PLANSOURCE- NEW USER INTERFACE INSTRUCTIONS

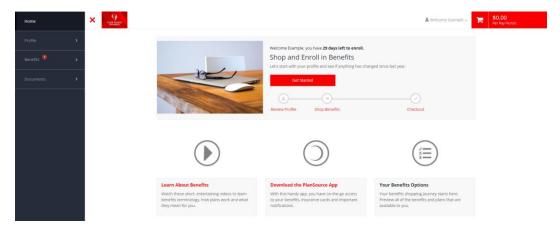
ENROLLMENT URL: https://benefits.plansource.com

- 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 Thompsonjthomps1234)
- **PASSWORD**: Your birthdate in YYYYMMDD format. For example: If you birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password

	ANSOURC	
	Login	
	Username	
	Password	
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	Login	

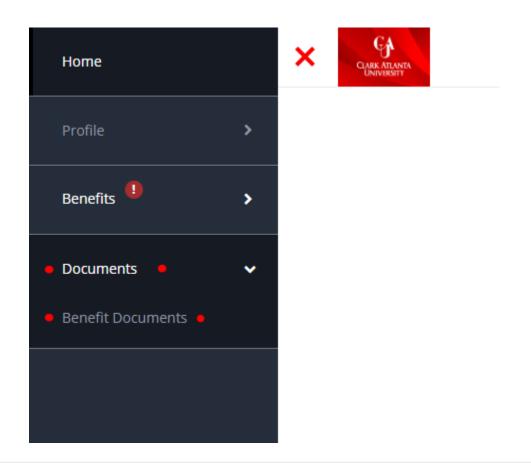
Home Page

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

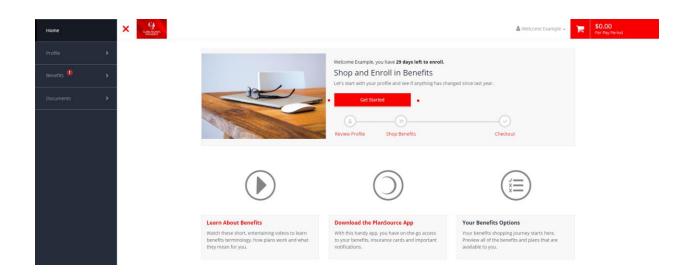
Your company provided documents are located under the "**Documents**" section on the Home Page. These are available to you 24/7 and will contain items such as your benefit summaries, certificates of coverage, and other important company notices. All documents will be listed under the "Global Documents"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



Documents	Search	Q
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 pr	ofile			
Make sure we have the rig This info is used for your pa ⁴ Required fields are shaded y	ycheck, taxes and ID cards (so it's really impo	ortant.)		
				🖋 Edit Info 🔹
Basic Informatio	on	Contact Informati	on	
First Name Example	Last Name Employee	Address 1 * 123 Main Street	Address 2	
ssn 144-91-1457		^{City *} Evermore	_{State} * Georgia	
		Zip * 32121	Home Phone	
		● E-mail * ● test@test.com	Alternate E-mail	
< Back			Next: Review My Fam	nily 🔹

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. <u>Dependent SSN Is Required</u> 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. Yo	u will need to make elections for them based on their benefits needs.
Current Family Members	
• 🕂 Add Family Member 🔹	
K Back	Next: Shop for Benefits
Basic Info	Additional Info
First Name * Middle Name	✔ Lives At Home
Last Name * SSN *	
Select Gender *	
Select Relationship * •	

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.

rrent Benefits Plan Year Effective fro	m 01/01/2021 to 12/31/2021	
dical		
No Plan Selected		Shop Plans
Benefits		
ily Covered		• + Add Family Member •
🖊 🛔 Yourself 🛛 🔹 Spou	use Employee 🔸 🖌 🖌 🖌 Juse Employee	
ct a Plan Anthem		0
Plan A	Plan B	
\$296.83	\$470.61	Decline Coverage
Per Pay Period	Per Pay Period	
,		
Office Visi Office Visi Coinsuran	Office Visi Office Visi Coinsuran	
\$40 copay \$40 copay 20% Coi View Plan •	\$35 copay \$35 copay 20% Coi	O 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.

urrent Benef	ts Plan Year Effective from 01/01/2	2021 to 12/31/2021	
edical			
Anthem. Health. Join In.	Plan B	\$470.61 Per Pay Period	View or Change Plan
ental			
Anthem. Health. Join In.	Anthem Dental		View or Change Plan
sion			
Anthem. Health. Join In.	Anthem Vision		View or Change Plan
exible Spending Acc	ount		
	rage Declined		View or Change Plan
		You must select or decline all coverages before moving o	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.

TheStandard	Basic Employee Life	Coverage amount \$90,000.00
-	ciaries (Required *) hate a primary beneficiary for this benefit.	
Child Employe	e, Child •	Allocation 100% 🖋 🗙
+ Add	d Beneficiary •	Allocation Total: 100%
Would you like t	o add secondary beneficiaries? 😧 🛛 No 💭 Yes	

R	eview and Checkout	

Current Benefits	Plan Year Effective from 01/01/2021 to 12/31/2021
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Review Medical	Changes					
	Anthem. A Plan B			\$470.61 Per Pay Period	٨	/iew or Change Plan
	Start	Date:	04/08/2021	Coverage Level:	Employee + Family	
	Family Co	vered:	Child Employee, Spouse Employee	Employer Contribution:	\$1,107.24	
Dental						
	Anthem. Anthen	n Dent	al		٨	/iew or Change Plan
	Start	Date:	04/08/2021	Coverage Level:	Employee + Family	
	Family Co	vered:	Child Employee, Spouse Employee	Employer Contribution:	\$91.85	
/ision						•
< €	Back				•	Checkout
						•

<u>Notes</u>

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.