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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UNIVERSITY OF CALIFORNIA

Health and Insurance Coverage
for Residents and Fellows
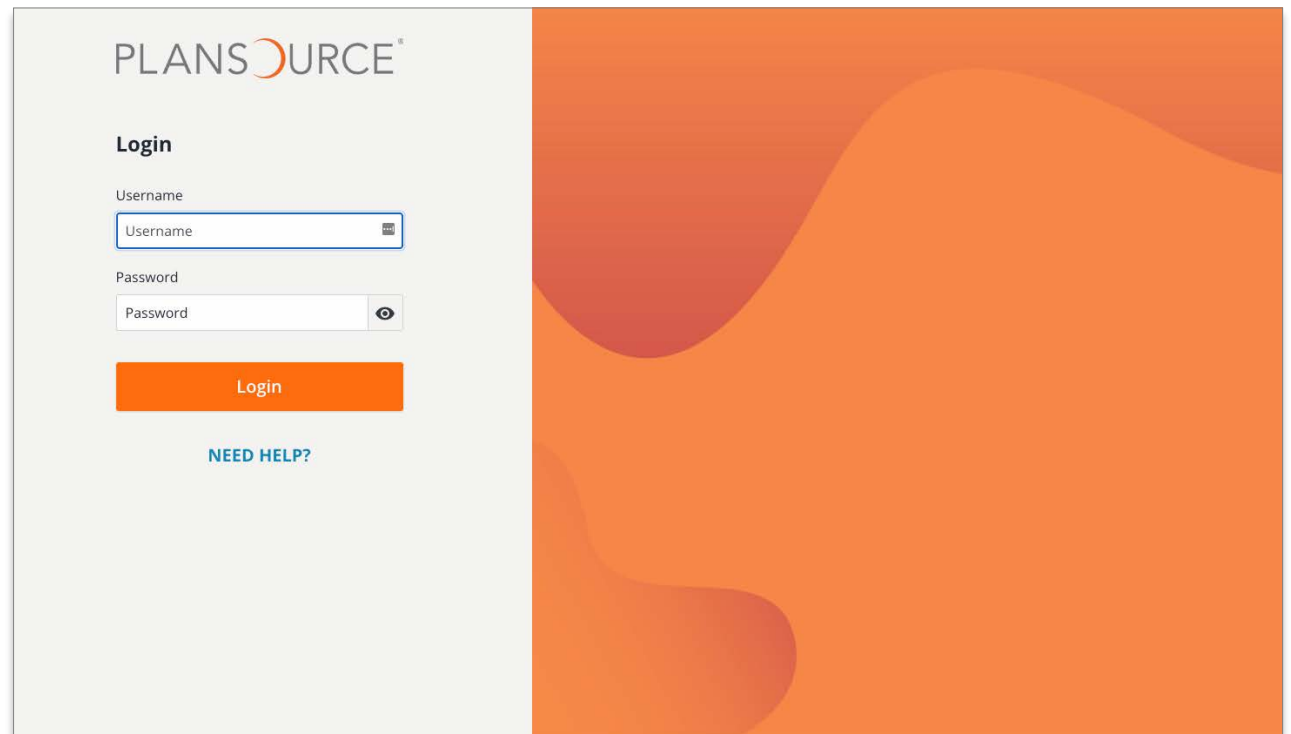
Log In to PlanSource

Log In to PlanSource

1. **Go to benefits.plansource.com.**

Log In to PlanSource

2. **Enter your username and password.**

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

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.

EXAMPLE

Nora Hallahan
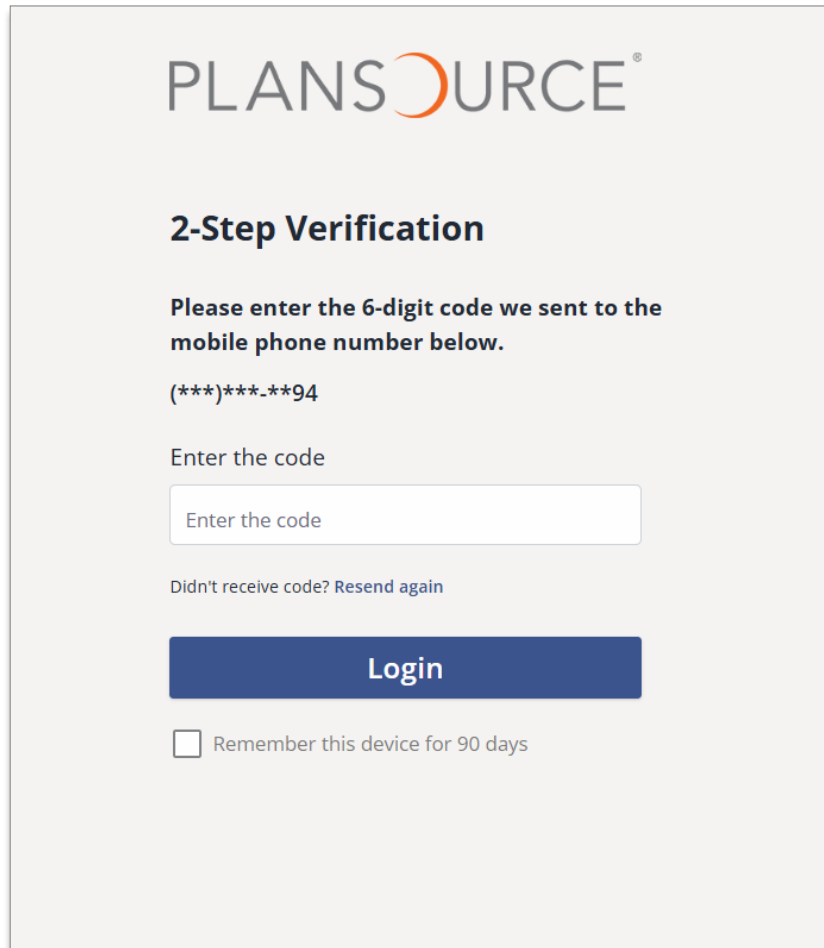
USERNAME:

nhallah3299

Log In to PlanSource

3. **Complete Multi Factor Authentication through your phone or email.**

PRO TIP

The first time you set up your MFA, you can choose to use an email address or phone number.

If you use an **email**, you will need the code for your initial set up and every time you log in after that.

If you use a **phone number**, you do not need a code for your initial set up. But you will need it for every time after that.

PLANSOURCE®

2-Step Verification

Please enter the 6-digit code we sent to the mobile phone number below.

(***)***-**94

Enter the code

[Enter the code]
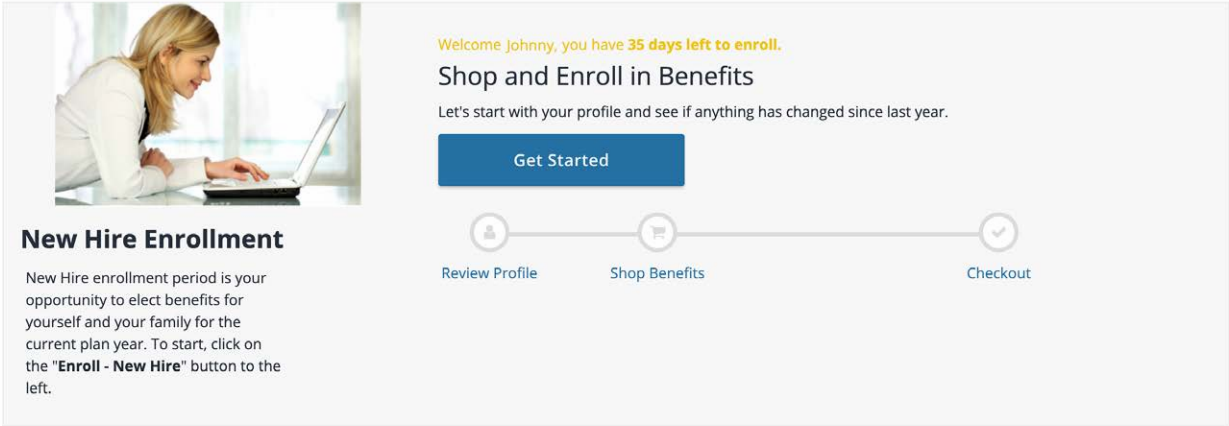
Didn't receive code? Resend again

[Login]

☐ Remember this device for 90 days

Log In to PlanSource

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

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

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.

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

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

First Name *	Middle Name
Johnny	

Last Name *	SSN *
Appleseed	XXX-XX-6978

Personal Information

Birthdate *	Gender *
05/21/1997	Male

Marital Status *	
Unreported	

Contact Information

Address 1 *	Address 2
1001 College Ave	

City *	State *
San Diego	California

Zip *	Country
92093	United States

Home Phone *	Cell
1234567890	

Office Phone	E-mail *
	email@email.com

Alternate E-mail	Select Preferred Mode Of Communication
email1@email.com	

☐ I Consent To Receiving Text Messages

Other

Hire Date
11/01/2022

‹ BACK

Next: Review My Family

UNIVERSITY OF CALIFORNIA

Health and Insurance Coverage for Residents and Fellows

Add Family Members

University of California

Health and Insurance Coverage
for Residents and Fellows

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

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

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

First Name *
Roncal

Middle Name

Last Name *
Appleseed

SSN
123-45-6789

Gender *
Female

Birthdate *
03/30/1987

Relationship *
Spouse

Additional Info

☑ Lives At Home

CANCEL   Save

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage
for Residents and Fellows

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

👤 **Roncal Appleseed**
Spouse
Born 03/30/1987

View Details

Remove   Edit

➕ **Add Family Member**

‹ BACK

Next: Shop for Benefits

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage
for Residents and Fellows

Choose Benefits and Beneficiaries

Choose Benefits

MEDICAL

1. You can choose coverage through the Anthem plans.

2. Select **Shop Plans** to see the coverage.

University of California
Health and Insurance Coverage for Residents and Fellows

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

Anthem Blue Cross PPO 281636	Anthem Blue Cross HMO 281636	Decline Medical Benefits
$0.00	$0.00	
Per Pay Period	Per Pay Period	
View Plan	View Plan	Decline Coverage
☐ Compare	☐ Compare	

You can compare two plans at a time

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Health and Insurance Coverage for Residents and Fellows

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**

☑ 👤 Yourself   ☑ 👤 Roncal
                          Appleseed

👤 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

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.

O 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

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

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

△ DELTA DENTAL | 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
Delta Dental PPO 19301
$0.00
Per Pay Period
Update Cart

Vision: VSP Vision Plan 30081855

‹ TO BENEFITS

Important Information

vsp VISION | 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
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	Total coverage amount
NEW YORK LIFE	$0.00	$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

New York Life Life/AD&D Insurance FLX-968370

$0.00

Per Pay Period

Update Cart

UNIVERSITY OF CALIFORNIA
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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 |

New York Life Short Term Disability LK-752332

$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 |

New York Life Long Term Disability LK-965664

$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**

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

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%.

NEW YORK LIFE   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? ❓   No ⬤ Yes

❮ BACK   Review and Checkout

UNIVERSITY OF CALIFORNIA
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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.

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

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%.

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%.

| ⊖ | NEW YORK LIFE | 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 [100%] ✏ X

➕ Add Beneficiary   Allocation Total: **100%**

Would you like to add secondary beneficiaries? ❓   No ⚪ Yes

‹ BACK   **Review and Checkout**

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 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 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

UNIVERSITY OF CALIFORNIA
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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. 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]

UNIVERSITY OF CALIFORNIA
Health and Insurance Coverage for Residents and Fellows

Questions?

Visit **PlanSource** or contact your GME office or **HR at UCSF**.