



COUNTY
of SAN LUIS
OBISPO

How to Read Your BenXcel Confirmation Statement

County of San Luis Obispo

Employee's Demographics

Confirmation Statement

Name

Jane Doe

Employee ID

12345

Address:

1234 A Street San Luis Obispo, CA 93408



Please make sure this is your most up to date address as this is the address the carriers will utilize to contact you.

BenXcel will not automatically update when you update your address in SAP/ESS Portal. You must update your address in both locations.

Date of Birth

01/01/1980

Email Address

jdoe@co.slo.ca.us

Most Recent Hire Date

Effective Date

01/01/2019

Current Enrollment Summary

CURRENT ENROLLMENT SUMMARY			
PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYER COST
Delta Dental DPPO - EE (Pre-tax) Effective 01/01/2018	Jane Smith (Employee) John Smith (Spouse)	\$42.70	\$0.00
Anthem Care PPO (Pre-tax) Effective 01/01/2018	Jane Smith (Employee)	\$304.00	\$0.00
VSP Vision - EE (Pre-tax) Effective 01/01/2018	Jane Smith (Employee) John Smith Spouse)	\$7.27	\$0.00
Voya Spouse Life & ADD (Post-tax) Effective 01/01/2018	John Smith (Spouse) Current Coverage \$0.00 Elected Coverage \$20,000.00 (EE cost \$17.83)	\$0.00	-
I choose to elect Medical (Pre-tax) Effective 01/01/2018	Jane Smith (Employee)	-	-
Voya Employee Life & ADD (Post-tax) Effective 01/01/2018	Jane Smith (Employee) Current Coverage \$13,000.00 Elected Coverage \$26,000.00 (EE cost \$0.00)	\$11.59	-

This column illustrates the dependents enrolled by plan. Be sure to check your dependents for every line of coverage to ensure they are enrolled as you intended. In this example, the employee's spouse is enrolled in Dental & Vision, but not Medical. Enrolling a dependent in one benefits does *not* mean they have been enrolled in all benefits.

The Current Enrollment Summary at the top of your Confirmation Statement lists the elections you made for the current calendar year, what you are currently enrolled in.

To review your elections for future years you must look further down on the Confirmation Statement at the Future Enrollment Summary.



This is your *future* enrollment summary which is not effective until 1/1/2019.

Future Enrollment Summary

FUTURE ENROLLMENT SUMMARY			
PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYER COST
Delta Dental DPPO - EE (Pre-tax) Effective 01/01/2019	Jane Smith (Employee) John Smith (Spouse)	\$42.70	\$0.00
Anthem Care PPO (Pre-tax) Effective 01/01/2019	Jane Smith (Employee)	\$304.00	\$0.00
VSP Vision - EE (Pre-tax) Effective 01/01/2019	Jane Smith (Employee) John Smith Spouse	\$7.27	\$0.00
Voya Spouse Life & ADD (Post-tax) Effective 01/01/2019	John Smith (Spouse) Current Coverage \$0.00 Elected Coverage \$20,000.00 (EE cost \$17.83)	\$0.00	-
I choose to elect Medical (Pre-tax) Effective 01/01/2019	Jane Smith (Employee)	-	-
Voya Employee Life & ADD (Post-tax) Effective 01/01/2019	Jane Smith (Employee) Current Coverage \$13,000.00 Elected Coverage \$26,000.00 (EE cost \$1.18)	\$0.00	-

Employer Cost is *not* your County Cafeteria Contribution, it is only for employees eligible for Employer paid Long Term Disability & Life.

Employee Cost is the premium for that benefit per pay period and it does not include the County Contribution.

This column illustrates the dependents enrolled by plan. Be sure to check your dependents for every line of coverage to ensure they are enrolled as you intended. In this example, the employee's dependent is *not* covered by her Medical but is covered on her dental and vision.

Only the employee's name will be displayed here.

The Employee Cost is displaying as \$0 because even if you elect Voluntary Life you have not been approved by Voya yet for the coverage. You will need to submit an Evidence of Insurability if you are electing this coverage for the first time before you start receiving deductions.

When approved, this will be your premium per pay period.

Spending Credits & Out of Pocket Cost

This is the amount of your County Cafeteria Contribution per pay period.

This is the *total* cost of all the premiums for the benefits you elected, per pay period before the County Contribution.

This is the amount of your Cafeteria Contribution that you spent for Medical, Dental & Vision premiums per pay period.

This is the remaining balance of your Cafeteria if the cost of your medical, dental and vision premiums are less than the Cafeteria amount. This amount will be credited to your paycheck.

Total Benefit Employee Cost	\$365.56	Total Employee Cost	\$365.56
Spending Credit Spending Credits Allotted	\$375.29	Total Employer Cost	\$0.00
Spending Credit Spending Credits Applied	\$353.97		
Spending Credit Spending Credits Remaining	\$21.32		
Spending Credit Spending Credits Cash Out	\$21.32		

This will always be \$0 unless you receive County paid Life and/or Disability.

Out of Pocket Total Employee Semi-monthly Deduction	\$11.59
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This is the total estimated amount the employee will be deducted per pay period from their paycheck. Voluntary Insurance like Aflac Accident or Voluntary Life will be included in this deduction because they are *not* covered by your Cafeteria Contribution, even if you receive a cash out, because the Cafeteria can only be applied towards Medical, Dental, & Vision coverage.

Important Notes

Benefit payroll deductions are taken twice monthly, 24 of 27 pay periods for 2020.

The County Cafeteria is the dollar amount the County contributes toward your medical, dental and vision premiums.

The confirmation statement is provided to you for illustration purposes only to assist in your benefit elections. Always review your paycheck to ensure the payroll deductions being taken are accurate. If there is a discrepancy between the Confirmation Statement and your paycheck, always defer to your paycheck. Contact the Payroll Coordinator in your Department if you have questions about discrepancies.