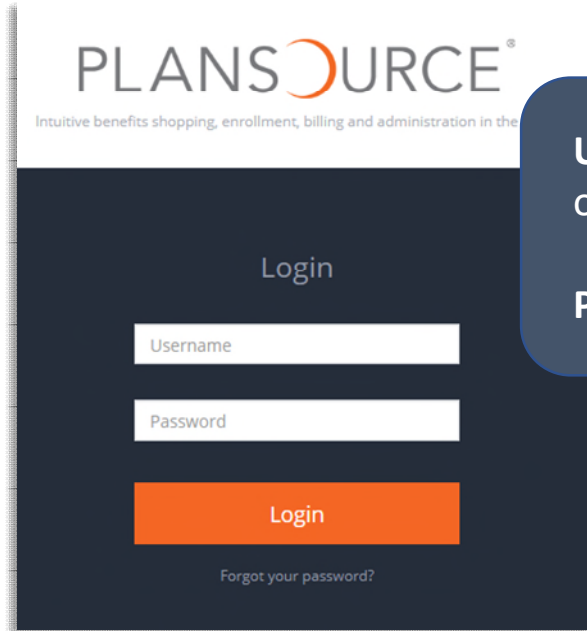




# Nassau County School District

PlanSource Guide

# Login at: <https://benefits.plansource.com/>



The screenshot shows the PLANSOURCE login interface. At the top, the logo 'PLANSOURCE' is displayed with the tagline 'Intuitive benefits shopping, enrollment, billing and administration in the'. Below the logo, the word 'Login' is centered. There are two input fields: 'Username' and 'Password'. Below these fields is an orange 'Login' button. At the bottom of the form, there is a link that says 'Forgot your password?'.

**User Name:** First initial, first six letters of last name, last four of Social Security Number (ssmith1234)

**Password:** Date of birth (YYYYMMDD)

# Select "Get Started"



Welcome Josiah, you have **76 days left to enroll.**

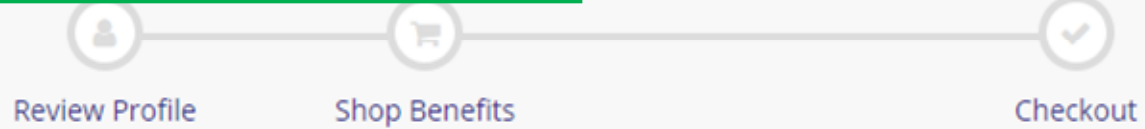
## Shop and Enroll in Benefits

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

Get Started

### Annual Enrollment

The **Annual enrollment period** is your opportunity to make changes to your benefits for the upcoming plan year. To begin, please click on the "**Get Started**" button on the left.



# Step 1: Review Your Profile & Family Members

**Manage Your Profile**

Make sure we have it right!  
This info is used for your paycheck, taxes and ID cards.

**Basic Information**

First Name \*  
Rhonda

Last Name \*  
Test

**Manage Your Family Members**

Add family members here. When you add a new family member, the family member member to any applicable benefits.

**Current Family Members**

<p><b>George Scott</b> Spouse Born 03/03/1970 View Details</p> <p>Remove Edit</p>	<p><b>Lee Scott</b> Child Born 01/03/2015 View Details</p> <p>Remove Edit</p>
---	---

← Back Next: Shop for Benefits

Check your information for accuracy.

Contact Human Resources if you need to make changes to information that you are unable to edit.

Dependent Documentation may be required when adding dependents.

# Step 2: Shop for your benefits

Use “Shop Plans” button next to each benefit type. Choose your desired election or decline the benefit.

Add the plan to your cart.

Click “View Plan” to view the desired plan, then “Update Cart” to add the selected plan to your cart.

Your Benefits

Review Profile Shop Benefits

To make a change, click on the benefit name. To continue, click on the next prompting.

New Enrollment Plan Year Effective from 01/01/2021 to 12/31/2

Tax Survey

Status: Completed

Medical

Florida Blue HNONLY 500

Family Covered + Add Family Member

✓ Yourself ✓ Marcelo TEST211280 ✓ Annemarie TEST211280 ✓ Dion TEST211280

Sort by: Premium

Select a Plan

Plan Name	Premium (Per Pay Period)
Florida Blue BlueCare HMO 57 (25)	\$430.72
Florida Blue HDHP BlueOptions (5168/5169)	\$484.04
Florida Blue BlueCare HMO 55 (112)	\$741.48

View Plan Compare

Click “Next: Review Beneficiaries” to move to the next step of entering in beneficiary information.

# Step 3: Review your beneficiaries

View, add, or edit beneficiaries for each applicable coverage. When adding a beneficiary, be sure you include the allocation percentage.

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the benefit below.

Employee Basic Life & ADD Coverage amount \$40,000.00

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

**+ Add Beneficiary**

Would you like to add secondary beneficiaries?  No  Yes

Employee Voluntary Life & ADD Coverage amount \$20,000.00

✕ 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

Name \*

Relationship \*

Allocation \*

Address 1

# Step 4: Checkout

Click "Review and Checkout".  
Review for accuracy and choose "Checkout". Your benefit election will not be complete until you hit the "Checkout" button.

**Current Benefit Elections**

Review Profile    Shop Benefits    **Checkout**

- To change an election, click directly on the name of the benefit.
- To complete enrollment, click continue at the bottom of the page.

**New Enrollment** Plan Year Effective from 01/01/2022 to 12/31/2022

**Medical**

<input type="radio"/>	Florida Blue BlueCare HMO S7 (25)	\$430.72 Per Pay Period	<a href="#">View or Change Plan</a>
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**Dental**

<input type="radio"/>	Humana Network (Advantage)	\$13.15 Per Pay Period	<a href="#">View or Change Plan</a>
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**Vision**

<input type="radio"/>	Humana HV130	\$3.42 Per Pay Period	<a href="#">View or Change Plan</a>
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**Employee Basic Life & ADD**

<input type="radio"/>	MetLife Employee Basic Life & ADD		<a href="#">View or Change Plan</a>
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**Employee Voluntary Life & ADD**

<input type="radio"/>	MetLife Employee Voluntary Life & ADD	\$7.45 Per Pay Period	<a href="#">View or Change Plan</a>
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**Spouse Voluntary Life & ADD**

<input type="radio"/>	<input checked="" type="checkbox"/> Coverage Declined		<a href="#">View or Change Plan</a>
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**Child Voluntary Life & Add**

<input type="radio"/>	<input checked="" type="checkbox"/> Coverage Declined		<a href="#">View or Change Plan</a>
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**Option Benefits**

<input type="radio"/>	*New Carrier - Not Listed <b>Optional Benefits</b>		<a href="#">View or Change Plan</a>
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Employer Contribution: \$624.42  
Your Cost Per Pay Period: \$454.74

[Review and Checkout](#)




# Step 5: Documentation

Your To-Do List 1 0 of 1 Complete

Answer a few short health questions to complete your application

Review "Your To-Do List".

Upload the required documents if you added any new family members to your coverage or answer EOI questions.

 Download |  Email |  Print

You can download a copy of your **Benefits Confirmation Statement (BCS)** or you can email a copy to yourself or print a copy for your records.