Self-Service Enrollment Guide

The PlanSource Benefits Administration Web Enrollment Platform
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PlanSource Self-Guided Enrollment Tour

ENROLLING IN BENEFITS

Before you begin please make sure you have the following items:

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage
- Beneficiary Information for Life Insurance, which includes your beneficiaries’ name(s), DOB(s) and SSN(s)

LOGGING ON

Type in benefits.plansource.com into the address bar of your internet browser
If this is the first time you are using this site follow the instructions below for your user name and Password. Your **Username** consists of:

1. First initial of your First Name;
2. First six characters of your Last Name;
3. Last four (4) digits of your SSN.

Example: John Employee, whose SSN is 000-00-1234, would have a login of **JEMPLOY1234**.

Your **Password** is your birthdate in the format YYYYMMDD. Example: a birthdate of February 7, 1975 would look like this: **19750207**.

First time users will be prompted to select a new Password. **(Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.)**

**WELCOME SCREEN**

On this screen you will have the option to view benefits, providers, see past enrollments, etc. First we will go through the Enrollment Process; later in this document we will review steps to update enrollment information. Click on the **Benefits** tab in the top menu and then click the link **“Enroll – New Hire”**, or on many sites you can click on the link **“View My Full Benefits Summary”** from the main page.
INTRODUCTION

You will be notified of the enrollment due date. You must complete your enrollment by this date. You also have until that date to revisit benefits.plansource.com to make any changes to your enrollment if necessary. Failure to enroll by the enrollment due date will result in “NO COVERAGE”.

- Read through the page
- Click Enroll in Benefits – New Hire

(During the Annual Open Enrollment period this will say Enroll in Benefits – Open Enrollment. If you are not a new hire and it is not Open Enrollment, there will be a link that says Report a Life Event.)

BEGINNING THE ENROLLMENT

On each of the enrollment pages there is a Total Benefit Cost per pay period in the upper right hand side of the enrollment screen.

- This figure will automatically update as you make each benefit plan selection, and will keep a current amount of your per pay period costs (based on your employer pay period information)
Please note: It is necessary to use the Continue button at the bottom of every page to access the next enrollment step. Pressing Continue will also save your selections and enroll you in the plan that you selected. You can logout and return to finish your enrollment at a later time (within your specified enrollment period).

**ENROLLMENT NAVIGATION**

Proceed through each enrollment page by using the continue button.

Use the back button to go back to a previous page – Do not use your browser’s back button.

**ABOUT YOU**

- Read through this page and verify that all information is correct; if there are errors, in you can modify the information or contact your HR representative for corrections
- Complete any information where the field is empty or incorrect
- Click Continue
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MyPLANSOURCE

Step 1: Your Info
Step 2: Your Dependents
Step 3: Your Benefits
Step 4: Your Summary

Verify your Personal Information and make changes if needed

This information is used for:
- Reporting to the benefit carrier
- 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.

Natalie Demo

SSN: 456-78-2354
User Name: nataliedemo
E-mail: natalie.vandenbrancken@plansource.com
Alternate E-mail: natalie.vandenbrancken@plansource.com
First Name: Natalie
Middle Name: 
Last Name: Demo
Address 1: 111 W Jefferson St
Address 2: 

Employer Contribution
Credit Remaining
Per Pay Period
Per Pay Period

Your Cost
$33.24 Per Pay Period

223 Days Left
Due

My Benefits
- Medical $0.00
- Group Voluntary A. $0.00
- Dental $0.00
- Vision $0.00
- Long Term Disability $0.00
- Voluntary Employ. $12.00
- Health Savings Ac $7.00
ABOUT YOUR DEPENDENTS

Any dependents (i.e. Spouse, Partner, and Child) need to be entered on this page. To enter a new dependent not currently listed on the page:

- Click **Add Dependent**
- Enter **Dependent Information** (including SSN and DOB)
- Click on **Dependent Relationship** drop down box and choose appropriate relationship
- If the dependent does not live at home, uncheck the “**Dependent Lives at Home**” box and add the address
- When you are finished adding all Dependents, Click **Continue**
To edit a dependent listed on the page:

- **Click on Edit Dependant**
- **Correct the dependent information**
- **Click Continue**
To delete a dependent listed on the page:

- Click **Remove** link at the right of the dependent record
- Click **OK** when asked if you are sure you wish to terminate this dependent
• The yellow warning is a reminder that you must continue through the enrollment to verify each benefit and coverage level

To reactivate a dependent listed on the page:

• Click **Activate** link at the end of the dependent record
• Once you have added and/or edited all dependents, Click **Continue**

**ELECTING A PLAN**

You must make a selection for each benefit - all the plans available to you will be listed on this page (the pictures below are of sample plans for demonstration purposes only).

• Click on the button under the plan of your choice next to the coverage level you are enrolling in (Employee, Employee + Spouse, etc.)
• Chose the decline category if you are waiving coverage – using the decline option that applies to you
### Self-Service Enrollment Guide

**Cost calculator keeps track of your ongoing costs**

**Plan Content Summary**

**Links to find a doctor, plan details, and plan documents**

**Enroll** in the benefit by clicking the coverage level button under the plan of your choice.

**Dependents eligible for each benefit (if none listed - employee only benefit)**

**Or Decline Coverage** for this benefit by choosing the appropriate reason.

---

#### Generic - Select 70 - 5000

<table>
<thead>
<tr>
<th>PLAN TYPE</th>
<th>COINSURANCE</th>
<th>DEDUCTIBLE</th>
<th>OFFICE VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP</td>
<td>$2,500/5,000</td>
<td>80%/20%</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Costs for each option**

- **Employee Only**: $46.04
- **Employee + Spouse**: $57.58

**Links to find a doctor, plan details, and plan documents**

---

#### Generic - Select 70 - 10,000

<table>
<thead>
<tr>
<th>PLAN TYPE</th>
<th>COINSURANCE</th>
<th>DEDUCTIBLE</th>
<th>OFFICE VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP</td>
<td>$2,500 Individual/ $10,000 Family</td>
<td>80%/20%</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Costs for each option**

- **Employee Only**: $31.73
- **Employee + Spouse**: $51.92

**Links to find a doctor, plan details, and plan documents**

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**My Benefits**

- Medical: $67.58
- Health Savings Account: $103.00
- Dental: $4.62
- Basic Employee: $0.42
- Basic Long Term Disability: $0.00
- Voluntary Employee: $1.15

**Your Cost**

- $163.77 Per Pay Period

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**0 Days Left**

**Days Left To Enroll**

**Plan Details**

**Selecting a group Medical Plan provides:**

- Guaranteed coverage at the most affordable rate
- Lower out of pocket costs by securing discounted rates at participating providers
- Protection for your finances and the health of you and your family

**The cost of health care continues to increase** so it is more important than ever to make sure you have health insurance.
DEPENDENTS ON A PLAN

All dependents on your employee record should be listed at the bottom of each benefits page. The box will be checked next to their name if they will be covered under a specific benefit. If the box next to a dependent is not checked and the system will not allow you to check it manually, you will need to verify the coverage level you have selected for the benefit.

- Click Continue

If you forgot to add a dependent you wish to cover:

- Click the Step 2: Your Dependents link
- Add Dependent(s) as described above
- Click Continue to return to enrolling in benefits
- Verify new dependent is covered in your selected benefits
LIFE INSURANCE ENROLLMENT

If you receive *company paid Basic Life Insurance* it will be listed on this page and you will already have been automatically enrolled (at no cost to you). Please review for accuracy

- Click Continue

**Beneficiary Designation For Basic Life And Voluntary Life Elections**

You must elect a **Beneficiary** for any Basic Life/AD&D and Voluntary Life benefits. You can designate as many primary and secondary beneficiaries as you wish; however, the allocation for all of your primary choices must total 100%, and the allocation for all of your secondary choices must total 100%. If you wish to add more than one primary beneficiary, just click **Add Primary Beneficiary** until all your beneficiaries are noted.

You can also designate one or more secondary beneficiaries. Any secondary beneficiaries will be designated to receive payment in the event the original beneficiary predeceases the insured.

Click **Add Primary Beneficiary**

- Add Beneficiary Information to the popup box
- Click **Save** to close box
Your Evidence Of Insurability Status

Certain elections in life benefits may require further documentation or Evidence of Insurability (EOI). This requirement will be noted next to the election amount you are requesting. Once you have selected your coverage amount, click Continue. If an EOI required amount has been selected, you will see a popup screen like this:
If this is shown, you are required to download the **EOI Form** on this popup (by clicking the **Download** button), complete it and submit it according to the instructions provided. This is an example of what a popup screen could look like but should not be used as instructions on where to send your company’s forms. Then click **Continue** to go to the next step.

### FLEXIBLE SPENDING ACCOUNT OPTIONS

Your employer may elect to provide options for different types of **Flexible Spending Accounts**, which are healthcare savings plans that provide certain tax advantages and can help you manage your spending on healthcare. Check the plan details for each option to learn more.

#### Flexible Spending Account – Medical

Your **Health Care Reimbursement Account** information is listed on this page. Please read through it carefully. If you would like to enroll, pre-tax dollars are put aside from your paycheck to pay for eligible medical expenses. To enroll, do the following:

Click the **Enrolled** button

- Type in an **Annual Amount** you would like available for the year
- Click **OK** button to accept amount and view Per Pay Period breakdown
- Click **Continue**

If you do not wish to enroll in the Medical Reimbursement Account:

- Click the **Decline** button
- Click **Continue**
Flexible Spending Account – Dependent Care

If you have any legal dependents (children) who you pay childcare expenses for you may be eligible to participate in the Dependent Care Reimbursement Account. Please read through this page and if you qualify you can enroll as follows:

- Click **Enrolled** button
- Type in an **Annual Amount** you would like available for the plan year
- Click **OK** button to accept amount and view Per Pay Period breakdown
- Click **Continue**

If you do not wish to enroll in the Medical Reimbursement Account:

- Click **Decline** button
- Click **Continue**

To Enroll, click **Enrolled**

If you do not want coverage, click **Decline**
CONFIRMATION PAGE

This page lists all the benefits you elected:

- Read through the entire page carefully
- Verify that all updates are correct

Verify All Personal Information

Verify coverage levels

Review per pay period deductions

Confirm any life volume amounts and verify beneficiary

Confirm all dependents are listed

Review your plan selections

Confirm correct dependent(s) added

Review annual and per pay period amounts for spending accounts
Not all plans/benefits may be available for every associate. Please contact with your HR Department or your manager if you have any questions. To make any changes to your elections:

- Click the **Enroll in Benefits** link in the top of the screen
- Click the benefit that needs correction (i.e. Medical, Dental, etc.)
- Make corrections
- Click **Confirm Enrollment** (which will bring you back to the Benefit Confirmation Statement)

**You are done!** If you have provided a current email address a copy of this confirmation statement will be emailed to you. You can also print your **Benefit Profile** using one of the icons at the top of the confirmation statement to create a hard copy or a PDF.

**VIEWING YOUR INFORMATION AT ANY TIME**

At any time throughout the year you can login to your account using your Username and your password. If you do not remember your password contact your Benefits Administrator to have your Password reset.

Click **Personal Information** to view your current information. Read through this page and verify that all information is correct; if there are errors, in you can modify the information or contact your HR representative for corrections.
VIEWING YOUR CURRENT BENEFITS

You can view your current benefits anytime.

- Click View My Full Benefits Summary
- Click the Printer or the PDF icon to print or create an electronic copy of your benefits

CHANGING YOUR BENEFICIARY INFORMATION

Depending on your employer and/or carrier plan rules, you may be able to change your beneficiary designations throughout the year. To change beneficiary information after open enrollment, do the following:

- Click Current Beneficiaries
- Select the desired plan where you want to add or change beneficiaries by clicking on the plan name
To add a *beneficiary*:

- Click *Add primary beneficiary* or click *Add secondary beneficiary*
- Complete beneficiary information
- Click *Save*

To edit a *beneficiary*:

- Click the *Name* of the Beneficiary to be updated
- Edit/change the beneficiary information
- Click *Save*

To delete a *Beneficiary*:

- Click *Remove*

**WHAT TO DO IF YOU EXPERIENCE A QUALIFYING LIFE EVENT**

Some changes in your personal life may qualify you to change your benefit elections. A list of *Life Event changes* is below or you can call your HR Department with any questions.

To make a Life Status Change on PlanSource:

- Click Report Life Event
- Use drop down menu to choose *Life Event* that best describes the reason for this change
- Type in Date of Event
• Please note that the Date of Event CANNOT be a future date, therefore it must be within the past 30 days or the current date
• Enter notes to explain Life Event
• Click Save

This will automatically open the enrollment process, where you will be able to make changes to the benefits in accordance with the type of Life Event you are creating. Refer to the instructions earlier in this document for assistance with the enrollment process.

**Qualifying Life Event Status Change Reasons and Documentation Needed**

If you are making a status change at any time throughout the year you could be required to email, fax, or mail supporting documentation to your HR Department for your status change request to be approved. If your status change requires further documentation, you must send that documentation within 31 days of the event or your request will automatically be denied. Please refer to you HR representative for more information on life change event documentation.