



How to Complete Open Enrollment

Step 1: Get signed in to Plansource.

Link to Plansource:

<https://benefits.plansource.com/logon>

Username: First letter of your first name, 6 letters of your last name (or whole last name if it is less than 6 letters), and the last 4 of your SSN. Example: sjohnso1234 or tfox5678

Password: Your birthday in the following format: YYYYMMDD.

If these credentials don't work, please click on "Need Help?" to recover your username or reset your password.

The Plansource login form features the company logo at the top. Below it is a 'Login' heading. There are two input fields: 'Username' and 'Password'. The 'Password' field includes a toggle for visibility. A blue 'Login' button is positioned below the fields. At the bottom, there is a link that says 'NEED HELP?'.

This screenshot shows the 'New Hire Enrollment' page. It includes a welcome message, a progress bar with three steps: 'Review Profile', 'Shop Benefits', and 'Checkout'. A 'Get Started' button is highlighted. A blue button at the bottom says 'Next: Review My Family'. A note on the left explains the new hire enrollment period.

Next: Review My Family

Find the blue button at the bottom that says **"Next: Review My Family"**

Here is where you need to add your family members that you need to cover on your insurance.

Note: To add dependents you must have their full legal name, date of birth, and full social security number. Remember to click **"Save"**

When you are done adding family members, click on **"Next: Shop for Benefits"**

Current Family Members

A button with a plus icon and the text 'Add Family Member'.

Step 2: Get Started and Add Family

Once you get signed in, you will be brought to this page. Click on **"Get Started"**

You will then be brought to a page to review your information. If something is incorrect on this page, please request it it updated through the employee gateway.

***Note:** Due to open enrollment coinciding with the time our raises go into effect, the annual salary may be incorrect. This will be corrected before the end of open enrollment.

This form is used to add family members. It has a 'BACK' button and a 'Next: Shop for Benefits' button. The form is divided into two sections: 'Basic Information' and 'Additional Info'. The 'Basic Information' section includes fields for First Name, Middle Name, Last Name, SSN, Gender, Birthdate, and Relationship. The 'Additional Info' section includes a checkbox for 'Lives At Home', a checkbox for 'QMCSO', and a dropdown for 'Report DOB on 1095-C'. At the bottom, there are 'CANCEL' and 'Save' buttons.

*New Carrier - Not Listed

I Agree

\$0.00

Per Pay Period

I Agree

Step 3: Elect Your Benefits

Some screens are just to bring attention to a benefit. These all have an **“Agree”** or **“Update Cart”** button. They do not cost anything to you and you must click the blue button to move on.

 **reliance matrix**

Basic Employee AD&D

Update Cart

Some screens are **surveys**. With the survey you have to select your response:

< Are you currently participating or are you planning to participate in the Wellness Program? Required >

Subscriber: [REDACTED]

☐ No

☐ Yes

Then click on the orange arrow:

< Are you currently participating or are you planning to participate in the Wellness Program? Required >

Subscriber: [REDACTED]

☐ No

☐ Yes

Then you can click the **“Save”** button and Plansource will move you to the next screen.

<  Are you currently participating or are you planning to participate in the Wellness Program? Edit >

A: Yes

Overview

We recommend enrolling in **\$2,400** in annual contributions (approx. **\$0.00** Per Pay Period).

Personalize

Coverage Amount

 Your final contribution amount may be adjusted slightly due to rounding requirements.

☐ Annual ☒ Per Pay Period

Maximum Contribution Limit:
Annual: \$8,750.00 | Per Pay Period: \$200.00

Note: All changes in amounts/premiums shown here are based on YTD contribution and remaining pay period estimates. Your administrator may update these estimates when accepting your changes, which may cause the amounts/premiums to be adjusted.

Per Pay Period Contribution:
\$ 200.00 [↑ Maximize My Contribution](#)

Minimum \$0.00 | Maximum \$488.46

Estimated Annual Combined Total:

 **MERITAIN HEALTH**
An Aetna Company

Health Savings Account

\$200.00

Per Pay Period

Update Cart

[Decline Coverage](#)

Save

For the HSA, FSA, and Dependent Care FSA:

This screen gives you the option to elect an annual amount you want to contribute, or you can put in how much you want to set aside per pay period and it will show you how much that is annually.

Make sure to click **“Update Cart”** so Plansource saves your choice.

On all plan pages, the top of the screen has a box saying **“Family Covered”** and all of your family members will have a check box next to their name. If you **do** want them to be covered by that policy, make sure the box next to their name is checked. If you **do not** want them covered, make sure the box is unchecked.

Family Covered

☒

Yourself

☒

[redacted]

☐

[redacted]

Covered

Covered

Not Covered

If a benefit has multiple plan options, all of the options will be displayed on the screen as well as a decline option. You must click an option, even if you want to decline, you must click the decline option.

Select a Plan

Guardian

Basic Dental

\$0.00

Per Pay Period

View Plan

☐ Compare

Guardian

Buy-Up Dental

\$14.00

Per Pay Period

View Plan

☐ Compare

Decline Dental Benefits

Decline Coverage

After you select your plan, you will be brought to the screen below. Check that the correct family members are covered (the check boxes next to their name) then click **“Update Cart.”** This will save your choice and Plansource will automatically move you to the next screen.

Important Information

Guardian Insurance

The Guardian Life Insurance Company of America, New York, NY

Guardian Employee Benefits

Covered

Not Covered

Family Covered

☒

Yourself

☒

[redacted]

☐

[redacted]

Employee Only	\$14.00 Per Pay Period
+ Employee + Spouse	\$35.00 Per Pay Period
+ + Employee + Children	\$50.00 Per Pay Period
+ + + Employee + Family	\$70.00 Per Pay Period

Guardian

Buy-Up Dental

\$35.00

Per Pay Period

Update Cart

Decline Coverage

Current Benefit

Coverage effective from 01/01/2026 to 12/31/2026

Guardian

Buy-Up Dental

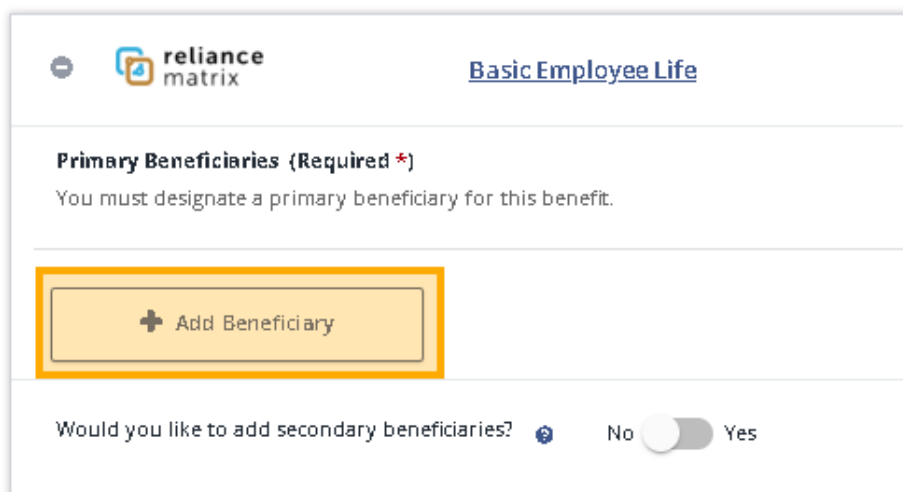
\$70.00

Per Pay Period

Step 4: Review, Add Beneficiaries, and Checkout

Once you are done with your benefit elections you will be brought to a screen with all of your elections displayed. Scroll down to the bottom and find the **“Next” Review Beneficiaries** button.

Next: Review Beneficiaries



The website will open the entry box on the right side of the screen.

The only requirements for this screen are your beneficiaries Name, Relationship to you (*Spouse, Child, Sibling, etc.*) and allocation.

The allocation amount is the percentage of your life insurance you want to be paid to that person. If you have one beneficiary you will enter 100. If you have two beneficiaries it will be 50 and 50, for three it would be 33, 33, and 34, and so on.

When you are done entering the information, click the blue **“Add”** button at the bottom of the box.

When your beneficiaries are saved the **“Review and Checkout”** button at the bottom of the page will turn blue. Click it to the final review screen.

Review and Checkout

Scroll through this final page and make sure your benefit elections are correct. If everything looks good, click the blue **“Checkout”** button at the bottom of the page.

Checkout

You know your done when your screen says **“Open Enrollment Complete!”**

Good job! You are all done with enrollment!

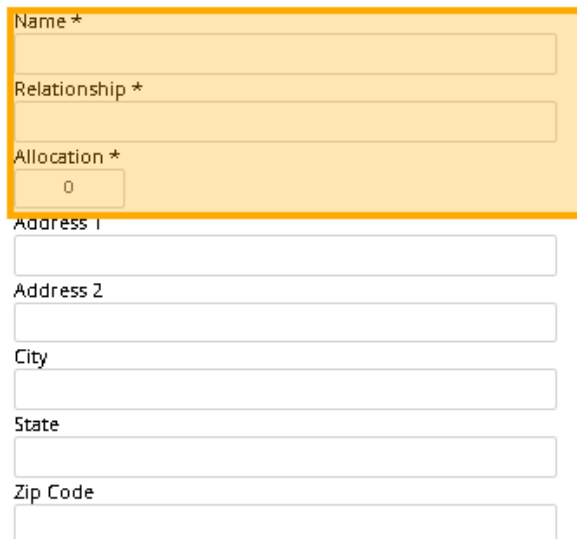
This will bring you to a screen with all your life insurance policies on it. If you did not elect additional life insurance, you will just see the basic employee life policy. Click on the **“Add Beneficiary”** button.

✕ Add Beneficiary

Select an existing beneficiary from the drop-down menu or enter a new beneficiary's information below.

Choose existing beneficiary

or create a new one



Add

CANCEL