

PlanSource Employee Self-Service (ESS) Portal



This guide provides a step-by-step walkthrough for completing Open Enrollment through PlanSource ESS, ensuring you navigate the process smoothly and efficiently. By following these detailed instructions, you can easily manage your benefits, make informed decisions about your healthcare options, and ensure that your personal information is accurately updated. Viewing this guide will help you maximize your benefits and avoid common pitfalls during the enrollment period.

Completing open enrollment

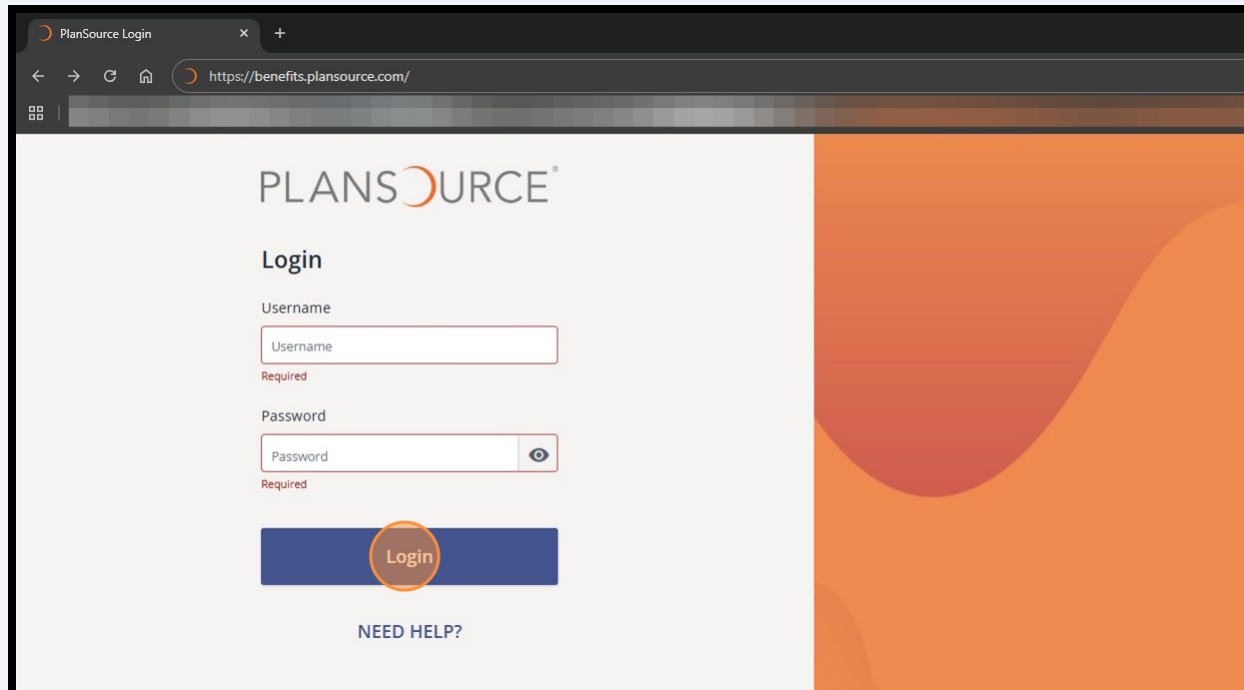
- 1 To enroll in benefits, go to: <https://benefits.plansource.com/>

A screenshot of a web browser showing the PlanSource Login page. The browser's address bar is highlighted with an orange box and contains the URL "https://benefits.plansource.com/". The page itself has a light gray background with the "PLANSOURCE" logo at the top. Below the logo is a "Login" section with two input fields: "Username" and "Password". Both fields are labeled "Required" in red text. The "Password" field has a small eye icon to its right. Below the input fields is a blue "Login" button. At the bottom of the login section, there is a link that says "NEED HELP?". The right side of the page features a large orange abstract graphic.

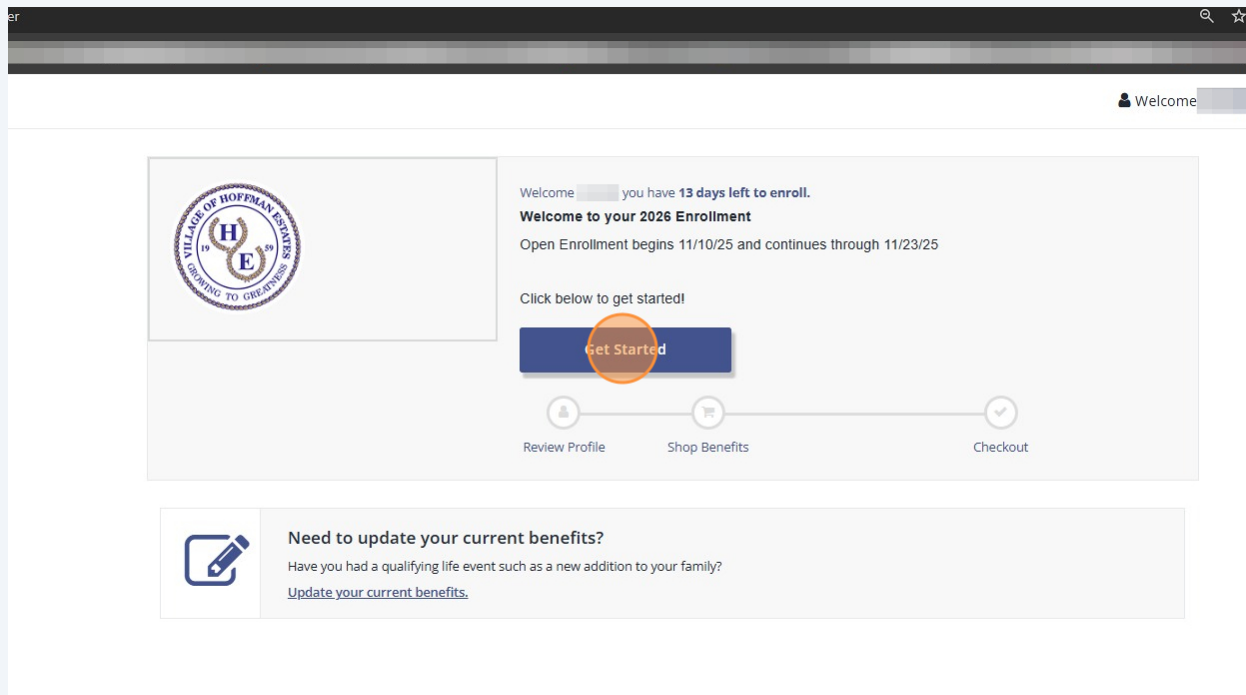
- 2 On the login page enter your username and password and click "Login".

Your **username** is the first letter of your first name, the first 6 letters of your last name, and your employee ID number (can be found on your paystub). *For example, employee Sarah Anderson (employee ID: 10234), would have the following username: sanders10234.*

Your **initial password** is your date of birth in YYYYMMDD format. You will be prompted to create a new password. *For example, with a birth date of January 7, 1968, your initial password would be 19680107.*

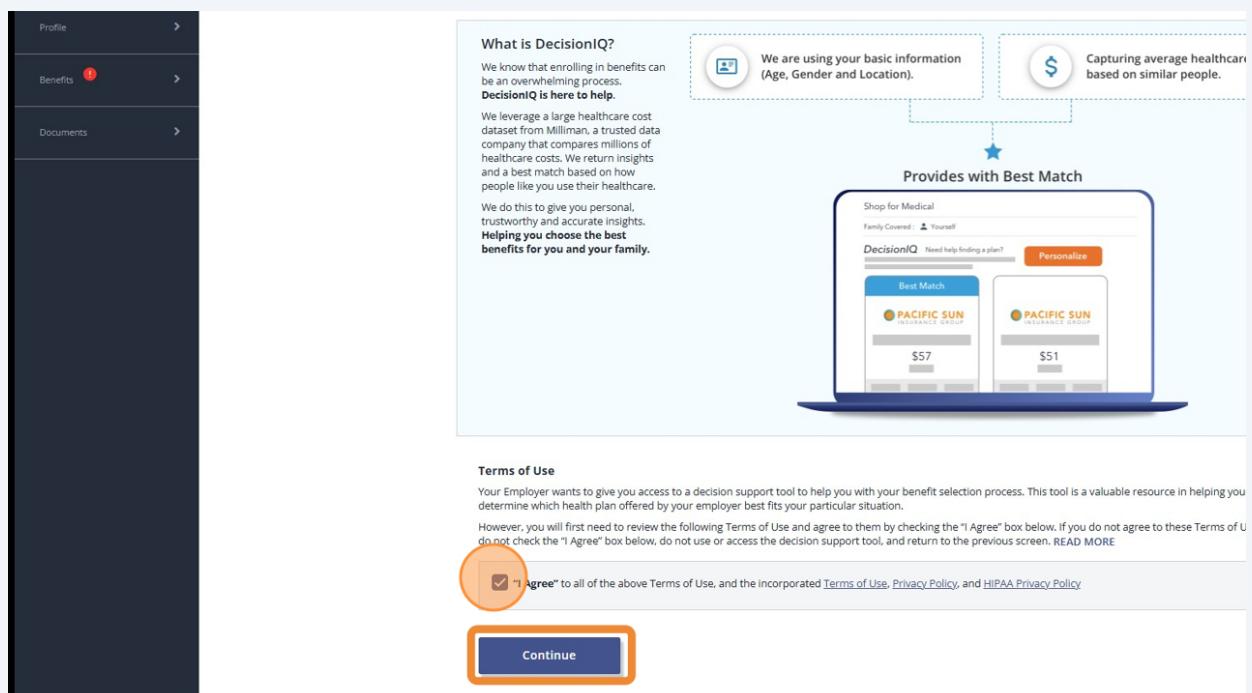
A screenshot of a web browser displaying the PlanSource Login page. The browser's address bar shows the URL "https://benefits.plansource.com/". The page features the PlanSource logo at the top. Below the logo, the word "Login" is displayed. There are two input fields: "Username" and "Password". The "Username" field has a placeholder text "Username" and is marked as "Required". The "Password" field has a placeholder text "Password", a toggle icon for visibility, and is also marked as "Required". Below the input fields is a blue "Login" button. At the bottom of the page, there is a link that says "NEED HELP?". The right side of the page has a large orange abstract graphic.

3 On the homepage click "Get Started" to begin.



4 Decision IQ is a support tool that analyzes your personal information and available plans to help you make the best choice for your situation.

Click the "I Agree" in the terms of use box and click continue with your enrollment.



5

Review the information in the personal information screen. This information is used to process your coverages with the insurance carriers and order your ID cards.

Click on the “EDIT INFO” pencil to update your email address(es). To update any other information, please contact HRM at hrm@vohe.org.

To accept the information and continue your enrollment click “Next: Review My Family”.

The screenshot shows a web browser window displaying a user profile page. The browser's address bar shows a URL ending in 'profile'. The page has a dark header with a 'Welcome' message and a shopping cart icon. The main content area is divided into three sections: 'Basic Information', 'Personal Information', and 'Contact Information'. The 'Basic Information' section contains fields for First Name, Middle Name, Last Name, and SSN. The 'Personal Information' section contains fields for Birthdate, Gender, and Marital Status. The 'Contact Information' section contains fields for Address 1, Address 2, City, State, Zip, Country, Home Phone, E-mail *, Alternate E-mail, and ACA Paper Form Opt In. An orange circular callout with a pencil icon and the text 'EDIT INFO' is positioned over the 'E-mail *' field. Below the 'Contact Information' section is an 'Other' section with a 'Hire Date' field.

Basic Information	
First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	SSN
<input type="text"/>	<input type="text"/>

Personal Information	
Birthdate	Gender
<input type="text"/>	<input type="text"/>
Marital Status	
<input type="text"/>	

Contact Information	
Address 1	Address 2
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
Zip	Country
<input type="text"/>	<input type="text"/>
Home Phone	E-mail *
<input type="text"/>	<input type="text"/>
Alternate E-mail	ACA Paper Form Opt In
<input type="text"/>	<input type="text"/>

Other
Hire Date
<input type="text"/>

6 If you are not adding any dependents, click "Next: Shop for Benefits".

To add dependents click the "+Add Family Member". This will take you to another screen to add your family member's information.

When you are done click "Next: Shop for Benefits".


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 is a legal dependent, eligible for benefits under one or more of your available plans.

Current Family Members


Spouse
Born
View Details
Remove Edit



[< BACK](#)[Next: Shop for Benefits](#)

7 If adding a dependent, fill in their basic information, then click "Save".

Middle Name

SSN *

Birthdate *

Additional Info

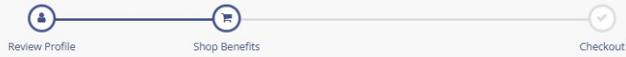
☒ Lives At Home

[CANCEL](#)[Save](#)

8

Click on the "View or Change" or "Shop Plans" button for each benefit to view your options. You must elect or decline benefits within each category.

Current Benefit Elections



- 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 01/01/2026 to 12/31/2026

Medical

\$ Per Pay Period [View or Change](#)

Prescription Drug

Rx Plan [View or Change](#)

Parking Reimbursement Account

☐ No Plan Selected [Shop Plans](#)

Dental

\$ Per Pay Period [View or Change](#)

9

Click on "View Plan" to drill down on each available plan.

Click "Decline Medical Benefits" to opt out of health insurance coverage.

Family Covered ADD FAMILY MEMBER

☒ Yourself ☒

Best Match

HMO

\$ Per Pay Period

Estimated annual cost: **\$3,100.16**

Plan Type	Office Visit f...	Office Visit f...
HMO	\$20	\$20

[View Plan](#)

☐ Compare

DecisionIQ has calculated **HMO** as your best match! Find Out How.

It's been calculated specifically for you based on:

- ✓ Age and Gender
You are a
- ✓ Family
Enrolling yourself and 1 family member
- ✓ Location
Estimated medical costs specific to

[Personalize My Best Match](#)

Select a Plan

Current Plan

PPO

\$ Per Pay Period

Estimated annual cost: **\$3,484.20**

Decline Medical Benefits

10 To add the selected plan to your cart, click “Update Cart”.

To go back and see the other options, click the arrow to “AVAILABLE PLANS”.

484.20

\$0.00
Out-of-Pocket Costs

+ ADD FAMILY MEMBER

☒ ☐ ☐

\$	Per Pay Period
\$	Per Pay Period
\$	Per Pay Period

Effective from 01/01/2026 to 12/31/2026

PPO - \$ Per Pay Period

Blue Cross Blue Shield of Illinois

PPO - \$ Per Pay Period

Update Cart

Decline Coverage

Have you considered HMO ?

Per Pay Period

DecisionIQ has calculated that this plan may be better match for you.



Primary Care Provider

If you elect an HMO you will be asked to enter your primary care provider information 3 digit medical code. Fill this information out for each family member than click “Continue”.

11

Continue adding or declining your available plans.


Flexible Spending Account: Medical FSA

[← TO BENEFITS](#)

Select Coverage Level

Enrolled

Select Coverage Amount

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

☒ Annual ☐ Per Pay Period

Maximum Contribution Limits
Annual: \$3,400.00 | Per Pay Period: \$0.00

Annual Personal Contribution:

\$ 0.00

[↑ Maximize My Contribution](#)

Minimum \$0.00 | Maximum \$3,400.00

Total Annual Contribution:

\$ 0.00

Includes Personal and Employer contributions

Personal Contribution: \$0.00

\$0.00 Annual Contribution = \$0.00 Per Pay Period Contribution

Current Benefit Coverage effective from 01/01/2025 to 12/31/2025

Medical FSA

\$0.00

Per Pay Period

[Update Cart](#)[Decline Coverage](#)

PlanSource requires that you make a Premium Conversion selection even if you are declining all insurance coverages. You can select either option, your opt-out selection will not be impacted.

- 12 Click "Review and Checkout" after reviewing and updating all available plans.

The screenshot shows a web interface for reviewing benefit elections. It features several rows, each with a plan name (e.g., 'Family Plan') and a 'View or Change' button. Below these rows, there are fields for 'Employer Contribution' and 'Your Cost Per Pay Period', both with dollar signs and input fields. At the bottom, a blue button labeled 'Review and Checkout' is highlighted with an orange circle. A note at the bottom states: 'You must select or decline all coverages before moving on'.

- 13 This will bring you to your confirmation summary. Take your time to review this statement. Ask yourself if you have added all of the coverages you wanted. Did you add your dependents to the preferred benefits? This is your last chance to review and make changes before your submit your elections.

To confirm and submit your elections click "Checkout".

The screenshot displays a confirmation page titled 'Confirm your Benefit Elections'. It includes a progress bar with three steps: 'Review Profile', 'Shop Benefits', and 'Checkout', with 'Checkout' being the current step. Below the progress bar, there is a list of instructions for the user. The page then transitions to a 'New Enrollment' section for the plan year 01/01/2026 to 12/31/2026. Under 'Review Changes', it shows 'Parking Reimbursement Account' with a 'Coverage Declined' status and a 'View or Change' button. Below that, it shows 'Dental' coverage with a 'View or Change' button. At the bottom, a blue button labeled 'Checkout' is highlighted with an orange circle. A 'BACK' link is also visible.



Evidence of Insurability (EOI)

If you make a life insurance election that requires Evidence of Insurability (EOI), you can expect the following:

- Once Securian receives the election information, the online EOI/medical underwriting process begins
- Securian will reach out to you directly with your username/password for the online EOI process
- Employees will receive this information via email; Spouses will receive a letter
- If the online EOI process is not completed within 21 days, you will receive a reminder. If not completed within 42 days, this coverage will be declined.

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Congratulations you have completed your enrollment! You can send yourself a copy by clicking "Send by Email". Additionally, you can download or print a copy of your confirmation page.

You are only finished once you have seen the "Enrollment Complete" message.

The screenshot shows the 'Current Benefit Elections' section with a progress bar indicating 'Review Profile', 'Shop Benefits', and 'Checkout'. The 'Enrollment Complete!' message is displayed, along with a 'Send by Email' button. Below this, there are instructions on how to handle errors or changes. The 'New Enrollment' section shows the plan year effective from 01/01/2026 to 12/31/2026, with buttons for 'DOWNLOAD', 'EMAIL', and 'PRINT'. The 'Medical' section shows a selection of 'PPO -' with a 'View or Change' button. The 'Prescription Drug' section shows a selection of 'Rx Plan' with a 'View or Change' button.

Current Benefit Elections

Enrollment Complete!
You have completed the open enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement? [Send by Email](#)

Review Profile Shop Benefits Checkout

The coverage details listed below are the current active elections on file for you and your dependents.

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click on the Life Event link to the left.

Click on the icons below to print your confirmation statement or generate a pdf file.

New Enrollment Plan Year Effective from 01/01/2026 to 12/31/2026 [DOWNLOAD](#) [EMAIL](#) [PRINT](#)

Benefit elections may be changed during your company's Open Enrollment or if you've had a [Qualifying Life Event](#).

Medical

PPO - \$ Per Pay Period [View or Change](#)

Prescription Drug

Rx Plan [View or Change](#)

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If you choose to send yourself a email, you can select which email address you would like the confirmation to go to, then click "Send".

The screenshot shows the 'Enrollment Complete!' page. At the top, it says 'You have completed the open enrollment process and confirmed your benefits.' Below this, there is a question 'Need a copy of your benefits confirmation statement?' with a 'Send by Email' button. A progress bar shows three steps: 'Review Profile', 'Select Benefits', and 'Confirm Enrollment'. The 'Select Benefits' step is currently active. Below the progress bar, there is a section titled 'The coverage details listed below are:' with two bullet points: 'If you believe there is an error in your selection' and 'If you need to make changes due to a change in circumstances'. Below this, there is a section titled 'Click on the icons below to print your confirmation statement' with three icons: 'Download', 'Email', and 'Print'. The 'Email' icon is highlighted with an orange circle. An 'E-mail Benefit Confirmation Statement' modal is open, asking the user to select the email address for the confirmation statement. The modal has two options: 'E-mail' and 'Alternate E-mail', both with checkboxes. The 'E-mail' checkbox is checked. Below the checkboxes are two input fields for email addresses. At the bottom of the modal are 'Cancel' and 'Send' buttons. The 'Send' button is highlighted with an orange circle. The background page also shows a 'New Enrollment' section with a plan year effective from 01/01/2026 to 12/31/2026, and a 'Medical' section with a 'View or Change' button.

Uploading required documents for new dependents

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If you added a **new** dependent and are enrolling them in insurance coverage, you will be asked to submit proof of eligibility documentation. FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WITHIN THE ALLOTTED TIME FRAME WILL RESULT IN YOUR DEPENDENT(S) BEING TERMINATED FROM COVERAGE.

Once you have completed making your elections, please follow the steps below.

17 Expand the menu bar.

benefits.plansource.com/subscriber/benefits/next/confirmation

IPBC
Intergovernmental
Personnel Benefit
Cooperative

Current Benefit Elections

Enrollment Complete!

You have completed the open enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement? [Send by Email](#)

[Review Profile](#) [Shop Benefits](#)

The coverage details listed below are the current active elections on file for you and your dependent

- If you believe there is an error in your statement, please contact your Benefits Administrator.
- If you need to make changes due to a qualifying life event, please click on the Life Event link to th

18 Expand the "Documents" tab and click "My Documents". This page will display the due date under the "Required Documents" section.

Upload the file on the screen and click "Submit" for HRM to review.

Home

Profile >

Benefits >

Documents

My Documents

ACA Documents

IPBC
Intergovernmental
Personnel Benefit
Cooperative

Welcome [User Name]

Welcome back Ashley, you have **13 days** left to complete your enrollment.

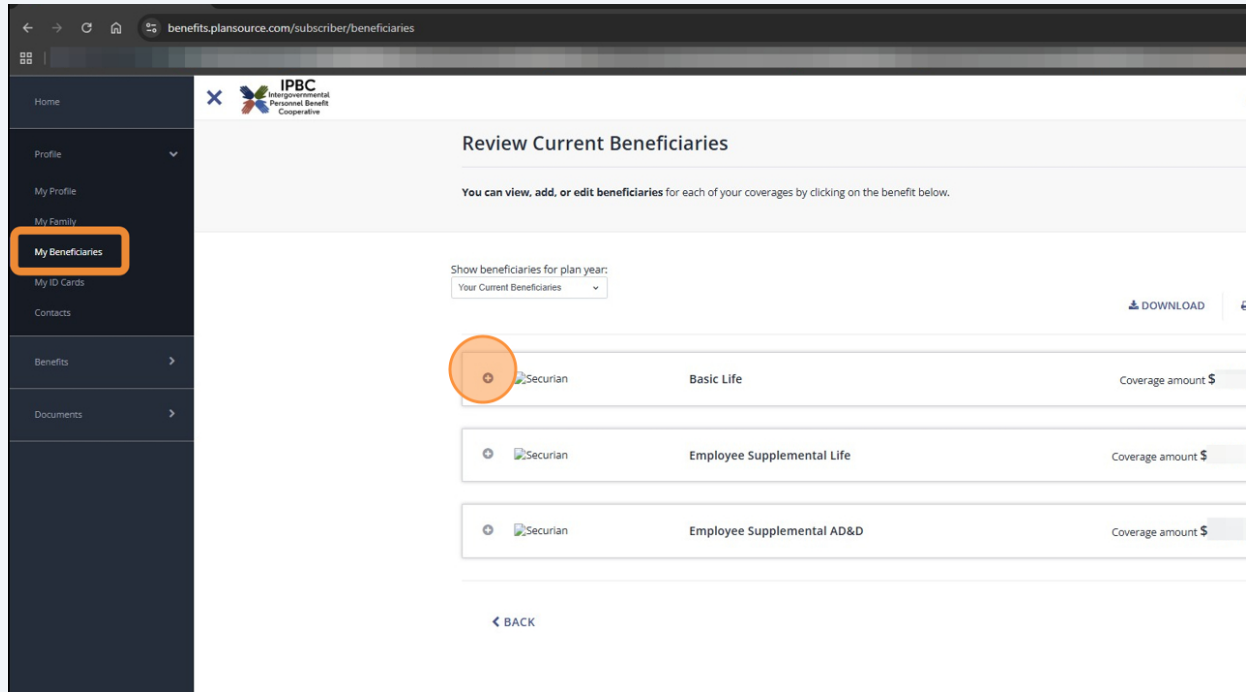
[View Confirmation](#)

[Review Profile](#) [Shop Benefits](#)

Updating beneficiaries for life insurance

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Expand the "Profile" tab and click "My Beneficiaries". Select the life insurance card then click the "+" sign to see your details.



20

To add a beneficiary, click on the "+Add Beneficiary" or "+Add Secondary Beneficiary" button. *Please note, adding secondary beneficiaries is optional.*

To edit existing beneficiaries, click the pencil icon.

Double check that your allocations add up to a total of 100% for primary and secondary beneficiaries.

Cooperative

Review Current Beneficiaries

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

Show beneficiaries for plan year:
Your Current Beneficiaries

DOWNLOAD PRINT

Benefit	Coverage amount
<p>Primary Beneficiaries (Required *) You must designate a primary beneficiary for this benefit.</p> <p>+ Add Beneficiary</p> <p>Allocation: 100%</p> <p>Allocation Total: 100%</p>	
<p>Would you like to add secondary beneficiaries? <input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Secondary Beneficiaries (Optional)</p> <p>+ Add Secondary Beneficiary</p> <p>Allocation: 100%</p> <p>Allocation Total: 100%</p>	

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Once you've added your beneficiary's information, click "Add".

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 *

☐ Add to all benefits

Add CANCEL