

PLANSOURCE ENROLLMENT USER GUIDE

When You're Ready to Enroll

Whether you're a new hire or it's Open Enrollment, enrolling in your benefits is not something you do every day. When you're ready to select coverage for yourself and your family, use this guide to help you through the process.

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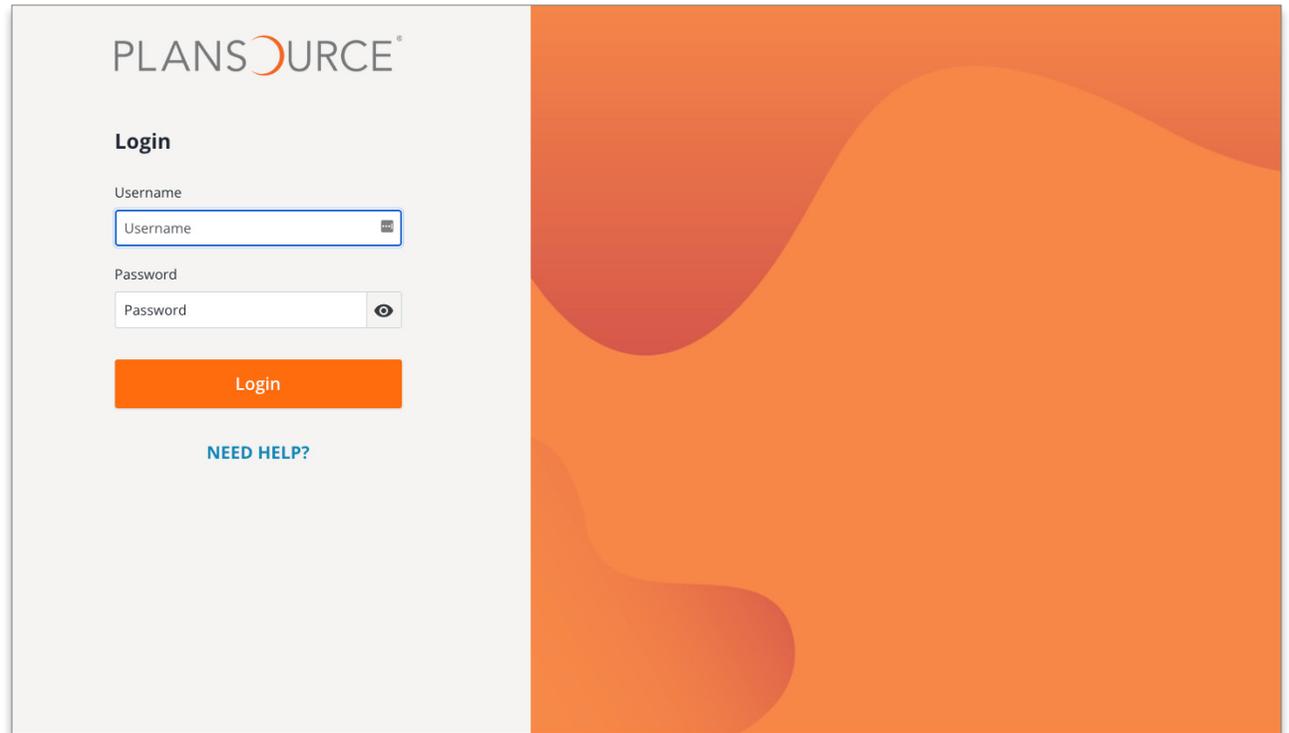
Log In to PlanSource

Log In to PlanSource

1. Go to benefits.plansource.com.

FORGET YOUR PASSWORD?

Select **NEED HELP?** under the Login button to reset it. A password reset link will be sent to the email address you have entered in PlanSource.



PLANSOURCE®

Login

Username

Password

Login

[NEED HELP?](#)

Log In to PlanSource

2. Enter your username.

The first letter of your first name + the first 6 letters of your last name + the last four numbers of your Social Security number

EXAMPLE

Nora Hallahan

USERNAME:

nhallah3299

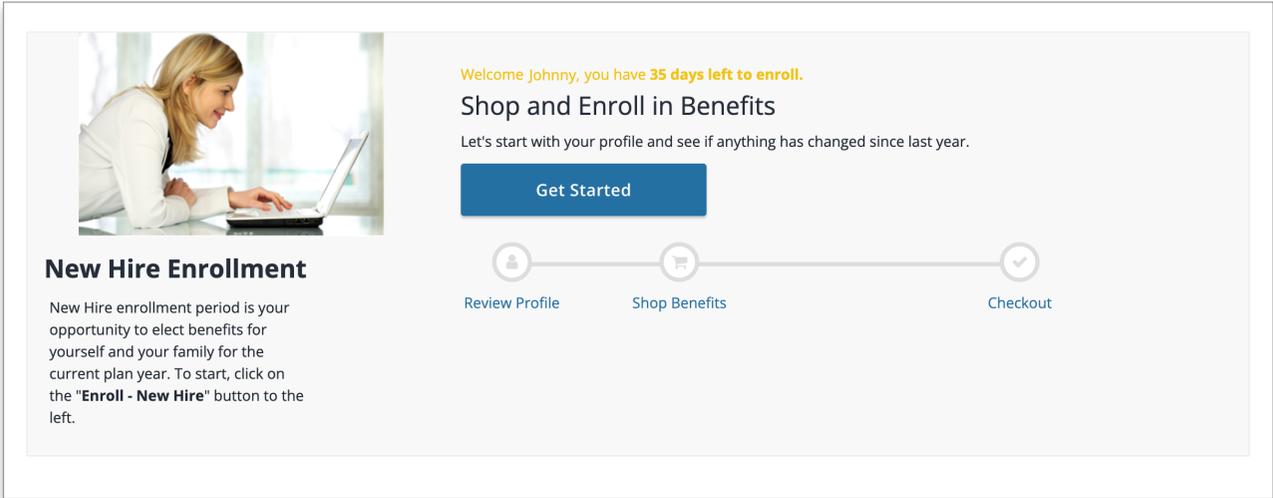
first
initial

first 6
letters of
last name

last 4
digits
of SSN

Log In to PlanSource

3. Once logged in, select **Get Started.**



The screenshot displays the PlanSource user interface. On the left, there is a section titled "New Hire Enrollment" with a sub-header "New Hire Enrollment" and a paragraph explaining the enrollment period. On the right, there is a section titled "Shop and Enroll in Benefits" with a sub-header "Shop and Enroll in Benefits" and a paragraph explaining the next steps. A blue "Get Started" button is prominently displayed. Below the button is a progress bar with three steps: "Review Profile", "Shop Benefits", and "Checkout". The "Review Profile" step is currently active, indicated by a checkmark icon above it.

New Hire Enrollment

New Hire enrollment period is your opportunity to elect benefits for yourself and your family for the current plan year. To start, click on the "Enroll - New Hire" button to the left.

Welcome Johnny, you have **35 days left to enroll.**

Shop and Enroll in Benefits

Let's start with your profile and see if anything has changed since last year.

Get Started

Review Profile Shop Benefits Checkout

Verify Your Personal Information

Verify Your Personal Information

1. Edit as needed.

IS YOUR ADDRESS CORRECT?

Your Anthem medical ID card will be mailed to the address shown here. Be sure to make any updates if your mailing address is not correct or complete.

2. Once you verify the information is accurate, navigate to the bottom of the page and select **Next: Review My Family.**

If there are errors that you're unable to change directly on the site, email corrections to your GME office (or HR at UCSF).

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. You also certify each Social Security number submitted is true and correct.

Basic Information	Contact Information
First Name * Johnny	Address 1 * 1001 College Ave
Middle Name	Address 2
Last Name * Appleseed	City * San Diego
SSN * XXX-XX-6978	State * California
	Zip * 92093
	Country United States
	Home Phone * 1234567890
	Cell
	Office Phone
	E-mail * email@email.com
	Alternate E-mail email1@email.com
	Select Preferred Mode Of Communication
	<input type="checkbox"/> I Consent To Receiving Text Messages
Personal Information	Other
Birthdate * 05/21/1997	Hire Date 11/01/2022
Gender * Male	
Marital Status * Unreported	

[← BACK](#) [Next: Review My Family](#)

Add Family Members

Add Family Members

1. Select **Add Family Member** for each dependent you want to cover with your UC 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. You also certify each Social Security number submitted is true and correct. When adding a new baby and the Social Security number field is left blank you will need to add it to the system as soon as it is available.

PLEASE NOTE: When adding a dependent and/or spouse, the dependent and/or spouse won't be added to your benefits *automatically*. You will need to add the dependent and/or to any applicable benefits.

Current Family Members



+ Add Family Member

[← BACK](#) [Next: Shop for Benefits](#)

Add Family Members

2. Add each family member's personal information and then choose **Save**.

Please enter your Dependent Information

By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans. You also certify each Social Security number submitted is true and correct. When adding a new baby and the Social Security number is left blank you will need to add it to the system as soon as it is available.

PLEASE NOTE: When adding a new dependent, the new dependent won't be added to your benefits *automatically*. You will need to add the new dependent to any applicable benefits.

Basic Info		Additional Info	
First Name * Roncal	Middle Name	<input checked="" type="checkbox"/> Lives At Home	
Last Name * Appleseed	SSN 123-45-6789		
Gender * Female	Birthdate * 03/30/1987		
Relationship * Spouse			

CANCEL Save

Add Family Members

3. You should see all dependents listed — any existing dependents plus those you just added. Confirm the information shown and then select **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. You also certify each Social Security number submitted is true and correct. When adding a new baby and the Social Security number field is left blank you will need to add it to the system as soon as it is available. **PLEASE NOTE:** When adding a dependent and/or spouse, the dependent and/or spouse won't be added to your benefits *automatically*. You will need to add the dependent and/or to any applicable benefits.

Current Family Members

<p> Roncal Appleseed Spouse Born 03/30/1987</p> <p>View Details</p> <p>Remove Edit</p>	<p></p>
--	--

[← BACK](#) [Next: Shop for Benefits](#)

Choose Benefits and Beneficiaries

Choose Benefits

MEDICAL

1. You can choose coverage through the Anthem plans.
2. Select **Shop Plans** to see the coverage.

Current Benefit Elections

Review Profile Shop Benefits Checkout

Current Benefits Plan Year Effective from 07/01/2022 to 06/30/2023

Medical

No Plan Selected [Shop Plans](#)

Basic Employee Life & AD&D

+  New York Life Life/AD&D Insurance FLX-968370 [Review & Confirm](#)

Basic Short Term Disability

+  New York Life Short Term Disability LK-752332 [Review & Confirm](#)

Basic Long Term Disability

+  New York Life Long Term Disability LK-965664 [Review & Confirm](#)

Choose Benefits

3. When you're ready to choose coverage, select **View Plan**.

Select your Medical Plan

Selecting a group Medical Plan provides:

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

The cost of health care is rising so it is more important than ever to make sure you have health insurance.

PLEASE NOTE: If you want to cover your spouse and/or dependents(s); please make sure that you check the box in front of their name listed below.

Additional Content (2):

- [UC Benefits Summary - HMO](#)
- [UC Benefits Summary - PPO](#)

[← TO BENEFITS](#)

Family Covered [+ ADD FAMILY MEMBER](#)

Yourself Roncal Appleseed

Select a Plan

 Health. Join In. Anthem Blue Cross PPO 281636 \$0.00 Per Pay Period View Plan <input type="checkbox"/> Compare	 Health. Join In. Anthem Blue Cross HMO 281636 \$0.00 Per Pay Period View Plan <input type="checkbox"/> Compare	 Decline Medical Benefits Decline Coverage
--	--	---

You can compare two plans at a time

Choose Benefits

4. All dependents you have added should be listed. **You must select** each family member you wish to be covered under the plan, including yourself.

5. Select **Update Cart**.

KEEP IN MIND

The dependents you choose to cover under your medical plan will be the dependents that are covered for dental and vision plans as well. If this is not applicable to your situation, email ucresidentbenefits@ucop.edu.

Medical: Anthem Blue Cross PPO 281636

[← TO AVAILABLE PLANS](#)

Family Covered [+ ADD FAMILY MEMBER](#)

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Roncal Appleseed
<input type="checkbox"/> Employee Only	\$0.00 Per Pay Period
<input type="checkbox"/> Employee + 1 Dependent	\$0.00 Per Pay Period
<input type="checkbox"/> Employee + 2 or more Dependents	\$0.00 Per Pay Period

Anthem Health. Join in.

Anthem Blue Cross PPO 281636

\$0.00 Per Pay Period

[Update Cart](#)

[Decline Coverage](#)

Choose Benefits

FAMILY FORMING

1. If you enroll in a medical plan, you have access to our family-forming benefits.
2. You must view the Carrot Fertility & Family-Forming Plan Disclaimer in order to use this benefit.
3. Select **Start Survey** to view and accept the disclaimer.

Carrot Fertility & Family-Forming Plan Disclaimer

Status: Not Started Dates: Last Updated **Start Survey**

Carrot Fertility & Family-Forming Plan

No Plan Selected **Shop Plans**

Benefits you receive through [Carrot](#) for care that is not classified as a [qualified medical expense \(QME\)](#) are considered [taxable income](#) by the IRS and subject to employment tax withholding (see "[imputed income](#)"). UC will withhold taxes on your monthly paycheck based on the benefit you receive. This can reduce your [net pay significantly, even meaning](#) a net-zero paycheck in some cases. Required

Non-QMEs include but are not limited to

- fertility care not related to an infertility diagnosis
- preservation care not related to an infertility diagnosis or medical necessity
- donor assistance, gestational surrogacy, and adoption services
- doula services and human milk shipping services

For more information on the Carrot benefit, please visit <https://www.ucresidentbenefits.com/health-benefits/family-forming-benefits/>

Have questions for the Carrot Care Team? Now you can contact your Carrot Care Team at (855) 459-0059 for help when you need it. Hours 5 a.m. - 3 p.m. PT, Monday – Friday, by phone and 24 hours a day, Monday – Friday, through Carrot's [app](#) or [website](#).

Please note: we cannot offer tax advice. Please consult with your tax professional. If you'd like help on how to determine whether a service qualifies as a QME, [contact Carrot](#).

By accepting the Carrot benefit, you acknowledge that you have read and understand the potential tax consequences for this benefit.

Subscriber: Test Account

I have read the disclaimer and agree.

Choose Benefits

FAMILY FORMING

4. After you have acknowledge you have read the disclaimer, you can choose to elect Carrot.

5. Select **Shop Plans**.

6. Then select **Update Cart**.

Carrot Fertility & Family-Forming Plan Disclaimer

Status: Completed Dates: Last Updated 06/04/2024 View Summary

Carrot Fertility & Family-Forming Plan

No Plan Selected **Shop Plans**

[← TO BENEFITS](#)

Family Covered + ADD FAMILY MEMBER

Yourself



Carrot Fertility & Family-Forming Plan

\$0.00

Per Pay Period

Update Cart

Choose Benefits

DENTAL AND VISION

1. There is only one dental plan and one vision plan, so you don't need to shop for plans.
2. Your dependents will automatically be input based on your medical coverage selections.
3. Select **Update Cart**.

Dental: Delta Dental PPO 19301

[← TO BENEFITS](#)

Important Information

 You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Family Covered

Yourself, Roncal

 Employee Only	\$0.00 Per Pay Period
 Employee + 1 Dependent	\$0.00 Per Pay Period
 Employee + 2 or more Dependents	\$0.00 Per Pay Period

 Delta Dental PPO 19301

\$0.00
Per Pay Period

[Update Cart](#)

Vision: VSP Vision Plan 30081855

[← TO BENEFITS](#)

Important Information

 You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Family Covered

Yourself, Roncal

 Employee Only	\$0.00 Per Pay Period
 Employee + 1 Dependent	\$0.00 Per Pay Period
 Employee + 2 or more Dependents	\$0.00 Per Pay Period

 VSP Vision Plan 30081855

\$0.00
Per Pay Period

[Update Cart](#)

Choose Benefits

EMPLOYEE LIFE/AD&D

1. There is only one employee life/AD&D insurance policy.
2. Select **Update Cart** to save changes.

Basic Employee Life & AD&D: New York Life Life/AD&D Insurance FLX-968370

[← TO BENEFITS](#)

Coverage Amount

	Per Pay Period \$0.00	Total coverage amount \$50,000.00
---	---------------------------------	---

Elected Coverage Coverage effective from 11/01/2022 to 06/30/2023

	New York Life Life/AD&D Insurance FLX-968370	\$0.00 Per Pay Period
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New York Life Life/AD&D Insurance FLX-968370

\$0.00
Per Pay Period

[Update Cart](#)

Choose Benefits

LONG-TERM AND SHORT-TERM DISABILITY

1. There is only one Long-Term Disability plan and one Short-Term Disability plan.
2. Select **Update Cart** to save changes.

Basic Short Term Disability: New York Life Short Term Disability LK-752332

[← TO BENEFITS](#)

Coverage Amount

	Per Pay Period \$0.00
---	---------------------------------

Elected Coverage Coverage effective from 11/01/2022 to 06/30/2023

	New York Life Short Term Disability LK-752332	\$0.00 Per Pay Period
---	---	--------------------------

\$0.00
Per Pay Period

Update Cart

Basic Long Term Disability: New York Life Long Term Disability LK-965664

[← TO BENEFITS](#)

Coverage Amount

	Per Pay Period \$0.00
---	---------------------------------

Elected Coverage Coverage effective from 11/01/2022 to 06/30/2023

	New York Life Long Term Disability LK-965664	\$0.00 Per Pay Period
---	--	--------------------------

\$0.00
Per Pay Period

Update Cart

Choose Benefits

REVIEW BENEFITS

1. Review your selections by selecting the + or – symbol. If you'd like to make changes, select **View or Change**.
2. When you're done selecting coverage, select **Next: Review Beneficiaries**.

Current Benefit Elections

Review Profile Shop Benefits Checkout

Current Benefits Plan Year Effective from 07/01/2022 to 06/30/2023

Medical

 **Anthem.** Health. Join In...
Anthem Blue Cross PPO 281636 [View or Change](#)

Dental

 **DELTA DENTAL**
Delta Dental PPO 19301 [View or Change](#)

Vision

 **vsp VISION**
VSP Vision Plan 30081855 [View or Change](#)

Basic Employee Life & AD&D

 **NEW YORK LIFE**
New York Life Life/AD&D Insurance FLX-968370 [View or Change](#)

You must select or decline all coverages before moving on [Next: Review Beneficiaries](#)

Choose Beneficiaries

DESIGNATING BENEFICIARIES

1. Use the + or – symbol next to the benefit to which you’re assigning a beneficiary.

PLEASE NOTE

Your basic employee life and accident insurance benefits require you to designate at least a primary beneficiary.

If you have more than one, toggle to **Yes** to add secondary beneficiaries.

2. Select **+ Add Beneficiary**.

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the benefit below. Please expand the collapsed tiles for the benefit below by clicking on the + Plus or - Minus sign to the left of the bar. Allocation(s) must total 100% (all combined) between the beneficiaries in order to proceed. If only one beneficiary is designated, the allocation for that beneficiary would be 100%.

		Basic Employee Life & AD&D	Coverage amount \$50,000.00
Primary Beneficiaries (Required *) You must designate a primary beneficiary for this benefit.			
+ Add Beneficiary			
Would you like to add secondary beneficiaries? 			

[← BACK](#) [Review and Checkout](#)

Choose Beneficiaries

3. You can select an existing beneficiary from the drop-down menu or create a new one.

Select **Add** at the bottom of the page.

The screenshot shows a mobile application interface for adding a beneficiary. On the left, a card titled 'Review Current Beneficiaries' for 'Basic Employee Life & AD&D' features a 'NEW YORK LIFE' logo and a '+ Add Beneficiary' button. Below this card is a toggle for 'Would you like to add secondary beneficiaries?' set to 'No'. On the right, a modal window titled 'Add Beneficiary' is open, containing a dropdown menu with 'Roncal Appleseed' selected, a text input for 'Name *' with 'Roncal Appleseed', a dropdown for 'Relationship *' with 'Spouse', a numeric input for 'Allocation *' with '100', and text inputs for 'Address 1' (1001 College Ave), 'Address 2', 'City' (San Diego), 'State' (CA), and 'Zip Code' (92093). At the bottom of the modal are 'Add' and 'CANCEL' buttons. The background card has a '< BACK' button at the bottom left.

Choose Beneficiaries

4. Review all your beneficiaries' information, including the percentage you wish to allocate to each beneficiary, then select **Review and Checkout**.

KEEP IN MIND

The allocations of your primary beneficiaries must add up to exactly 100%.

Incorrect Allocation (150%):

Coverage amount \$50,000.00	
Allocation	100%
Allocation	50%
Allocation Total: 150%	
Allocation Total must equal 100%	

Correct Allocation (100%):

Coverage amount \$50,000.00	
Allocation	50%
Allocation	50%
Allocation Total: 100%	

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the benefit below. Please expand the collapsed tiles for the benefit below by clicking on the + Plus or - Minus sign to the left of the bar. Allocation(s) must total 100% (all combined) between the beneficiaries in order to proceed. If only one beneficiary is designated, the allocation for that beneficiary would be 100%.

Basic Employee Life & AD&D Coverage amount \$50,000.00

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

Roncal Appleseed, Spouse Allocation

Allocation Total: **100%**

Would you like to add secondary beneficiaries? No Yes

[< BACK](#)

Review and Check Out

Review and Check Out

1. Review your choices, dependent coverage and beneficiary information.

TAKE YOUR TIME!

Once you check out, you cannot change any selections until Open Enrollment or in the case of a qualifying life event. For more information, go to ucresidentbenefits.com > Enrolling > Changing Your Benefits.

2. If everything is correct, select **Checkout**.

Confirm your Benefit Elections

Review Profile Shop Benefits **Checkout**

Each benefit election you have made is listed below.

Your enrollment will be complete when you click **Checkout** at the bottom of the page.

Current Benefits Plan Year Effective from 07/01/2022 to 06/30/2023

Review Changes

Medical

Anthem Health. Join In.™ Anthem Blue Cross PPO 281636 [View or Change](#)

Start Date: 11/01/2022	Coverage Level: Employee + 1 Dependent
Family Covered: Roncal Appleseed	Employer Contribution: \$1,595.43

Dental

DELTA DENTAL Delta Dental PPO 19301 [View or Change](#)

Start Date: 11/01/2022	Coverage Level: Employee + 1 Dependent
Family Covered: Roncal Appleseed	Employer Contribution: \$66.14

[← BACK](#) [Checkout](#)

Review and Check Out

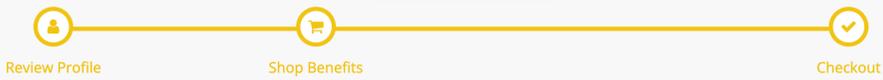
3. Save a copy of your benefits confirmation statement by selecting **Send by Email**. You can also download, print or email a copy of your new elections.

Current Benefit Elections

New Hire Enrollment!

Congratulations. You have completed the new hire enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement? [Send by Email](#)



Review Profile Shop Benefits Checkout

Current Benefits Plan Year Effective from 07/01/2022 to 06/30/2023 [DOWNLOAD](#) [EMAIL](#) [PRINT](#)

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a Qualifying Life Event.

Medical

 Anthem Blue Cross PPO 281636 [View or Change](#)

Dental

 Delta Dental PPO 19301 [View or Change](#)

Vision

 VSP Vision Plan 30081855 [View or Change](#)

Questions?

Visit [PlanSource](#) or contact your GME office or [HR at UCSF](#).