

# PlanSource Online Enrollment Instructions

## Employee Enrollment Instructions

To access your online enrollment website, go to <https://benefits.plansource.com>

- **Username:** the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN.  
Example: An employee named Jane Anderson, with the SSN xxx-xx-1234 would have the username "janders1234".
- **Default Password:** Your birthdate in YYYYMMDD format.  
Example: A birthdate of August 14, 1962 would result in the password "19620814".

## Step 1: Enroll in Benefits

To begin enrollment, click on "Get Started" on the main dashboard.

As you enroll in benefit your shopping cart will display the per pay period cost.

Click on "Get Started" to start your enrollment.

## Step 2: Verify Your Personal Information

- Verify your personal information, to add or update available fields click "Edit Info" at the bottom of the page.
  - Some information may not be editable, please contact your HR Team to have these fields updated.
- Once completed click "Next: Review My Family" on the bottom of the page to move to the next step.

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your Human Resources representative.

Basic Information

First Name *	Middle Name	Last Name *
Joey		Smith



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# PlanSource Online Enrollment Instructions

## Step 3: Review Your Dependents Information

- Verify your dependents that you would like to enroll in any benefit plans are in the PlanSource system.
- To add any dependents that are missing from the system click on "Add Family Member" and enter in the dependents information.
- To edit an existing dependent on file, click "Edit" in that dependents box
- Once Completed click on "Next: Shop for Benefits"

Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage. You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

Current Family Members

<p><b>Spouse Test</b> Spouse Born 01/03/1961 View Details Remove Edit</p>	<p><b>Plan One Test</b> Child Born 01/02/2001 View Details Remove Edit</p>	<p><b>Two Test</b> Child Born 07/16/2017 View Details Remove Edit</p>	<p>+ Add Family Member</p>
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← Back Next: Shop for Benefits

Click on "Add Family Member" to add a dependent to the system

Click on "Edit" to update an existing family member record

Once completed click on "Next: Shop for Benefits"

## Step 4: Enroll in Benefits

- To start your benefit election, click on the "Shop Plans" button located next to the first benefit available. This will bring you to your first plan.

Current Benefit Elections

Review Profile — Shop Benefits — Checkout

- To change an election, click directly on the name of the benefit.
- To complete enrollment, click continue at the bottom of the page.

Current Benefits Coverage effective from 02/01/2017 to 01/31/2018

Medical

No Plan Selected Shop Plans

Dental

Click on "Shop Plans" to begin the enrollment process



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- Details and information posted about the plan will be visible at the top of the election page.

Select your Medical Plan

Review the plan options and complete enrollment steps.

1. Review Family Covered- who will be covered by the election. To update click on "Edit Family Covered".
2. Review the available plan details. Plan Documents are available under Additional Content.
3. Select "Update Cart" button to enroll. To waive select "Decline Medical Benefits".

Selecting a group Medical Plan provides:

- Guaranteed coverage at the most affordable rate

Additional Content (1):  
Medical Plan Documents

View More

- Review the dependents that you would like to enroll in each plan by selecting "Edit Family Coverage" button and selecting the family members you would like to enroll for each benefit.

## Medical: Aetna: Low POS

[← To Benefits](#)

Family Covered

Yourself, Plan One, Spouse, Two

[Edit Family Coverage](#)

Click on "Edit Family Coverage" to select the family members you would enrolled under each benefit

- Review the plan detail by clicking on "View Plan"

Select a Plan

DELTA DENTAL

Low Plan

\$87.32

Per Pay Period

[View Plan](#)

Click on "View Plan" to review the plan details or enroll

- Once your enrollment is selected click on "Update Cart" to enroll in the plan or "Decline" to waive coverage.

aetna

Aetna: Low POS

\$585.00  
Per Pay Period

[Update Cart](#)

[Decline Medical Benefits](#)

Click on "Update Cart" to add your election to your shopping cart

Click on "Decline" to decline the plan




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# PlanSource Online Enrollment Instructions

## Step 5: Review and Checkout

- Once your enrollment is complete click "Review and Checkout" at the bottom of the benefit list.
- This will be your opportunity to review the benefit selections and costs made during the enrollment.
- If any plan selection needs to be revised click "View Plan".

Employer Contribution                      \$1,233.00  
Your Cost Per Pay Period                      \$585.00

 Review and Checkout

Click on "Review and Checkout" to begin the final steps of the enrollment

*You must select or decline all coverages before moving on*

- To finalize your elections, click on the "Checkout" button in the confirm and check out screen.  
**\*\*\*You will not be enrolled in any plans unless you complete the checkout process.\*\*\***

Employer Contribution                      \$1,233.00  
Your Cost Per Pay Period                      \$585.00

 Checkout


Click on "Checkout" to complete your enrollment process

- You will have the option to download, email or print your benefit confirmation statement.

### Enrollment Complete!

You have completed the open enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement?

 Send by Email

Click on "Send by Email" to email the benefit confirmation statement to your email



Review Profile

Shop Benefits

Checkout

The coverage details listed below are the current active elections on file for you and your dependents.

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click Qualifying Life Event link below.

Click on the icons below to print your confirmation statement or generate a pdf file.

New Enrollment Coverage effective from 01/01/2019 to 12/31/2019

 Download  Email  Print

Click on "Download" or "Print" to save a copy of the confirmation statement

## Contact Benefits Office with any questions.



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