

**From:** [Konchada, Anusha](#)  
**To:** [Konchada, Anusha](#)  
**Subject:** Benefits Confirmation Statement - Open Enrollment  
**Date:** Tuesday, October 20, 2020 6:06:41 AM

---

Anusha Konchada,

Thank you for submitting your Deloitte benefits selections. Confirmation of your choices, enrolled by the CoRe Contact Center on your behalf, is provided below.

You should thoroughly review this statement for accuracy. Any changes or corrections must be made within the Open Enrollment period which closes at midnight Central Time on October 30, 2020. If you have any questions or require additional information, contact the CoRe Contact Center at +1 800 DELOITTE (+1 800 335 6488). Analysts are available to assist you Monday through Friday, 7 a.m. to 7 p.m. Central Time.

Benefit	Option	Coverage Category	Effective Date	2021 Per Paycheck Cost	
				Before-Tax	After-Tax
Medical	Anthem Bluecard PPO Plan	Employee	01/01/2021	\$ 74.00	
Dental	MetLife Dental	Employee	03/20/2017	\$ 6.00	
Discount Vision	Discount Vision	Individual + Family	04/01/2017		\$ 0.00
Voluntary Vision Care Plan	Voluntary Vision	Employee	03/20/2017	\$ 4.03	
Flex Spending - Dep Day Care	Not Enrolled	N/A			
Flex Spending - Health Care	Not Enrolled	N/A			
Flex Spending - Limited Purpose	Not Enrolled	N/A			
Health Savings Account	Not Enrolled	N/A			
Basic Long-Term Disability	Basic Long-Term Disability		04/01/2017		\$ 0.00
Business Travel Accident Insurance	Business Travel Accident	\$ 100,000.00	03/20/2017		\$ 0.00
Optional Life Spouse/Domestic Partner	Not Enrolled				
Optional Life Child(ren)	Not Enrolled				
Personal Accident Insurance	Not Enrolled				
Umbrella Liability (Employee)**	Not Enrolled				

Group Legal	Not Enrolled				
Basic Life	Basic Life	1x Salary-max \$750K	04/01/2017		\$ 0.00
Optional Long-Term Disability	Not Enrolled				
Optional Life	Not Enrolled				
Short-Term Disability	Short Term Disability		04/01/2017		\$ 0.00
<b>Your total per paycheck cost for this coverage in plan year 2021:</b>				<b>\$ 84.03</b>	<b>\$ 0.00</b>

There are no covered Dependents

If you have voluntarily dropped a dependent(s) from your coverage, note that COBRA continuation coverage will not be offered to that dependent(s). COBRA will be offered to a dependent who has turned age 26 and is no longer eligible to be covered under the plan.

If you have submitted a request for an increase in Life and/or Disability coverage and you are not actively at work due to a disability Leave of Absence on the date the coverage increase is to go into effect, you will not be eligible for the increased coverage until you return to work or following approval of your Evidence of Insurability, if necessary.

This is an automated response.

Do not reply to this message.

**CoRe Contact Center**

Deloitte Touche Tohmatsu Limited