

Name: TEST COLOR
Date of Employment: 08/04/2019
Most Recent Hire Date: ---

Effective Date: 01/01/2020

Current Enrollment Summary

SEARCH EMPLOYEE OR DEPENDENTS

Managing: TEST COLOR

Future Enrollment Summary

CURRENT ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYER COST
VOYA	TEST COLOR (Employee) Current Coverage \$50,000.00	\$0.55	\$0.00
AD&D Insurance (Pre-tax) Effective: 08/04/2019 Cost Effective: 08/04/2019 - 12/31/2019	TEST COLOR (Employee) Current Coverage \$50,000.00	\$1.98	\$0.00
VOYA	TEST COLOR (Employee) Current Coverage \$50,000.00	\$0.00	\$0.00
Life Insurance (Pre-tax) Effective: 08/04/2019 Cost Effective: 08/04/2019 - 12/31/2019	TEST COLOR (Employee) Current Coverage \$50,000.00	\$0.00	\$0.00

Primary Beneficiary

test test (Friend) 100%

Total Benefit Employee Cost	\$2.53	Total Employee Cost	\$2.53
Spending Credits Allotted	\$0.00	Total Employer Cost	\$0.00

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The **Effective Date** is the date the enrollment in the benefit takes effect.

The **Cost Effective Date** is the date the rate takes effect. Since there are new rates for 2020, there will be a 1/1/2020-12/31/2020 cost effective date in the future enrollment summary.

After elections have been made, the future enrollment summary will reflect the newly elected benefits and the benefits you wish to keep the same for 2020.

If there are no changes to the benefit, the original effective date remains displayed. (Reference the screen print below).

Example: Life Insurance.

Effective Date: 1/2/19 (this is the original effective date for this benefit).

Cost Effective Date 1/1/2020- 12/31/2020.

Benefit Name	Current Coverage	TEST ENROLL (Employee)	Current Coverage	Elected Coverage	EE cost
Voluntary Long Term Disability (Post-tax) Effective: 08/01/2019 Cost Effective: 01/01/2020 - 12/31/2020	\$2,778.00	TEST ENROLL (Employee) Current Coverage: \$2,778.00	\$1.44	-	\$1.44
Voluntary Short Term Disability (Post-tax) Effective: 08/01/2019 Cost Effective: 01/01/2020 - 12/31/2020		TEST ENROLL (Employee) Current Coverage: \$50,000.00	\$0.69	-	\$0.69
Voluntary Employee AD&D (Post-tax) Effective: 01/01/2020 Cost Effective: 01/01/2020 - 12/31/2020		TEST ENROLL (Employee) Current Coverage: \$50,000.00 Elected Coverage: \$60,000.00 (EE cost \$0.83)	\$1.98	\$1.98	-
Life Insurance (Pre-tax) Effective: 01/02/2019 Cost Effective: 01/01/2020 - 12/31/2020		TEST ENROLL (Employee) Current Coverage: \$50,000.00	\$3.46	-	\$3.46
Primary Beneficiary		TEST TEST (Other)	100%		
Voluntary Employee Life		TEST ENROLL (Employee) Current Coverage: \$50,000.00 Elected Coverage: \$50,000.00 (EE cost \$4.12)			

If there are changes to the benefit, the new effective date will be displayed. (Reference the screen print above).

Example: Voluntary Employee AD&D

Effective Date: 1/1/2020

(The employee is increasing their Voluntary Employee AD&D Amount for Open Enrollment effective 1/1/2020).

Cost Effective Date 1/1/2020 -12/31/2020

If you have additional questions regarding your confirmation statement after you have completed open enrollment, you may contact the Insurance Division at 209-388-7100 extension 6979.