

WEBINAR SERIES

Navigating Your PrestigePEO Renewal Portal

August 14, 2025



Today's Presenters



Kathleen Sullivan

Benefits Account Manager
PrestigePEO

Today's Agenda

- Open Enrollment Phases
- Getting Started
- Client Dashboard
- Summary Page
- Review Group Offerings
- Creating a new Contribution Model
- Setting a Max Contribution
- Employer HSA Match Form (Optional)
- Entering Your Contribution Amounts
- Reviewing Your Potential Renewal Costs
- Submitting Your Renewal
- PrestigePRO System and Open Enrollment

Webinar Forum

All participants are muted.

Please type questions in the side navigation panel and we will try to address most questions during today's session.

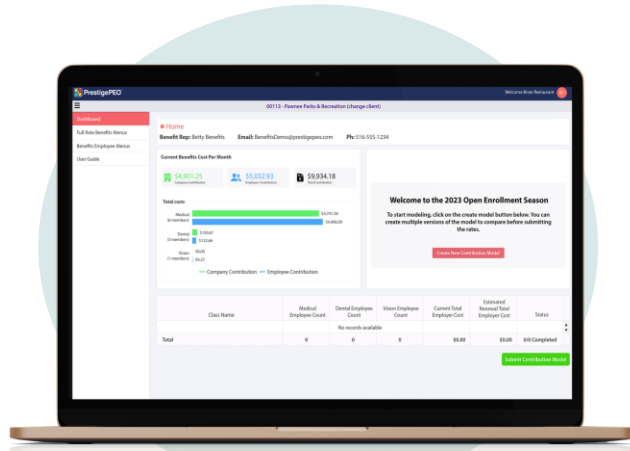
Today's presentation will be posted on the client manager page of our Open Enrollment Resource center.

<https://www.prestigepeo.com/openenrollment>

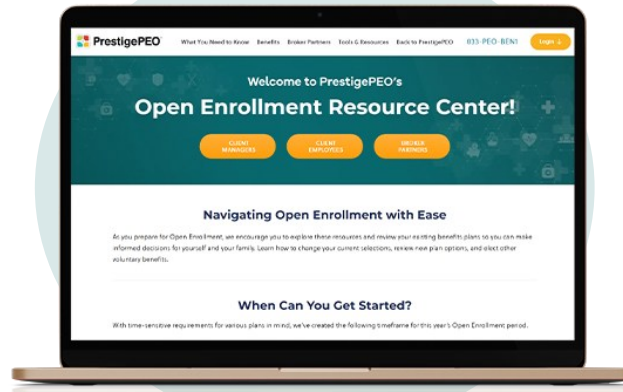
What to Expect

- Carrier Renewals finalized and communicated to brokers first: (On or near) August 13th
- Renewals communicated to clients directly: (On or near) Sept 2nd
- Client decisions for Plans offered and contribution strategy: Due September 24th
- Portal set up between Sept 18th and September 30th for employee e-mails to go out starting on October 2nd (there are 2 employees waves Oct 2nd -17th and Oct 9th -24th)
- By request, Open Enrollment Meetings with specialists and employees are scheduled after decisions from employers are received mid September through the beginning of October.
- Employee decisions for their own plan elections due October 17th (Wave 1) or October 24th (Wave 2)

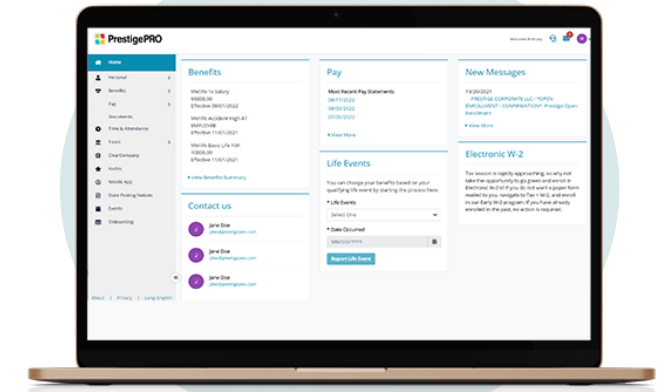
PrestigePEO conducts Open enrollment for our employer groups and employees. It is broken down into 2 phases:



**Benefits Renewal Portal
(NEW FEATURES)**



**OE Resource Center
(located on PrestigePEO.com)**

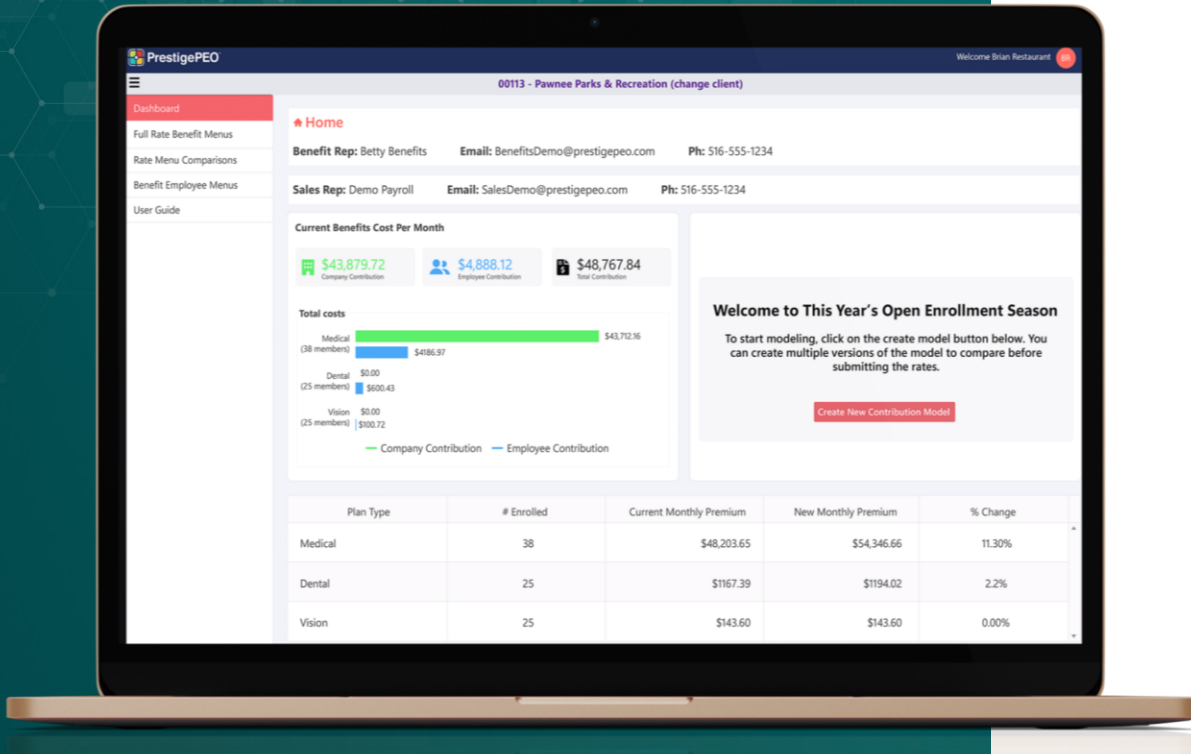


**Open Enrollment Portal
(in PrestigePRO)**



Phase 1 Benefits Renewal Portal

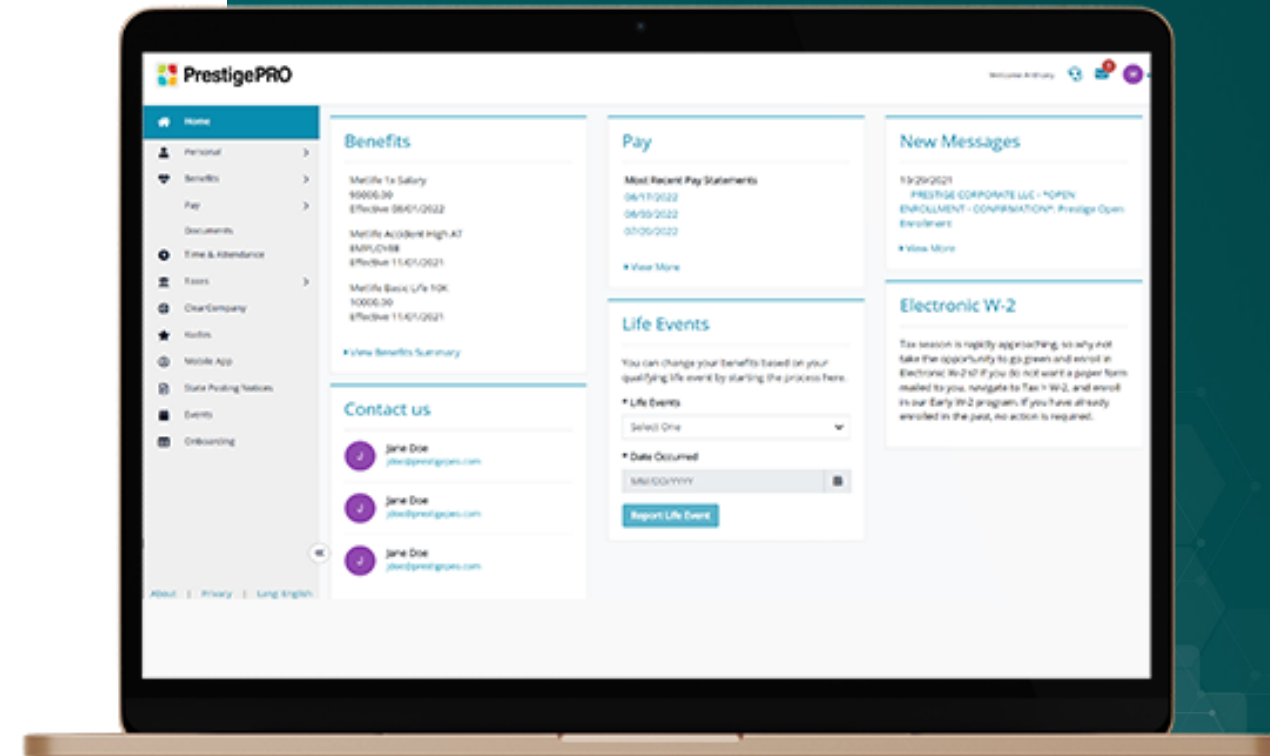
Phase 1 is the delivery of renewal rates and plans to the client/broker contacts and decision makers. Strategy meetings are conducted and decisions made for plans offered and contributions by employer for each coverage.



Phase 2

Open Enrollment Employee Portal (PrestigePRO)

The second phase is the set up for all employees to go through their own benefit portal and see the changes, their costs, and any new products. We offer meetings for employees to go over changes and what to expect for open enrollment.




Open Enrollment

As we gear up for another Open Enrollment, we have new features in the Benefits Renewal Portal! This year the technology was improved to allow you to plan your benefits for the upcoming year and share those plans with decision makers.

- **Compare existing plans to new plans using the Rate Comparison tool**
- **View or download Full Renewal and Employee Census Report**
- **View your dashboard with Open Enrollment rates**
- **Download easier to read benefit menus with just the employee costs**
- **See elections made by employees**
- **Track status as employees complete open enrollment**

The background features a teal color with a decorative pattern of hexagons and lines. Various icons are scattered throughout, including medical symbols like a heart with a pulse line, a DNA helix, a first aid kit, and a group of medical professionals, as well as financial symbols like a dollar sign, a piggy bank, and a bar chart.

GETTING STARTED



Username

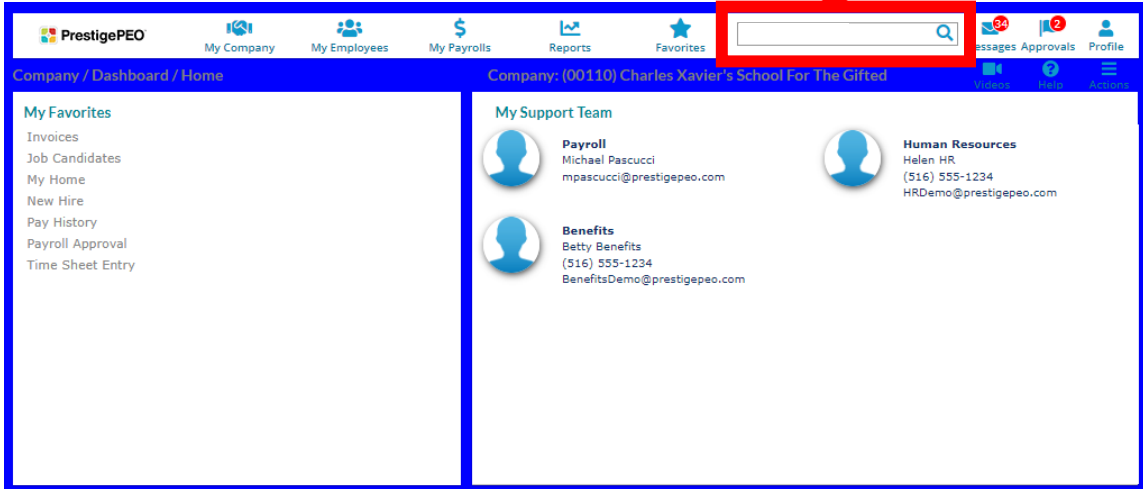
Password

Sign in

[Forgot your password?](#)

PRESTIGE EMPLOYEE ADMINISTRATORS DEMO

Log in to PrestigePRO with your username and password.






Renewal Portal

Company / Dashboard / Home Company: (00110) Charles Xavier's School For The Gifted

My Favorites

- Invoices
- Job Candidates
- My Home
- New Hire
- Pay History
- Payroll Approval
- Time Sheet Entry

My Support Team

 Payroll Michael Pascucci mpascucci@prestigepeo.com	 Human Resources Helen HR (516) 555-1234 HRDemo@prestigepeo.com
 Benefits Betty Benefits (516) 555-1234 BenefitsDemo@prestigepeo.com	

In the search box in the upper right corner, type the words “Renewal Portal” and click enter.

Welcome to 2025 Open Enrollment Season. Please select your company below to review your current renewal and create comparison models with new contributions.

Search...

Company Id	Company Name	Broker	Current Cost	New Cost	Percentage Inc...	Status	Action	Submission...
00110	Charles Xavier's... Gifted	Michael Scott	\$14,191.29	\$15,127.44	6.60%	In Progress	Review	
00105	Demo Cyberdyne...	Pam Beesly	\$51,388.95	\$56,013.95	9.00%	In Progress	Review	
00113	Pawnee Parks &...	Dwight Schrute	\$5,661.41	\$5,992.31	5.84%	Not Started	Review	
00112	Ryan's Restauran...	Stanley Hudson	\$70,643.09	\$78,413.83	11.00%	In Progress	Review	

1

20 items per page

1 - 4 of 4 items

The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a cross, a heart with a pulse line, a DNA helix, a first aid kit, and a group of people, as well as financial symbols like a dollar sign, a shield with a dollar sign, and a piggy bank. The pattern is more dense on the left and right sides, fading towards the center where the title is located.

CLIENT DASHBOARD

Dashboard

Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

User Guide

00113 - Pawnee Parks & Recreation (change client)

Home

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com


Ph: 516-555-1234

Sales Rep: Demo Payroll

Email: SalesDemo@prestigepeo.com


Ph: 516-555-1234

Current Benefits Cost Per Month




\$43,879.72

Company Contribution



\$4,888.12

Employee Contribution



\$48,767.84

Total Contribution

Total costs

Medical
(38 members)

\$43,712.16

Dental
(25 members)

\$600.43

Vision
(25 members)

\$100.72

— Company Contribution

— Employee Contribution

Welcome to This Year's Open Enrollment Season


To start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%

13

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Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change	
Medical	38	\$48,203.65	\$54,346.66	11.30%	▲
Dental	25	\$1167.39	\$1194.02	2.2%	
Vision	25	\$143.60	\$143.60	0.00%	▼

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status	
OWNERS	2	1	1	\$4,667.74	\$0.00	Pending !	▲
SUPERVISORS	5	4	4	\$8,612.81	\$0.00	Pending !	
ALL EMPLOYEES	31	20	20	\$30,599.17	\$0.00	Pending !	▼
Total	38	25	25	\$43,879.72	\$0.00	0/3 Completed	

Submit Contribution Model

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Employee Contribution



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Total costs

Medical
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\$43,712.16

\$4186.97

Dental
(25 members)

\$0.00

\$600.43

Vision
(25 members)

\$0.00

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Company Contribution

Employee Contribution


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SUMMARY PAGE

Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status	
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !	▲
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !	
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !	▼
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed	

NOTE:

Submit Contribution Model

Employee Census Report

Export to Excel

Employee N...	Benefit Grou...	Plan ID	Plan Descrip...	Status	Plan Type	Premium A...	Company C...	Employee C...	Employee St...
Darugar, Rebecca Lynn	DIRECTORS	METDENS	Metlife Dental Standard	A	ES	52.24	0	52.24	NY
Darugar, Rebecca Lynn	DIRECTORS	OXNY01	Plan 01 Oxford Liberty Direct NY	A	ES	1607.94	1607.94	0	NY
Darugar, Rebecca Lynn	DIRECTORS	VISV	UHC Vision Voluntary	A	ES	7.9	7.9	0	NY
Eckert, Chris	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
Eckert, Chris	ALL FT EMPLOYEES	OXNY01	Plan 01 Oxford Liberty Direct NY	A	EE	784.16	784.16	0	NY
Eckert, Chris	ALL FT EMPLOYEES	VISV	UHC Vision Voluntary	A	EE	4.27	4.27	0	NY
Kim, Daniel	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
Kim, Daniel	ALL FT EMPLOYEES	OXNY01	Plan 01 Oxford Liberty Direct NY	A	EE	784.16	784.16	0	NY
Kim, Daniel	ALL FT EMPLOYEES	VISV	UHC Vision Voluntary	A	EE	4.27	4.27	0	NY
Medina, Summer Rose	ALL FT EMPLOYEES	METDENS	Metlife Dental DHMO	A	EE	12.75	0	12.75	NY

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1 - 4 of 4 items

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REVIEW GROUP OFFERINGS

Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

	Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution		
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %
▼ Plan 03 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>			
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>			
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>			
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%

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User Guide

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🏠 Home

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21

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Rate Menu Comparisons

Benefit Employee Menus

User Guide

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Full Rate Benefits Menus

Medical Benefit Menu

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Dental Benefit Menu

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Vision Benefit Menu

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Previous Year Full Rate Benefits Menus

Medical Benefit Menu

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Dental Benefit Menu

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Medical Benefit Menu

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22

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Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

User Guide

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Previous Year

Medical Benefit Menu

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Dental Benefit Menu

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Vision Benefit Menu

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Medical Benefit Filter Menus

Please select ...

Download AllClose

	Plan 01 Aetna OA MC POS 300/90	Plan 02 Aetna OA MC POS 500/80	Plan 03 Aetna OA MC POS 750/90	Plan 04 Aetna OA MC POS 1000/80
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 / \$20 / \$40	\$0 / \$25 / \$50	\$0 / \$25 / \$50	\$0 / \$25 / \$50
Deductible (Individual / Family)	\$300 / \$900	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000
Co-Insurance Percent	10%	20%	10%	20%
Maximum OOP (Individual / Family)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Hospital Semi-Private Room	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Hospital Emergency Room	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Outpatient Surgery	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Laboratory Services	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
MRI, MRA, PET, Ultrasound	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Urgent Care	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$1,200 / \$3,600	\$1,500 / \$3,000	\$2,250 / \$4,500	\$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$9,000 / \$18,000
Co-Insurance Percent	50%	50%	50%	50%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	N/A	N/A	N/A	N/A
Co-Pays	\$10 / \$45 / \$70	\$10 / \$45 / \$70	\$10 / \$45 / \$70	\$10 / \$45 / \$70
Covered Employees and Rates				
Employee	\$676.86	\$601.29	\$608.95	\$530.65
Employee + Spouse	\$1,489.08	\$1,322.83	\$1,339.68	\$1,167.43
Employee + Child(ren)	\$1,353.71	\$1,202.58	\$1,217.89	\$1,061.30
Employee + Family	\$2,098.26	\$1,864.00	\$1,887.74	\$1,645.01

Please Note: All co-payments, deductibles, and co-insurance (medical & prescription) paid for In-Network Covered Services contribute to the In-Network out-of-pocket maximum. Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions. For detailed summaries contact your Benefit Specialist.

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Dashboard

Full Rate Benefits Menus

Rate Menu Comparisons

Benefit Employee Menus

User Guide

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Full Rate Benefit Plan Comparisons

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Dental Benefit Menu

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Rate Menu Comparisons

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Medical Benefit Filter Menus

Plan 04 Oxford Liberty Direct NY

Plan 03 Oxford Freedomw EOP NY

Plan 09 Oxford Freedomw EOP NY


Plan 15 Oxford Freedomw Direct NY

Download All

Close

26

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	Plan 04 Oxford Freedom Direct NY	Plan 03 Oxford Freedom EPO NY	Plan 09 Oxford Freedom EPO NY	Plan 15 Oxford Freedom Direct NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 / \$25 / \$50	\$0 / \$30 / \$60	\$0 / \$30 / \$60	\$0 / \$25 / \$50
Deductible (Individual / Family)	\$500 / \$1,000	N/A / N/A	\$1,000 / \$2,000	\$750 / \$1,500
Co-Insurance Percent	10%	N/A	10%	10%
Maximum OOP (Individual / Family)	3000 / \$4,000	4000 / \$5,000	4000 / \$5,000	\$5,000 / \$10,000
Hospital Semi-Private Room	Deductible & Co-insurance	\$500 Copay	Deductible & Co-insurance	Deductible & Co-insurance
Hospital Emergency Room	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)
Outpatient Surgery	Deductible & Co-insurance	\$250 Copay	Deductible & Co-insurance	Deductible & Co-insurance
Laboratory Services	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance
MRI, MRA, PET, Ultrasound	Deductible & Co-insurance	Hosp: Co-insurance / FS: \$0	Deductible & Co-insurance	Deductible & Co-insurance
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$1,000 / \$2,000	N/A / N/A	N/A / N/A	\$2,500 / \$5,000
Maximum OOP (Individual / Family)	\$4500 / \$7,000	N/A / N/A	N/A / N/A	\$8,000 / \$16,000
Co-Insurance Percent	30%	N/A	N/A	30%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3
Co-Pays	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75
Coverage Tiers	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost
Employee	1 enrolled @ \$1,914.15	\$1,750.30	\$1,449.31	\$1,699.96
Employee + Spouse	1 enrolled @ \$3,923.96	\$3,588.13	\$2,971.08	\$3,447.96
Employee + Child(ren)	1 enrolled @ \$3,303.80	\$3,021.05	\$2,501.51	\$2,902.27
Employee + Family	1 enrolled @ \$5,773.04	\$5,278.86	\$4,371.10	\$5,071.37
Totals				
Monthly Premium	\$14,914.95	\$13,638.34	\$11,293.00	\$13,120.56
		\$0.00	\$0.00	\$0.00
Annualized Premium	\$178,979.40	\$163,660.08	\$135,516.00	\$157,446.72
		\$0.00	\$0.00	\$0.00

Please Note: All co-payments, deductibles, and co-insurance (medical & prescription) paid for In-Network Covered Services contribute to the In-Network out-of-pocket maximum. Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions. For detailed summaries contact your Benefit Specialist.



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

	Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution		
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %
▼ Plan 03 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>			
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>			
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>			
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%

Dashboard

Full Rate Benefits Menus

Benefits Employee Menus

User Guide

00113 - Pawnee Parks & Recreation (change client)

Home

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com

Ph: 516-555-1234

Sales Rep: Demo Payroll

Email: SalesDemo@prestigepeo.com

Ph: 516-555-1234

Current Benefits Cost Per Month

\$4,901.25

Company Contribution

\$5,030.00

Employee Contribution

Total costs

Medical
(6 members)

Dental
(3 members)

Vision
(1 members)

\$159.67

\$122.66

\$0.00

\$4.27

Medical Employee Count

Dental Employee Count

Vision Employee Count

Current Total Employer Cost

Estimated Renewal Total Employer Cost

Status

No records available

Contribution Shortcuts

☐ Keep same contribution % as previous year

☐ Keep same contribution \$ as previous year

☐ Split increase 50/50 between employer and employee

☐ Assign 100% of increase to employer

Cancel


Update Contribution

Home to This Year's Open Enrollment Season

Start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

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PrestigePEO



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate								Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions			Final Contribution			
			Employer	Employee				%	\$	Employer	Employee	Rate Change %		
▼ Plan 03 Oxford Freedom EPO NY									<input type="checkbox"/>	<input type="checkbox"/>				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text" value="82"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.06"/>	<input checked="" type="checkbox"/>	\$1,102.06	\$241.92	▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text" value="40"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.06"/>	<input checked="" type="checkbox"/>	\$1,102.06	\$1,653.11	▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text" value="47"/>	<input type="checkbox"/>	<input type="text" value="\$1,090.28"/>	<input checked="" type="checkbox"/>	\$1,090.28	\$1,229.46	▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text" value="27"/>	<input type="checkbox"/>	<input type="text" value="\$1,094.42"/>	<input checked="" type="checkbox"/>	\$1,094.42	\$2,958.99	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text" value="75"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.34"/>	<input checked="" type="checkbox"/>	\$1,102.34	\$367.45	▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text" value="36"/>	<input type="checkbox"/>	<input type="text" value="\$1,084.69"/>	<input checked="" type="checkbox"/>	\$1,084.69	\$1,928.35	▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text" value="43"/>	<input type="checkbox"/>	<input type="text" value="\$1,090.84"/>	<input checked="" type="checkbox"/>	\$1,090.84	\$1,446.01	▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text" value="25"/>	<input type="checkbox"/>	<input type="text" value="\$1,108.21"/>	<input checked="" type="checkbox"/>	\$1,108.21	\$3,324.66	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text" value="100"/>	<input type="checkbox"/>	<input type="text" value="\$1,112.86"/>	<input checked="" type="checkbox"/>	\$1,112.86	\$0.00	▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text" value="48"/>	<input type="checkbox"/>	<input type="text" value="\$1,095.05"/>	<input checked="" type="checkbox"/>	\$1,095.05	\$1,186.31	▲ 12.74%



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %	
▼ Plan 03 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%	

Summ
OWNE
SUPER
ALL
EMPL

Manage Plans

X

Medical

Dental

Vision

	Plan Name	Employee Rate	Spouse Rate	Single Parent Rate	Family Rate	
<input type="checkbox"/>	OXNY01 - Plan 01 Oxford Liberty Direct NY	\$939.22	\$1,925.87	\$1,621.09	\$2,832.66	
<input type="checkbox"/>	OXNY02 - Plan 02 Oxford Liberty POS NY	\$1,145.34	\$2,323.04	\$1,955.39	\$3,416.80	
<input checked="" type="checkbox"/>	OXNY03 - Plan 03 Oxford Freedom EPO NY	\$1,343.98	\$2,755.17	\$2,319.74	\$4,053.41	
<input checked="" type="checkbox"/>	OXNY04 - Plan 04 Oxford Freedom Direct NY	\$1,469.79	\$3,013.04	\$2,536.85	\$4,432.87	
<input type="checkbox"/>	OXNY05 - Plan 05 Oxford Freedom Access NY	\$1,938.05	\$3,972.97	\$3,345.05	\$5,845.13	
<input type="checkbox"/>	OXNY06 - Plan 06 Oxford Liberty EPO NY	\$1,076.82	\$2,208.04	\$1,858.60	\$3,247.67	
<input type="checkbox"/>	OXNY07 - Plan 07 Oxford Freedom HDHP POS NY	\$1,036.41	\$2,124.63	\$1,806.39	\$3,143.04	
<input type="checkbox"/>	OXNY08 - Plan 08 Oxford Freedom HDHP EPO NY	\$849.51	\$1,741.49	\$1,466.25	\$2,562.09	
<input checked="" type="checkbox"/>	OXNY09 - Plan 09 Oxford Freedom EPO NY	\$1,084.92	\$2,224.09	\$1,872.58	\$3,272.13	

Cancel

Save Changes

Manage Plans



Medical Dental Vision

	Plan Name	Employee Rate	Spouse Rate	Single Parent Rate	Family Rate
<input type="checkbox"/>	OXNY01 - Plan 01 Oxford Liberty Direct NY			\$1,621.09	\$2,832.66
<input type="checkbox"/>	OXNY02 - Plan 02 Oxford Liberty POS NY			\$1,955.39	\$3,416.80
<input checked="" type="checkbox"/>	OXNY03 - Plan 03 Oxford Freedom EPO NY			\$2,319.74	\$4,053.41
<input checked="" type="checkbox"/>	OXNY04 - Plan 04 Oxford Freedom Direct NY			\$2,536.85	\$4,432.87
<input type="checkbox"/>	OXNY05 - Plan 05 Oxford Freedom Access NY			\$3,345.05	\$5,845.13
<input type="checkbox"/>	OXNY06 - Plan 06 Oxford Liberty EPO NY			\$1,858.60	\$3,247.67
<input type="checkbox"/>	OXNY07 - Plan 07 Oxford Freedom HDHP POS NY			\$1,806.39	\$3,143.04
<input type="checkbox"/>	OXNY08 - Plan 08 Oxford Freedom HDHP EPO NY	\$849.51	\$1,741.49	\$1,466.25	\$2,562.09
<input checked="" type="checkbox"/>	OXNY09 - Plan 09 Oxford Freedom EPO NY	\$1,084.92	\$2,224.09	\$1,872.58	\$3,272.13

Move employees to different plan

Please select Plan to move the employees to estimate project cost

Plan

Note: Employees moved to another plan only for modeling purposes. Employees on this plan will need to elect a new plan through the employee open enrollment portal before 11/1/2025

Cancel Save

The background features a teal gradient with a decorative pattern of hexagons and medical icons. Icons include a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, and a group of people. The icons are arranged in a way that suggests a network or a system.

SETTING A MAX CONTRIBUTION

(Max Contributions can only be entered for Medical Plans)



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

	Last Year Rate								Next Year Rate				
	Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution		Rate Change %
			%	Employer	Employee				%	\$	Employer	Employee	
▼ Plan 03 Oxford Freedom EPO NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent		\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family		\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent		\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family		\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans Set Max Medical Plan Contribution Contribution Shortcuts Save Draft

Last Year Rate

Next Year Rate

		Monthly Contributions			Monthly Contributions		Final Contribution		
Tier	Rate	%	Em		%	\$	Employer	Employee	Rate Change %
▼ Plan 03 Oxford Freedom EPO NY									
Single	\$1,192.06	82.00%	\$9						▲ 12.74%
Couple	\$2,443.73	40.00%	\$9						▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$9						▲ 12.74%
Family	\$3,595.24	27.00%	\$9						▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									
Single	\$1,303.66	75.00%	\$9						▲ 12.74%
Couple	\$2,672.47	36.00%	\$9						▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$9						▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87		▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86		▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36		▲ 12.74%
Single Parent	\$1,703.69	57.00%	\$987.07	\$716.62	1	\$1,920.79	\$1,920.79		▲ 12.74%
Family	\$2,976.99	33.00%	\$987.07	\$1,989.92	1	\$3,356.37	\$3,356.37		▲ 12.74%

Set Max Monthly Contribution

Single Max Contribution

\$1,200.00

Couple Max Contribution

\$1,600.00

Single Parent Max Contribution

\$1,600.00

Family Max Contribution

\$1,800.00

Cancel

Set Max Contribution

Set Max Monthly Contribution

Single Max Contribution

\$1,200.00

Couple Max Contribution

\$1,600.00

Single Parent Max Contribution

\$1,600.00

Family Max Contribution

\$1,800.00

Cancel

Set Max Contribution



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate					
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions			Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %		
▼ Plan 03 Oxford Freedom EPO NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text" value="89"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$1,200.00	\$143.98	▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text" value="58"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$1,155.17	▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text" value="69"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$719.74	▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text" value="44"/>	<input type="checkbox"/>	<input type="text" value="\$1,800.00"/>	<input checked="" type="checkbox"/>	\$1,800.00	\$2,153.41	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text" value="82"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$1,200.00	\$269.79	▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text" value="53"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$1,413.04	▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text" value="63"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$936.85	▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text" value="41"/>	<input type="checkbox"/>	<input type="text" value="\$1,800.00"/>	<input checked="" type="checkbox"/>	\$1,800.00	\$2,632.87	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text" value="100"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$1,200.00	\$0.00	▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text" value="70"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$1,168.50	▲ 12.74%

The background features a teal gradient with a decorative pattern of hexagons and lines. Various icons are scattered throughout, including medical symbols like a heart with a pulse line, a DNA helix, a first aid kit, and a group of people, as well as financial symbols like a dollar sign, a piggy bank, and a bar chart.

ENTERING YOUR CONTRIBUTION AMOUNTS



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution




Contribution Shortcuts

Save Draft

		Last Year Rate						Next Year Rate					
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %	
▼ Plan 03 Oxford Freedom EPO NY													
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY													
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY													
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%	

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, and a group of people. The text is centered in the middle of the slide.

EMPLOYER HSA MATCH FORM (OPTIONAL)

OWNERS	2	1	1	\$4,661.74	\$5,245.12	Pending 
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending 
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending 
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

Select...



Submit

Employee Census Report

Export to Excel

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

Yes

Employer Annual Election Amount (USD) for Employee Only Coverage

Enter amount

Employer Annual Election Amount (USD) for Employee+Spouse Coverage

Enter amount

Employer Annual Election Amount (USD) for Employee+Child(ren) Coverage

Enter amount

Employer Annual Election Amount (USD) for Family Coverage

Enter amount

What is the timing of the employer contribution?

Select timing...

Should the employer contribution be pro-rated for enrollments later in the year?

Select...

Submit

The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a plus sign, a heart with a pulse line, a DNA helix, a first aid kit, and a group of people. Financial symbols like a dollar sign inside a circle and a piggy bank are also present. The overall aesthetic is clean and professional, suggesting a focus on healthcare and finance.

REVIEWING YOUR POTENTIAL RENEWAL COSTS

Summary

OWNERS

SUPERVISORS

ALL EMPLOYEES

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:


Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

- Dashboard
- Full Rate Benefits Menus
- Benefits Employee Menus
- User Guide

 Home

Model Version 1

Created by Betty Benefits

Create New Contribution Model

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com


Ph: 516-555-1234


Sales Rep: Demo Payroll


Email: SalesDemo@prestigepeo.com

Ph: 516-555-1234

Current Benefits Cost Per Month

 **\$43,879.72**
Company Contribution

 **\$4,888.12**
Employee Contribution

 **\$48,767.84**
Total Contribution

Total costs

Medical
(38 members)

\$43,712.16
\$4186.97

Dental
(25 members)

\$0.00
\$600.43

Vision
(25 members)


\$0.00
\$100.72


Company Contribution


Employee Contribution

Projected Benefits Cost Per Month

Edit Contribution Model

 **\$49,801.52** ▲12%
Company Contribution

 **\$5,840.79** ▲16%
Employee Contribution

 **\$54,499.31** ▲11%
Total Contribution

Total costs

Medical
(38 members)

\$49,626.10
\$4,720.56

Dental
(25 members)



\$0.00
\$976.63

Vision
(25 members)

\$0.00
\$143.60


Company Contribution

Employee Contribution

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status	
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Completed 	▲
SUPERVISORS	5	4	2	\$8,612.81	\$10,053.74	Completed 	

45

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PrestigePEO™

00113 - Pawnee Parks & Recreation (change client)

Home > Model Version

Summary

OWNERS

SUPERVISORS

ALL EMPLOYEES

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a plus sign, a heart with a pulse line, a DNA helix, a first aid kit, and a group of people. Financial symbols like a dollar sign and a piggy bank are also present. The pattern is more dense on the left and right sides, fading towards the center where the title is located.

SUBMITTING YOUR RENEWAL

Home > Model Version 1

Summary

OWNERS

SUPERVISORS

ALL EMPLOYEES

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed


NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Completed 	▼
Total	38	25	23	\$43,879.72	\$49,801.52	3/3 Completed	

Group Name	Plan Name			Current Monthly Premium	New Monthly Premium	% Change	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Single	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Couple	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Single Parent	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Family	1	\$0.00	\$5,374.34	100.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Single	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Couple	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Single Parent	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Family	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom HDHP POS NY	Single	0	\$0.00	\$0.00	0.00%	

Submit Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change	
Medical	38	\$48,203.65	\$54,346.66	11.30%	▲
Dental	25	\$1167.39	\$1194.02	2.2%	
Vision	25	\$143.60	\$143.60	0.00%	▼

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status	
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !	▲
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !	
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !	▼
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed	

Submit Contribution Model

The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a plus sign, a heart with a pulse line, a DNA helix, a first aid kit, and a group of people. Financial symbols like a dollar sign and a piggy bank are also present. The pattern is more dense on the left and right sides, fading towards the center where the title is located.

PRESTIGEPRO SYSTEM AND OPEN ENROLLMENT

Quick Access

Favorites

Work Centers

[Benefit Adjustments](#)

[Benefit Groups](#)

[Benefit Plan Setup](#)

[Benefit Rules](#)

[Client Details](#)

[Employee Confirmation Statements](#)

[Employee Details](#)

[Employee Flexible Spending Accounts](#)

[Form Library](#)

[My Home](#)

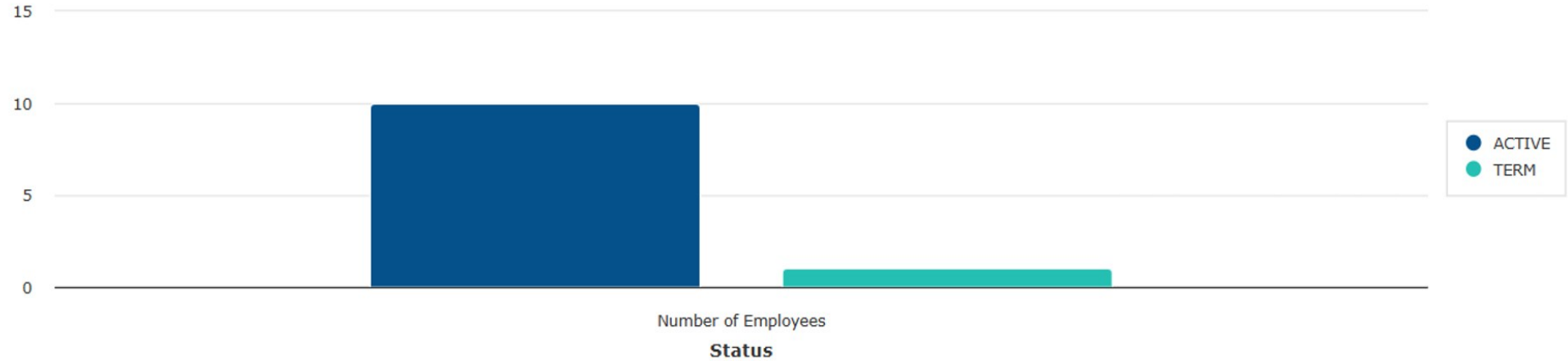
[Proxy Login](#)

[Web Enrollment Configuration](#)

Perspective

Employees by Status

Employees by Status



Employees

Employee Name	Hire Date	Status
Scott, Michael	07/27/2023	ACTIVE
Frazier, Walter	12/11/2021	ACTIVE
James, LeBron	12/25/2021	ACTIVE
Jensen, Molly	07/27/2023	ACTIVE
Beesly, Pam	12/11/2021	ACTIVE
Hudson, Stanley	12/11/2021	ACTIVE
Rose, Derrick	12/11/2021	ACTIVE
Test11, Test11	04/18/2025	ACTIVE
Test, Prism	08/25/2023	ACTIVE
Wheat, Sam	07/27/2023	ACTIVE

PrestigePRO

Work Centers

Client

HR

Payroll

Reports

Favorites

Back Office

Messages

Approvals

Profile

Client / Dashboard / My Home

Client: (00119) Tory's 3-Point Hoops

HR / Change / Employee Details

Client: (00119) Tory's 3-Point Hoops

Michael Scott

Name

Personal

Address

Work

Pay

Tax

Deposit

Sk

Employee

D82564

Name & Contact

Last Name

First Name

Middle Name

Preferred First Name

Nickname

Scott

Michael

Work Phone

Work Email

EP Username

mscott

Employment

Employment Status

Status Date

Employment Type

Type Date

Position

Position EEO Code

FLSA Exempt

W/C Class

ACTIVE

07/27/2023

Full Time

07/27/2023

Office Manager

MANGR

☒

NY.8810

Status Type Change

Position Change

Demo Company

07/27/2023

07/27/2023

07/27/2023

Save

Save & Close

Clear

Actions

Audit

Benefit Adjustments

Benefit Overview

Change User Password

Deduction Arrears

Documents

Employee Benefits Enrollment

Employee Dependents

Employee Events

Employee Flexible Spending Accounts

Employee Flexible Spending Accounts Inquiry

Employee Notes

Garnishments

Loans

Organization Chart

Override Rates

PTO Register

Pay History

Payroll Notes

Payroll Summary

Payroll Vouchers

Position History

Position Rates

Proxy Login

Recurring Deductions

Reprint Form W-2

Retirement Loans

Retirement Plan Enrollment

Scheduled Deductions

Scheduled Payments

Employee Benefit Overview

Employee ID: W02541

Michael Scott

Age: 62

Hire Date: 06/01/2008

Status: ACTIVE as of 06/01/2008

Employee Type: FT as of 06/01/2008

Pay Period: Biweekly

FLSA Exempt: Y

Marital Status: Married

Dependents: 1

Employee Contributions



Employee Benefit Overview

Plan ID	Plan Name	Status	Pre Tax	HDHP Plan	Coverage Level	Coverage Start	Deduction Start	Coverage End	Deduction End	Contribution	Cost Basis
BASICLIFE10K	Metlife Basic Life 10K	Active	<input type="checkbox"/>	N/A	10,000.00	01/01/2017	01/01/2017			0.00	Monthly
METDENE	Metlife Dental Enhanced	Active	<input checked="" type="checkbox"/>	N/A	EMPLOYEE + SPOUSE	01/01/2017	01/01/2017			133.18	Monthly
VISV	UHC Vision Voluntary	Active	<input checked="" type="checkbox"/>	N/A	EMPLOYEE + SPOUSE	01/01/2017	01/01/2017			7.90	Monthly
VOLLIFE	Metlife Voluntary Life	Active	<input type="checkbox"/>	N/A	100,000.00	01/01/2017	01/01/2017			103.13	Monthly
UHC11	Plan 11 UHC Choice Plus	Active	<input checked="" type="checkbox"/>	No	EMPLOYEE + SPOUSE	11/01/2023	11/01/2023			1,353.40	Monthly
UHCMED01	United Healthcare National Plan 1	Terminated	<input checked="" type="checkbox"/>	No	EMPLOYEE + SPOUSE	01/01/2017	01/01/2017	10/31/2018	09/30/2018	1,014.88	Monthly
METILL15	Metlife Critical Illness 15k AT	Terminated	<input type="checkbox"/>	No	EMPLOYEE + SPOUSE	11/01/2018	12/01/2018	10/31/2019	09/30/2019	77.10	Monthly
METACCH	Metlife Accident High AT	Terminated	<input type="checkbox"/>	No	EMPLOYEE + SPOUSE	11/01/2018	12/01/2018	12/31/2022	11/30/2022	15.72	Monthly
UHC01	Plan 01 UHC Choice Plus	Terminated	<input checked="" type="checkbox"/>	No	EMPLOYEE + SPOUSE	11/01/2018	12/01/2018	10/31/2023	09/30/2023	1,707.03	Monthly
UHCACCH	UHC Accident High AT	Terminated	<input type="checkbox"/>	No	EMPLOYEE + SPOUSE	01/01/2023	01/01/2023	10/31/2023	09/30/2023	15.72	Monthly

Outstanding Billing

Billing History

Cancel

Close

Michael Scott

Name

Personal

Address

Work

Pay

Tax

Deposit

Skills & Education

Property

Other

[Employee](#)

W02541



Name & Contact

Last Name

Scott

First Name

Michael

Middle Name

A

Preferred First Name

Nickname

Work Phone

516-521-9113

Work Email

mscott@torys3point.com

EP Username

mscott



Employment

Employment Status

ACTIVE

[Status Type Change](#)

Employer

Prestige Employee Administrators LLC

Status Date

06/01/2008

Employer Start Date

12/26/2016

Employment Type

Full Time

Last Hire Date

06/01/2008

Type Date

06/01/2008

Original Hire Date

06/01/2008

Position

President

[Position Change](#)

Position EEO Code

EXEC

FLSA Exempt



--Select--

W/C Class

NY.8871E

Clerical Telecommuter - Exempt

Save

Save & Close

Clear

Brown, George

01/29/2024

ACTIVE

10/14/2024

ACTIVE

Michael Scott

Name

Personal

Address

Work

Pay

Tax

Deposit

Skills & Education

Property

Other

Employee

W02541

Miscellaneous

Handbook Mailed On

Handbook Received On

Background Test Done

☐

Background Test Date

Applicant ID

Onboarding In Progress

☐

Electronically Onboarded

☒

Electronically Onboarded Date

12/27/2016

Enrollment Suspended Until

Employee Last Confirmation #

1139

Date 10/25/2023



Un-Enroll in Electronic Pay Stub

☐

Tax Geocode Override Option

-- Select --

Disable PTO Auto Enroll & Accrue

☐

Court Ordered Medical Coverage

☐

Supporting Another Spouse/Child

☐

Child Support in Arrears

☐

Health Insurance Indicator (VT)

☐

Probation Code (MO)

☐

Family Member (MI)

☐

California Wage Plan

Ohio Form C112 Filed

☐

Sales Tax Code

Gender Designation

Preferred Pronoun

Self ID Disability Form

COVID-19 Paid Sick Max Hours

2020 COVID-19 Social Security Deferral

Hawaii



Hawaii Medical Waiver Year

Hawaii Medical Waiver Reason



-- Select --

Termination Explanation

Benefit Confirmation Statement



Michael Scott

Confirmation Number: 1139

26 Perri Place

Employee ID: W02541

Dix Hills, NY 11746

Confirmed: 10/25/2023 01:19PM

IP Address: 47.19.130.162

Michael Scott, below is a summary of your PROXY benefit elections.

Prestige OE Medical

Policy	Covered	Primary Care Physician	Effective date	Cost per month
Plan 11 UHC Choice Plus	Michael Scott (EE) Rene Brinker (Spouse)		11/01/2023	\$1,353.40

Prestige OE Dental

Policy	Covered	Primary Care Physician	Effective date	Cost per month
Metlife Dental Enhanced	Michael Scott (EE) Rene Brinker (Spouse)		11/01/2023	\$133.18

Prestige OE Vision

Policy	Covered	Primary Care Physician	Effective date	Cost per month
UHC Vision Voluntary	Michael Scott (EE) Rene Brinker (Spouse)		11/01/2023	\$7.90

Flexible Spending Account

Quick Access

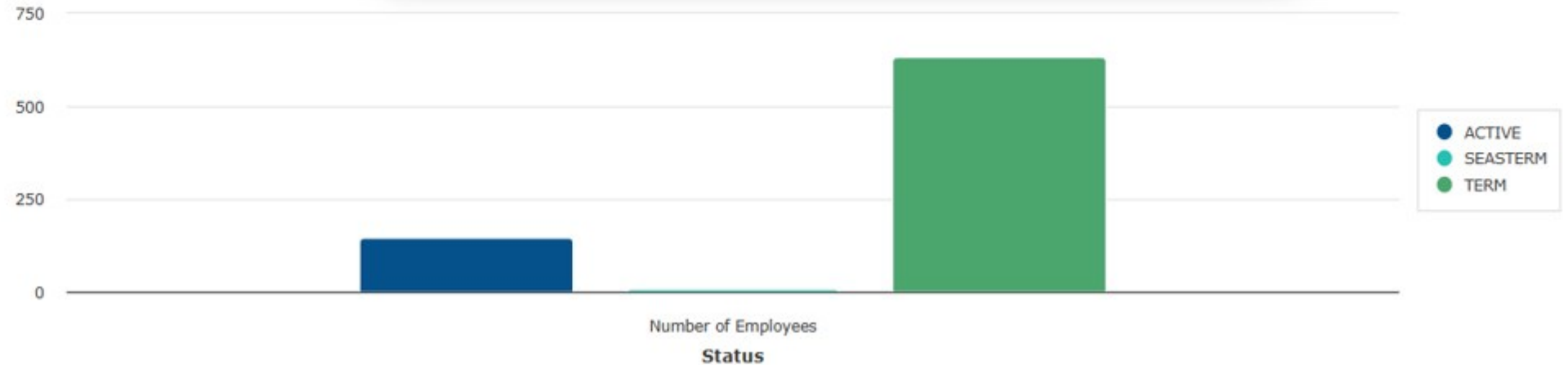
Favorites

Work Centers

- Benefit Adjustments
- Benefit Groups
- Benefit Plan Setup
- Benefit Rules
- Client Details
- Employee Confirmation Statements
- Employee Details
- Employee Flexible Spending Accounts
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- My Home
- Proxy Login
- Web Enrollment Configuration

Perspective

Employees by Status



Employees

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Beesly, Pam	12/11/2021	ACTIVE
Hudson, Stanley	12/11/2021	ACTIVE
Rose, Derrick	12/11/2021	ACTIVE
Test11, Test11	04/18/2025	ACTIVE
Test, Prism	08/25/2023	ACTIVE
Wheat, Sam	07/27/2023	ACTIVE

[View All >>](#)

Benefit Enrollment Maintenance / Benefit Enrollment Workflows / Employee C...

Employee Confirmation Statements

[Employee](#)

Confirmation

-No Items- ▼

View

Close

Benefit Enrollment Maintenance / Benefit Enrollment Workflows / Employee C... Client:

Employee Confirmation Statements

[Employee](#)

W02541

Michael Scott

Confirmation

-- Select --

-- Select --

1139 - 10/25/2023 - OE - Batch 11885 (Completed)

1044 - 10/25/2019 - OE - Batch 10384 (Completed)

1004 - 11/19/2018 - OE - Batch 10143 (Completed)

View

Benefit Confirmation Statement



Michael Scott

Confirmation Number: 1139

26 Perri Place

Employee ID: W02541

Dix Hills, NY 11746

Confirmed: 10/25/2023 01:19PM

IP Address: 47.19.130.162

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Prestige OE Vision

Policy	Covered	Primary Care Physician	Effective date	Cost per month
UHC Vision Voluntary	Michael Scott (EE) Rene Brinker (Spouse)		11/01/2023	\$7.90

Flexible Spending Account

Pam Beesly

Name Personal Address Work Pay Tax Deposit Skills & Education Property Other

Employee

Status Dates

Last Hire Date	<input type="text" value="12/11/2021"/>	Seniority Date	<input type="text" value="12/11/2021"/>	Term Reason	<input type="text"/>
Original Hire Date	<input type="text" value="12/11/2021"/>	Benefits Thru Date	<input type="text" value="03/04/2022"/>	Rehire Okay	<input type="text" value="Not Specified"/>
Leave Return Date	<input type="text"/>	Last Day Worked	<input type="text"/>		
Employer Start Date	<input type="text" value="12/11/2021"/>	Provider Notified On	<input type="text"/>		
Hire Report Date	<input type="text"/>				

Assignments

<u>Worksite Location</u>	<u>Future Date</u>	<input type="text" value="101"/>	Main	<u>PTO Approver</u>	<input type="text"/>
<u>Division</u>	<u>Future Date</u>	<input type="text"/>		<u>Manager</u>	<input type="text"/>
<u>Department</u>	<u>Future Date</u>	<input type="text" value="01"/>	Officers		
<u>Work Shift</u>	<u>Future Date</u>	<input type="text"/>			
<u>Project</u>	<u>Future Date</u>	<input type="text"/>			
<u>Work Group</u>	<u>Future Date</u>	<input type="text"/>			
<u>Benefit Group</u>	<u>Change</u>	<input type="text" value="1"/>	OWNERS - BENEFITS		
<u>Retirement Benefit Group</u>		<input type="text" value="1"/>	OWNERS - BENEFITS		
Employee Number		<input type="text"/>			
<u>Labor Union Affiliation</u>		<input type="text"/>			
Labor Union Start Date		<input type="text"/>			

Payroll / Report / Deduction Register Report

Help

Actions

Deduction Register Report

Report Period

Payroll Number

202521

Pay Date Range

Sort Options

Report Parameters

Primary Sort

Department

Secondary Sort

-- Select --

Tertiary Sort

-- Select --

Detail Sort

Deduction Description and Benefit Plan Description (Sub-Totaled Combined)

Report Type

Detail w/Break Totals

Parameters

Sort on Sort Parameters Descriptions

Page Break on Primary Sort

Suppress Pay Group in Header

Suppress Zero Deductions

Benefits Only

Include Return and Retain Amounts

Only Show Deductions that are Returned to the Client

Report Filters

Division

Division Name

>

x

Project

Project Description

>

x

Department

Department Name

>

x

Shift

Shift Description

>

x

Location

Location Name

>

x

Employee ID

Employee Name

>

x

Detail Filters

Deduction Codes

Deduction Descriptions

>

x

Deduction Types

-- Select --

>

x

Benefit Plan ID

Plan Descriptions

>

x

Insurance Classes

-- Select --

>

x

Run

Close



Deduction Register

Payroll # 202521 | Pay Date 08/15/2025 | Pay Group: BB 07/28/25 to 08/10/25
Sorted by Department by Ded Code Desc/Benefit Plan Desc by Employee Name

Emp ID	Employee Name	Ded Code	Benefit Plan	EE Amt	ER Amt	Total Amt	Monthly Prem EE	Monthly Prem ER	Check Number
K02627	Scott, Michael	401KAT	SLAVIC	0.00	0.00	0.00	0.00	0.00	4575810
Totals: Ded: 401KAT - 401(K) A Ben: SLAVIC - SLAVIC				0.00	0.00	0.00	0.00	0.00	Employee Count: 1
K02627	Scott, Michael	401K	SLAVIC	25.00	0.00	25.00	0.00	0.00	4575810
Totals: Ded: 401K - 401(K) Def Ben: SLAVIC - SLAVIC				25.00	0.00	25.00	0.00	0.00	Employee Count: 1
K02627	Scott, Michael	401KCU	SLAVIC	0.00	0.00	0.00	0.00	0.00	4575810
Totals: Ded: 401KCU - 401K Cat Ben: SLAVIC - SLAVIC				0.00	0.00	0.00	0.00	0.00	Employee Count: 1
K02627	Scott, Michael	AFLACACCHIAT	AFLACACCHI	3.82	0.00	3.82	7.64	0.00	4575810
Totals: Ded: AFLACACCHIAT - Af Ben: AFLACACCHI - Ac				3.82	0.00	3.82	7.64	0.00	Employee Count: 1
K02627	Scott, Michael	AFLACCI30AT	AFLACCI30K	44.29	0.00	44.29	88.58	0.00	4575810
Totals: Ded: AFLACCI30AT - Afl Ben: AFLACCI30K - Cr				44.29	0.00	44.29	88.58	0.00	Employee Count: 1
K02627	Scott, Michael	AFLACHIHIGHAT	AFLACHIHIGH	7.21	0.00	7.21	14.42	0.00	4575810
Totals: Ded: AFLACHIHIGHAT - A Ben: AFLACHIHIGH - H				7.21	0.00	7.21	14.42	0.00	Employee Count: 1
K02627	Scott, Michael	AFLACSTD776AT	AFLACSTD776	6.58	0.00	6.58	13.16	0.00	4575810
Totals: Ded: AFLACSTD776AT - A Ben: AFLACSTD776 - S				6.58	0.00	6.58	13.16	0.00	Employee Count: 1
M08221	Scott, Michael	MED02UHC	UHC02	336.77	-336.77	0.00	673.54	232.00	4575779
Totals: Ded: MED02UHC - Medica Ben: UHC02 - Plan 02				336.77	-336.77	0.00	673.54	232.00	Employee Count: 1
K02627	Scott, Michael	METDEN	METDENE	38.89	-38.89	0.00	77.78	0.00	4575810



HR / Report / Benefits Billing Detail Report

Client: (00119) Tory's 3-Point Hoops

Help

Actions

CTIVE
EASTERN
ERM

Benefits Billing Detail Report

Selection Parameters

Defined Ranges

Current Month

08/01/2025-08/31/2025

Sort Parameters

Primary Sort

Secondary Sort

Report Type

Use 'XLS' Format

Benefit Plan

--Select--

Employee

Benefit Plan

Location

Department

Report Filters

Employee ID	Employee Name
> x	

Benefit Plan ID	Plan Description
> x	

Insurance Class	Insurance Class Description
> x	

Department	Department Name
> x	

Division	Division Name
> x	

Location	Location Name
> x	

Run

Close



TORY'S 3-POINT HOOPS
Benefits Billing Summary By Plan By Employee Report

For Pay Dates from 01 Aug 2025 to 31 Aug 2025

Plan Id	Plan Description	Emp. ID	Employee Name	From Arrears	Amount Billed	Employee Deduction	Net-Amount Billed
DAVISVHIK	Davis Vision Voluntary High	L37860	SCOTT MICHAEL	0.00	4.45	4.45	0.00
		P25872	FRAZIER WALTER	0.00	0.00	0.00	0.00
		Z95472	JAMES LEBRON	0.00	4.45	4.45	0.00
		K24083	JENSEN MOLLY	0.00	8.23	8.23	0.00
		K02627	BEESELY PAM	0.00	4.45	4.45	0.00
		V02612	ROSE DERRICK	0.00	4.45	4.45	0.00
		X02542	TEST 11 TEST11	0.00	4.45	4.45	0.00
		K02579	HUDSON STANLEY	0.00	4.45	4.45	0.00
		C02667	HALPERT JIM	0.00	4.45	4.45	0.00

Quick Access

Favorites

Work Centers

[Benefit Adjustments](#)

[Benefit Groups](#)

[Benefit Plan Setup](#)

[Benefit Rules](#)

[Client Details](#)

[Employee Confirmation Statements](#)

[Employee Details](#)

[Employee Flexible Spending Accounts](#)

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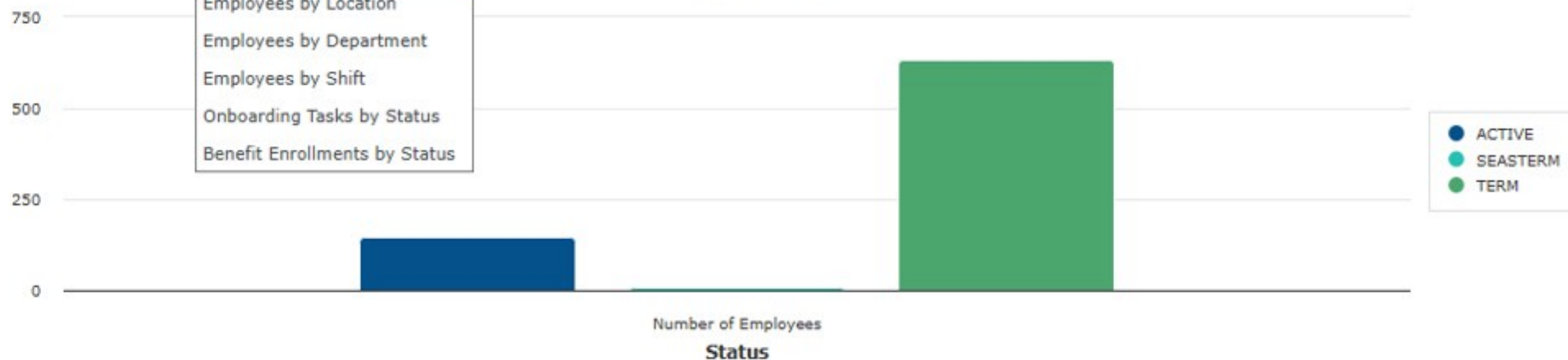
[Proxy Login](#)

[Web Enrollment Configuration](#)

Perspective

- Employees by Status
- Employees by Status
- Employees by Location
- Employees by Department
- Employees by Shift
- Onboarding Tasks by Status
- Benefit Enrollments by Status

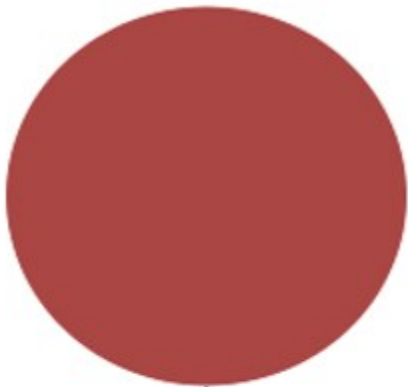
Employees by Status



Employees

Employee Name	Hire Date	Status
Scott, Michael	07/27/2023	ACTIVE
Frazier, Walter	12/11/2021	ACTIVE
James, Lebron	12/25/2021	ACTIVE
Jensen, Molly	07/27/2023	ACTIVE
Beesly, Pam	12/11/2021	ACTIVE
Hudson, Stanley	12/11/2021	ACTIVE
Rose, Derrick	12/11/2021	ACTIVE
Test11, Test11	04/18/2025	ACTIVE
Test, Prism	08/25/2023	ACTIVE
Wheat, Sam	07/27/2023	ACTIVE

Benefit Enrollments by Status



In Progress, 7

08/13/2025 03:40:17PM

7 Employees

- All Types ▾
- All Types
- Benefit Enrollment Only
- Open Enrollment only
- Life Event Only
- Anytime Enrollment Only

- ~~FRAZIER WALTER~~
- JAMES LEBRON
- JENSEN MOLLY
- BEESLY PAM
- ROSE DERRICK
- TEST 11 TEST11

Employee ID	Start Date	End Date	Effective Date	Workflow	Status	Actions
<u>D07972</u>	05/08/25	08/15/25	05/08/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>U02611</u>	07/28/25	08/27/25	07/28/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>W06246</u>	06/19/25	07/19/25	07/28/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>S32426</u>	06/30/25	08/01/25	07/02/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>L31965</u>	06/24/25	07/24/25	06/24/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>X25903</u>	05/05/25	06/05/25	05/06/25	PRESTIGE-OE.1.9	In Progress	Actions ▾
<u>Z24801</u>	04/27/25	05/27/25	04/27/25	PRESTIGE-OE.1.9	In Progress	Actions ▾

Report Suggestions

Client Enrollment Status by Workflow

[Benefits > Report](#)

Enrollment Status by Workflow/Client

[Benefits > Report](#)

Benefits / Report / Client Enrollment Status by Workflow

Client Enrollment Status by Workflow

Starting Date

Ending Date

Effective Date

[Client ID](#)

10036

SOUTHERN EQUITIES, LLC

Workflow Type

Enrollment ▼

Workflow ID

-- Select --



Version/Revision

-No Items- ▼

Enrollment

Onboarding

Run

Close

Completed

Page

1

of 1

<< < > >>

Search

[Search Next](#)

Actions



PRESTIGE EMPLOYEE ADMINISTRATORS

Enrollment Status by Workflow/Client

For Client 10036 - TORY'S 3-POINT HOOPS Workflow Type - Enrollment

Workflow	Client	Employee	Start Date	End Date	Effective Date	Status
PRESTIGE-NEWHIRE-NO	TORY'S 3-POINT HOOPS	SCOTT MICHAEL (W3654)	07/14/2025	08/19/2025	07/20/2025	Not started
PRESTIGE-NEWHIRE-NO	TORY'S 3-POINT HOOPS	FRAZIER WALTER (D33229)	07/14/2025	08/19/2025	07/20/2025	Not started
PRESTIGE-NEWHIRE-NO	TORY'S 3-POINT HOOPS	JAMES LEBRON (K33092)	07/14/2025	08/19/2025	07/20/2025	Not started
PRESTIGE-NEWHIRE-NO	TORY'S 3-POINT HOOPS	JENSEN MOLLY (L33093)	07/14/2025	08/19/2025	07/20/2025	In progress - 2 Dependents



Aflac's BenExtend Now Available Through PrestigePEO



Wednesday, August 27, 2025, 2:00 p.m. EST

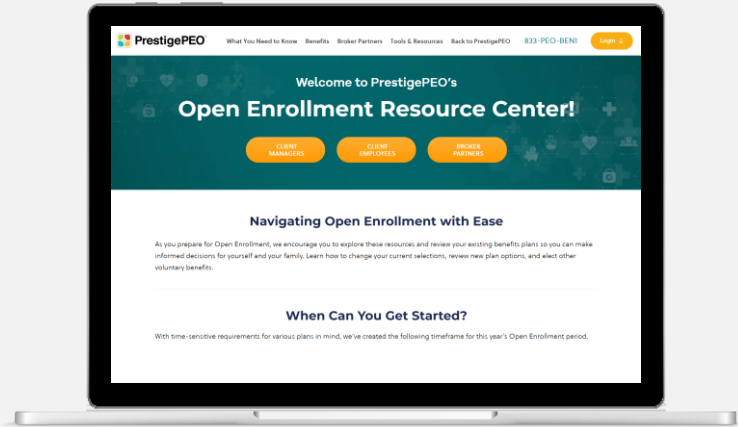
PrestigePEO is proud to partner with **Aflac** to offer a powerful new **voluntary benefit, BenExtend**, for the 2025 Open Enrollment season.

Register at
www.prestigepeo.com/benextend-webinar



Questions / Comments / Discussion?

PrestigePEO Communications



You can view today's presentation and video recording by visiting:

<https://www.prestigepeo.com/openenrollment>

Navigate to the client manager page.



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A woman in profile is looking at a computer monitor. The monitor displays a software interface with various fields and buttons. The background is a solid teal color.

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You started your business because you had a great idea. We started our business to handle the rest.