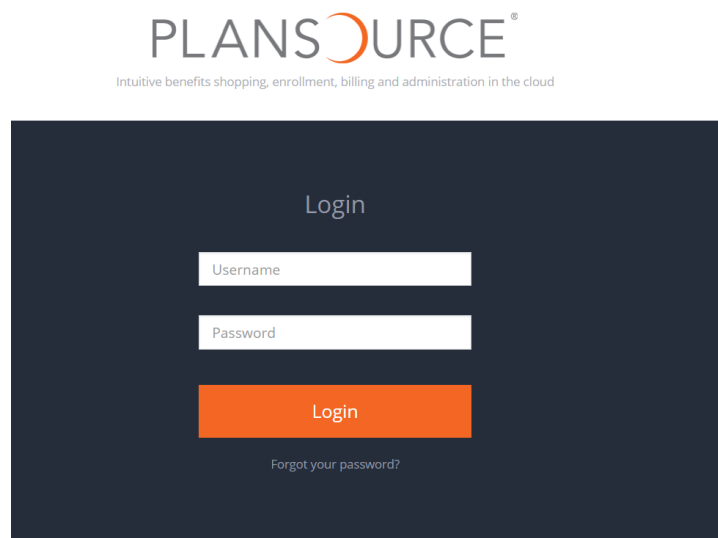


PLANSOURCE- NEW USER INTERFACE INSTRUCTIONS

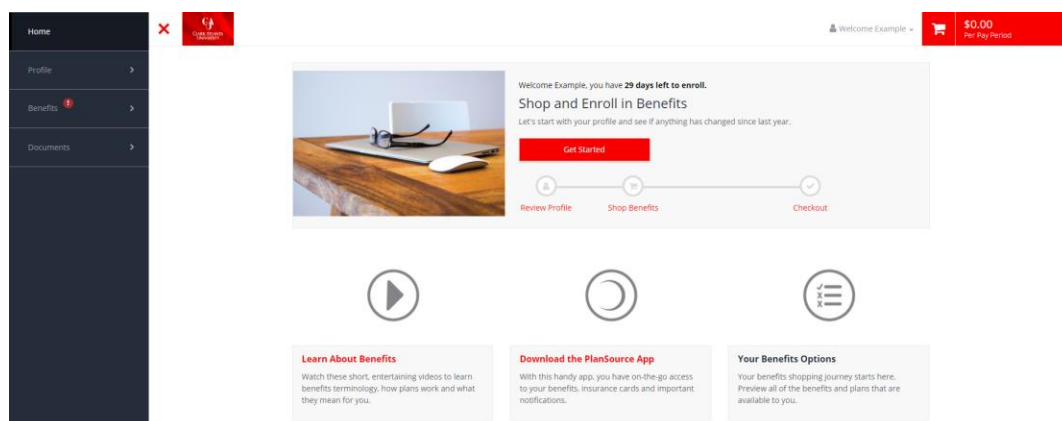
ENROLLMENT URL: <https://benefits.plansource.com>

- **USERNAME:** Your user name will be a combination of your name and the last four of your SSN. (First Initial + First six letters of last name + Last four of SSN) (Example: Jon Thompson-jthomps1234)
- **PASSWORD:** Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password



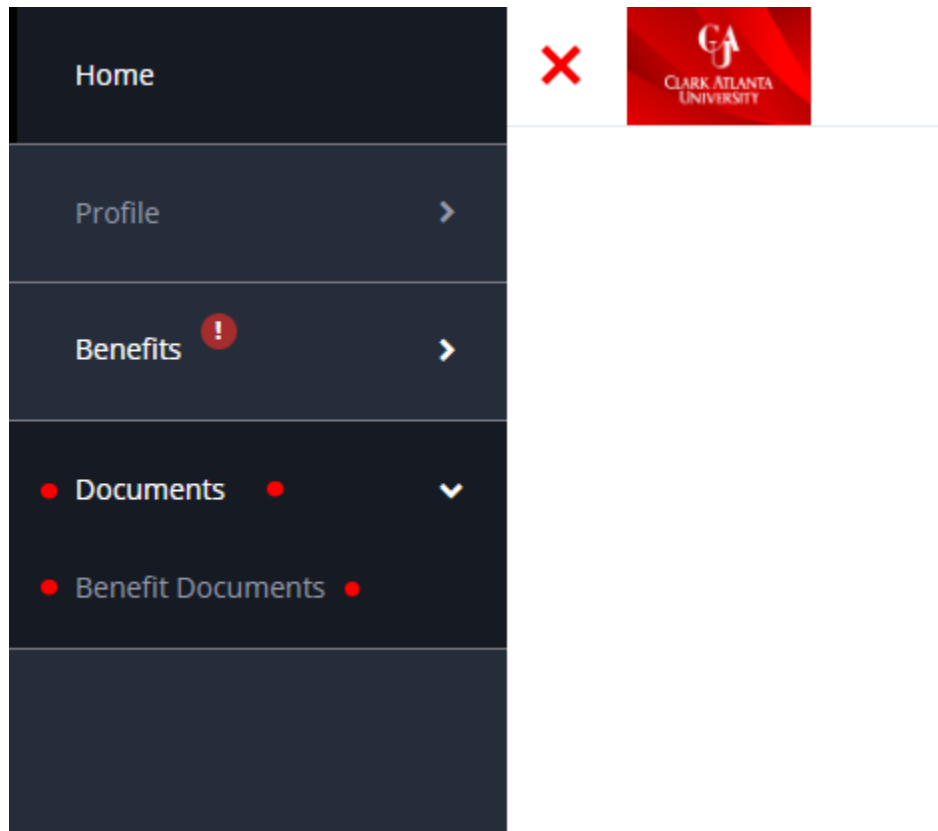
Home Page

The home page is designed to help navigate you to the other major sections of the benefit administration enrollment website. Here you can access company documents, make changes to your profile and beneficiaries, and enroll in benefits.



Available Documentation

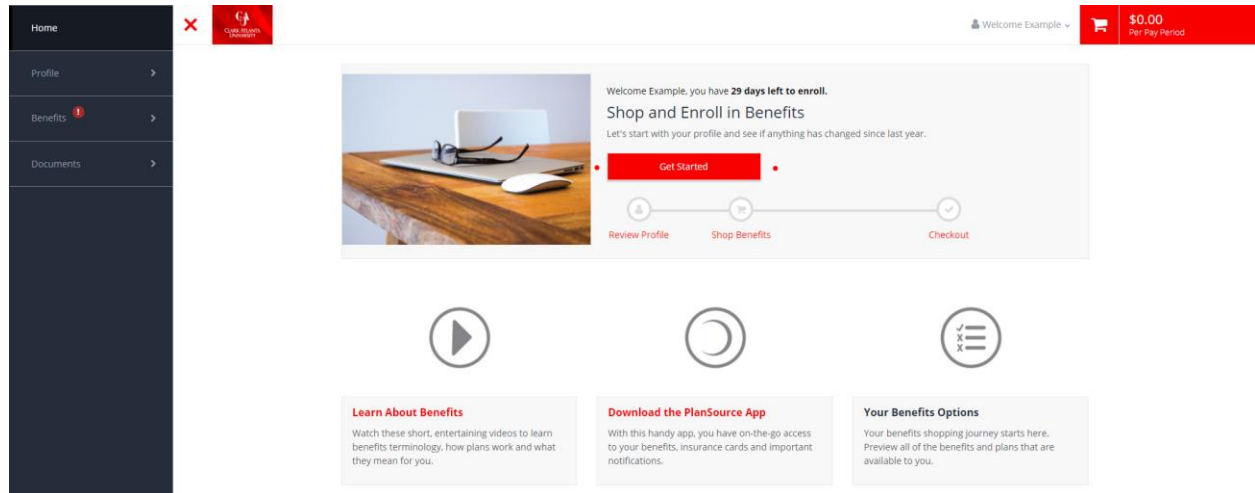
Your company provided documents are located under the “**Documents**” section on the Home Page. These are available to you 24/7 and will contain items such as your benefit summaries, certificates of coverage, and other important company notices. All documents will be listed under the “Global Documents” section.



Documents			Search
Global Documents			Zip
	Clark Atlanta University- Benefits Brochure 2021.pdf	12/28/2020	View
Anthem			Zip
	Medical- 2021 Benefits Summary.pdf	12/28/2020	View
	Anthem Blue Open Access POS OAP5 1000 20% 4000- PLAN A.pdf	12/28/2020	View
	Anthem Blue Open Access POS OAP5 500 20% 3000- PLAN B.pdf	12/28/2020	View
	Dental Benefit Summary.pdf	12/28/2020	View
	Vision Benefit Summary.pdf	12/28/2020	View

Getting Started with Your Enrollment

To start making your benefit elections please click on the **“Get Started”** button located in the center of your Benefits Home Page.



Step 1: Personal Information

The first step in the enrollment process will be to verify that your demographic information is correct (address, date of birth, etc.). Verifying that this data is important to be able to provide your applicable carriers accurate information. You will be able to **“Edit”** certain information via the **“Edit Info”** button, found at the bottom of the page. If you are unable to change a certain field, please contact your administrator directly.

Manage your profile

Make sure we have the right information.

This info is used for your paycheck, taxes and ID cards (so it's really important.)

*Required fields are shaded yellow.

Basic Information

First Name *

Example

Last Name *

Employee

SSN *

144-91-1457

Contact Information

Address 1 *

123 Main Street

Address 2

City *

Evermore

State *

Georgia

Zip *

32121

Home Phone

E-mail *

test@test.com

Alternate E-mail

Edit Info

Back

Next: Review My Family

Step 2: Dependent Information

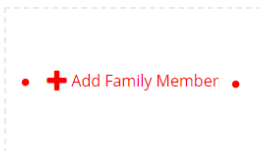
The second step of the enrollment process allows you to add any dependents that you wish to include in your covered benefits. Previously added dependents will be listed, and can be edited. You will also have the ability to “**Add Family Member**” in this section. Dependent SSN Is Required in order to add a dependent into the system. Once you have added all dependents, select the “**Next: Shop for Benefits**” button to continue.

Manage your family's information

View, add, edit or remove dependents here.

Note: If you add a new family member, they won't be added to your benefits automatically. You will need to make elections for them based on their benefits needs.

Current Family Members



[< Back](#)

[Next: Shop for Benefits](#)

Basic Info

First Name *	Middle Name
Last Name *	SSN *
Select Gender *	Birthdate *
Select Relationship *	

Additional Info

☒ Lives At Home

[Cancel](#)

[Save](#)

Step 3: Enroll in Benefits

To make an election or see more plan details, click on the “**Shop Plans**” button next to each eligible benefit. Here you will be able to see detailed plan offerings, employee cost per pay period, and eligible dependents. Choose the plan option of choice or select the “Decline” option. Select “**Update Cart**” to make to confirm each election and move on to the next page. Repeat until you reach the confirmation page. As you add benefits, you will notice your cart updating, along with your cost per pay period in the top right section of the each page. Screenshots below are related to electing a major medical benefit plan.

Current Benefits Plan Year Effective from 01/01/2021 to 12/31/2021

Medical


No Plan Selected
Shop Plans

[← To Benefits](#)

Family Covered

[+ Add Family Member](#)

☒ Yourself
 ☒ Spouse Employee
 ☒ Child Employee

Select a Plan



Plan A

\$296.83
Per Pay Period

Office Visi...	Office Visi...	Coinsuran...
\$40 copay	\$40 copay	20% Col...

[View Plan](#)

☐ Compare



Plan B

\$470.61
Per Pay Period

Office Visi...	Office Visi...	Coinsuran...
\$35 copay	\$35 copay	20% Col...

[View Plan](#)

☐ Compare



Decline Coverage

[Decline Medical Benefits](#)

Step 4: Add Beneficiaries

After you have completed selecting your benefits you will need to click on “**Review Beneficiaries**” at the bottom of the page. This will allow you to add your beneficiaries to your benefits that require them. You can choose from the drop down family members that have already been added, or enter new contacts.

Current Benefits Plan Year Effective from 01/01/2021 to 12/31/2021

Medical

 Anthem Health. Join In.	Plan B	\$470.61 Per Pay Period	View or Change Plan
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Dental

 Anthem Health. Join In.	Anthem Dental		View or Change Plan
--	---------------	--	-------------------------------------

Vision

 Anthem Health. Join In.	Anthem Vision		View or Change Plan
--	---------------	--	-------------------------------------

Flexible Spending Account

 Anthem Health. Join In.	Coverage Declined		View or Change Plan
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You must select or decline all coverages before moving on.

[Next: Review Beneficiaries](#)

Step 5: Confirm and Checkout

The final step allows you to review and confirm that all elected benefits are accurate. This includes plan name, coverage start date, and cost per pay period. If you need to make a change, click on the **“View or Change Plan”** button. Once you have confirmed accuracy click on the **“Review and Checkout”** button to continue. To lock in your elections, you must click the **“Confirm Elections”** button located at the bottom of the enrollment page. If you do not click this button, your benefit election updates will not be applied.

 Standard	Basic Employee Life	Coverage amount \$90,000.00
Primary Beneficiaries (Required *) You must designate a primary beneficiary for this benefit.		
• Child Employee, Child •	Allocation	100%  
• + Add Beneficiary •	Allocation Total: 100%	
Would you like to add secondary beneficiaries?  No ☐ Yes ☐		

[Back](#)

[Review and Checkout](#)

Current Benefits Plan Year Effective from 01/01/2021 to 12/31/2021

Review Changes

Medical

 Plan B		\$470.61 Per Pay Period	View or Change Plan
Start Date:	04/08/2021	Coverage Level:	Employee + Family
Family Covered:	Child Employee, Spouse Employee	Employer Contribution:	\$1,107.24

Dental

 Anthem Dental			View or Change Plan
Start Date:	04/08/2021	Coverage Level:	Employee + Family
Family Covered:	Child Employee, Spouse Employee	Employer Contribution:	\$91.85

Vision

[← Back](#)

[Checkout](#)

Notes

The instructions are for training purposes only. The benefits shown on these instructions may not match those available to you.

For questions about your benefits, please contact your Human Resources Team.