

PLANSOURCE Online Open Enrollment Guide



You can enroll in benefits using PlanSource online enrollment system. Enrolling is a quick, easy process. The PlanSource system can be accessed 24 hours a day, 7 days a week from any computer with Internet capabilities. You will need the following to begin the enrollment process:

- If adding dependents: names, dates of birth, genders and Social Security numbers
- Beneficiaries names, dates of birth, genders and relationship to you. If you are naming a trust as your beneficiary, the name of the trust and the trust date.

Online Open Enrollment through PlanSource: <https://benefits.plansource.com/?GRCC>



Your username is your GRCC email

Your password is your date of birth in the YYYYMMDD format

You will be able to update your password once you have logged in.

From the PlanSource system you will be able to enroll in or make changes to your benefits, see your benefits summary, review Benefit Plan Information and cost among other resources.

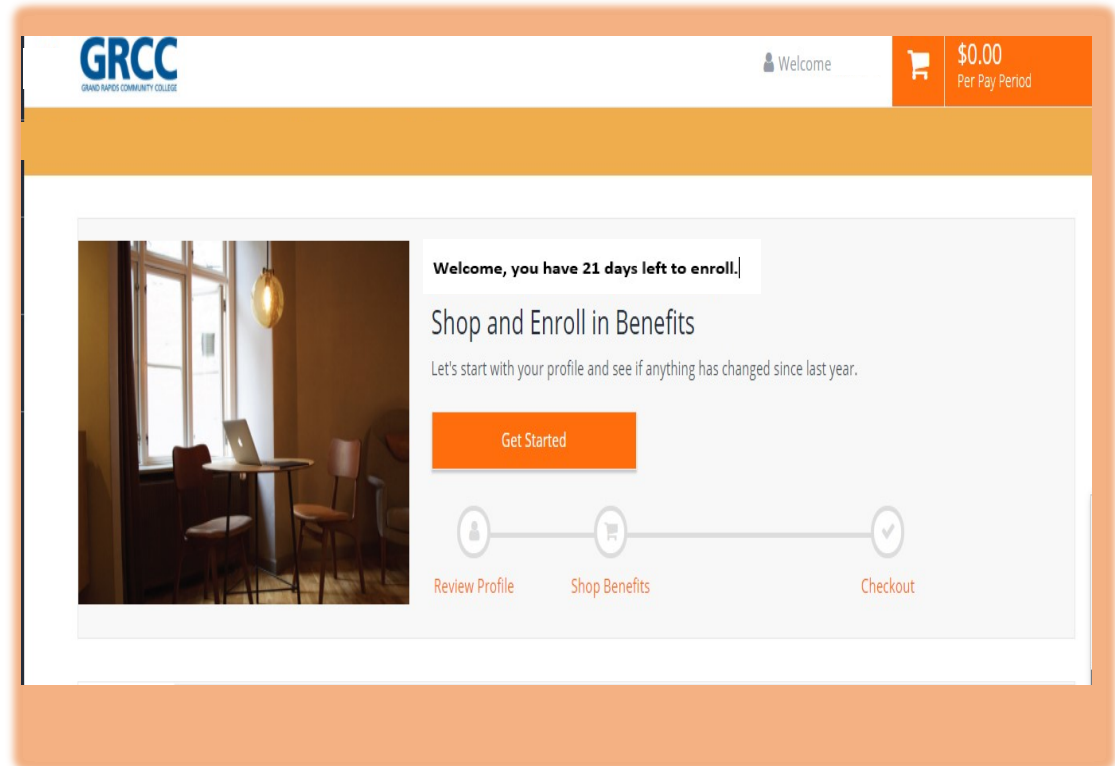
Please go through every benefit option listed, read through the benefit summary and information carefully and watch the helpful benefit videos posted. You must make your selection for each benefit option listed, even to decline a benefit. Refer to the PlanSource New Hire Enrollment Guide.

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Once you are logged in you will be directed to the Welcome Screen:

You have from October 25 to November 5 to revisit benefits.plansource.com/?grcc to make any changes to your enrollment if necessary.

You will need to Select Get Started to move forward with benefits enrollment. Next you will move to Review Profile.



Manage Your Profile: Here you can view your personal contact and employment information. Please take time to carefully review this information. Your information is used for insurance enrollment and Dental/Vision reimbursement mailing. If any of the information is incorrect and you are unable to change it on this page, you will need to contact Human Resources-Benefits Office at: (616) 234-4175 or email hrbenefits@grcc.edu.

You will need to Select SAVE to move forward with benefits enrollment. Next you will move to manage your family member Information.

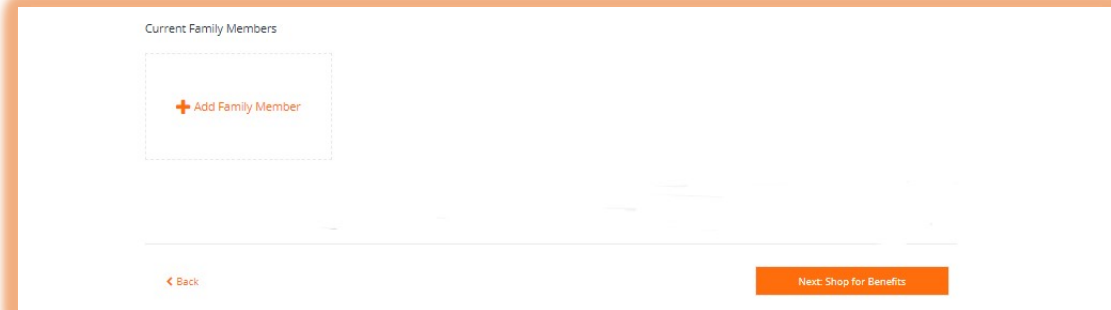
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Manage Your Family Members: On this screen you can add dependents you will be covering on your benefits. Any dependents (i.e. Spouse, Child or Domestic Partner) need to be entered on this page.

To enter a new dependent:

- Click Add Family Member
- Enter Dependent Information (including SSN and DOB)
- Click on Relationship drop down box and choose appropriate relationship
- If the dependent does not live at home, uncheck the “Lives at Home” box and add the address
- You must send your dependent documentation to hrbenefits@grcc.edu
- When you are finished adding all Dependents, **Select Next: Shop for Benefits to move forward with benefits enrollment. No dependents to add, Select Next Shop for Benefits to move forward with benefits enrollment.**

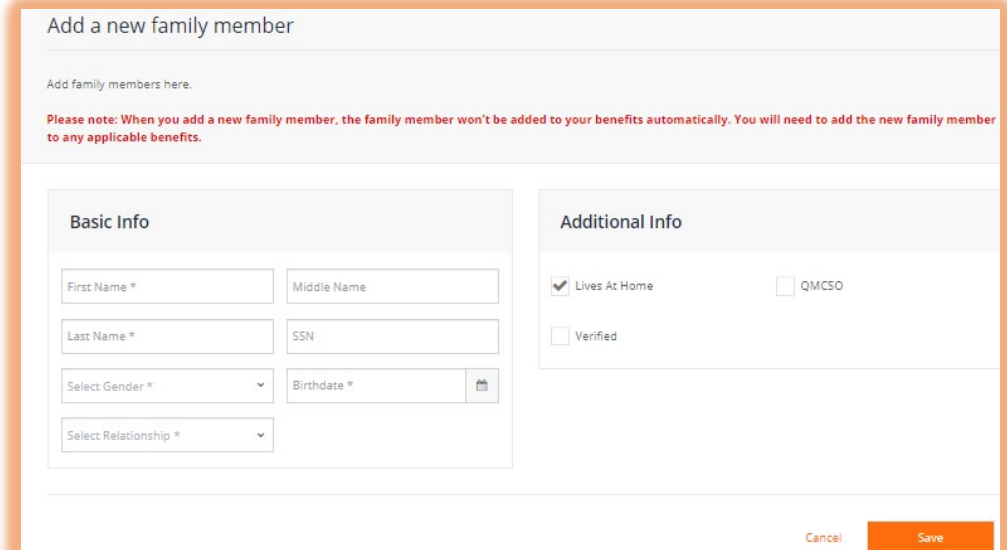
Reminder: Documentation of Dependent Eligibility (marriage certificate, birth certificates, etc.) is required for covering any dependents on Grand Rapids Community College health, dental and vision benefit plans. You will need to forward a copy of dependent documentation to hrbenefits@grcc.edu.



Current Family Members

+ Add Family Member

Back Next: Shop for Benefits



Add a new family member

Add family members here.

Please note: When you add a new family member, the family member won't be added to your benefits automatically. You will need to add the new family member to any applicable benefits.

Basic Info

First Name * Middle Name

Last Name * SSN

Select Gender * Birthdate *

Select Relationship *

Additional Info

☒ Lives At Home ☐ QMCSO

☐ Verified

Cancel Save

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Dependent Documentation: Read important information provided on this page regarding required dependent documentation. Domestic Partner information is also available on this page.

Dependent Documentation: Required when adding new dependent(s) to health and/or dental vision coverage.

Select I Understand to move forward.

Dependent Documentation: Dependent Documentation

[To Benefits](#)

Select Coverage Level

I Understand

Elected Coverage Coverage effective from 09/01/2020 to 12/31/2020

Dependent Documentation

I Understand

Shopping for Medical: We have six West Michigan Health Insurance-Blue Cross Blue Shield PPO Plans to choose from. Carefully review and compare coverage and cost and choose the health plan that best works for you and your family. The cost per pay period (monthly health care cost deducted over two pays) amount will be adjusted based on health plan selected and individuals enrolled in the plan (Single-Employee only/Double-two-person coverage/Family-three or more). **Make sure dependents are added to health coverage by checking the boxes.**

Helpful tools provided by PlanSource:

Filter Plans: You can slide to filter options by cost per pay period, deductible and max out pocket. The system will pull up the plans that best match your filter selection.

Shop for Medical

Figuring out which plan is right for you and your family can be a little complicated. But don't worry, we're going to help you figure it out.

Watch these videos to learn about the different types of medical plans and how they work.

Understanding

[View More](#)

[To Benefits](#)

Filter Plans

Cost per pay period: \$40 to \$249 (selected \$249)

Deductible (annual): \$500 to \$2,800 (selected \$2,800)

Max out of pocket (annual): \$4,500 to \$5,000 (selected \$5,000)

[Help Me Decide](#)

Family Covered

☒ Yourself ☒ Spouse Spouse ☒ Child Child [Add Family Member](#)

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Compare Medical Benefits: You can select the health plans you would like to compare. The system will pull them side by side and provide a comparison in cost and coverage.

Help Me Decide: System will ask you question and will recommend a health plan based on your answers.

Make your health plan selection. Once you select the health plan that works best for you, **Select Update Cart to move forward with enrollment.**

Waiving Medical Coverage: If you have other health coverage and are choosing to waive GRCC's health coverage, please select Decline Coverage/Decline Medical Benefits on the bottom of the page. Read information and download the waiver of coverage form. **Select Confirm Decline to move forward with enrollment.**

Reminder: Waiver of health coverage form and proof of other coverage is required to qualify for the monthly cash payment. You must submit waiver form and proof of other health insurance coverage within the 30 days allowed. Email documentation to healthbenefits@grcc.edu

If you have question on cash payment eligibility, please contact Debra Davis at (616) 234-4175. **The cash payment benefit will not show up on the PlanSource enrollment system.**

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AFLAC:

There are three Aflac policies available through the PlanSource: Group Accident, Critical Illness, and Hospital Indemnity. These are **OPTIONAL** supplemental policies, and you can decline the benefit.

You will need to go through each option and choose to enroll or decline. Please verify which family members you would like covered under these policies.

Group Accident: Group Accident

[← To Benefits](#)

Family Covered

[+ Add Family Member](#)

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Harris Aflac-Test	<input checked="" type="checkbox"/> Colin Aflac-Test
Employee Only		\$11.91 Per Pay Period
Employee + Spouse		\$20.40 Per Pay Period
Employee + Children		\$29.55 Per Pay Period
Employee + Family		\$38.04 Per Pay Period



Group Accident

\$38.04
Per Pay Period


[Update Cart](#)

[Decline Group Accident Benefits](#)

F

Select a Plan

Recommended Plan



Employee Critical Illness 10k

\$15.73
Per Pay Period


[View Plan](#)



Employee Critical Illness 20k

\$31.41
Per Pay Period

[View Plan](#)



Decline Coverage

[Decline Group Critical Illness Benefits](#)

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There is also a Short-Term Disability policy available through Aflac, but it is not listed on the PlanSource system. AFLAC Short Term Disability - Employees will need to contact the AFLAC Representative to request Short Term Disability rates and enrollment. AFLAC Representative: Joy Rybicki Phone: (269) 792-9806 or email: joy_rybicki@us.aflac.com

Group Hospital Indemnity: Group Hospital Indemnity

[← To Benefits](#)

Family Covered

[+ Add Family Member](#)

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Harris Aflac-Test	<input checked="" type="checkbox"/> Colin Aflac-Test
Employee		\$20.80 Per Pay Period
+ Employee + Spouse		\$41.60 Per Pay Period
+ + Employee + Child(ren)		\$33.26 Per Pay Period
+ + + Employee + Family		\$54.06 Per Pay Period



Group Hospital Indemnity

\$54.06

Per Pay Period

[Update Cart](#)

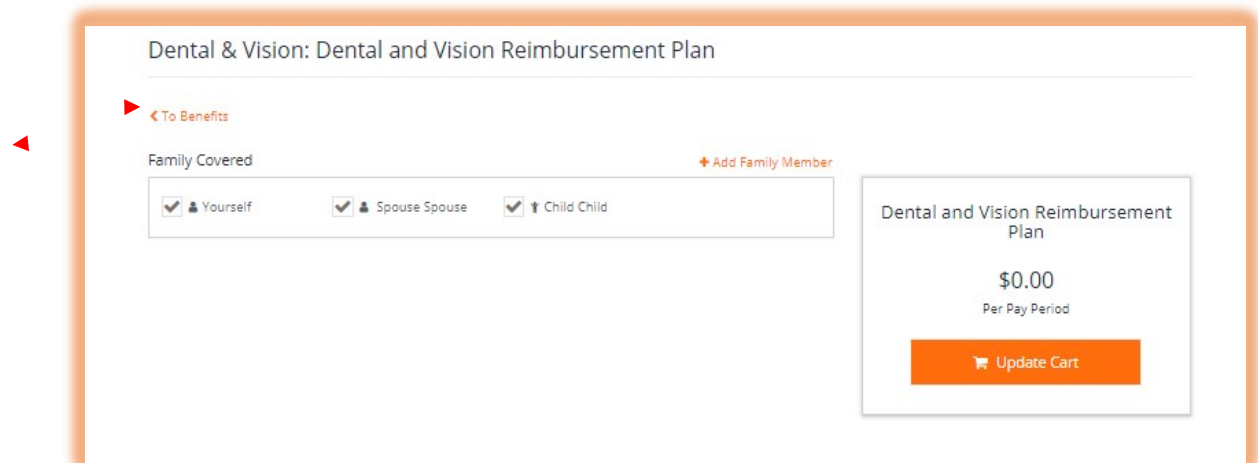
[Decline Group Hospital Indemnity Benefits](#)

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Dental and Vision Reimbursement

Plan: GRCC provides a dental/vision reimbursement benefit at no cost to the employee. Read import information on how the dental/vision reimbursement plan works on top of page.

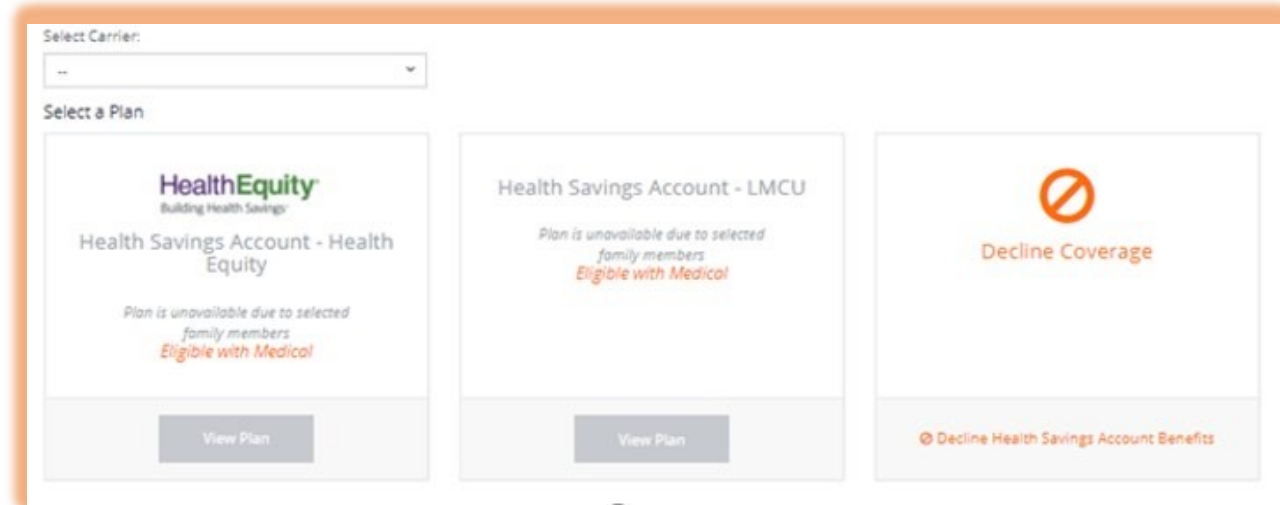
Make sure dependents are added to dental/vision by checking the boxes. Select Update Cart and answer the employee certification questions. If you have other dental or vision coverage you must complete these steps to move forward with enrollment.



The screenshot shows the 'Dental & Vision: Dental and Vision Reimbursement Plan' selection interface. On the left, there is a 'Family Covered' section with three checkboxes: 'Yourself' (checked), 'Spouse Spouse' (checked), and 'Child Child' (checked). To the right of these checkboxes is a link '+ Add Family Member'. On the right side of the screen, there is a summary box for the 'Dental and Vision Reimbursement Plan' showing a cost of '\$0.00 Per Pay Period' and an orange 'Update Cart' button.

Health Savings Account

Consider an H.S.A. You will see the H.S.A. option if you elected the WMHIP-High Deductible Health Plan. Enrolling in the High Deductible Health Plan allows you to contribute to Health Savings Account. GRCC has two Health Savings Account Options. Read very import information on how the Health Saving Accounts work on top of page.



The screenshot shows the 'Select a Plan' interface for the Health Savings Account. At the top, there is a 'Select Carrier:' dropdown menu. Below it, there are three plan cards. The first card is for 'HealthEquity Building Health Savings' and 'Health Savings Account - Health Equity', with a note 'Plan is unavailable due to selected family members Eligible with Medical' and a 'View Plan' button. The second card is for 'Health Savings Account - LMCU', with the same note and a 'View Plan' button. The third card is titled 'Decline Coverage' with a red prohibition icon and a button 'Decline Health Savings Account Benefits'.

Decline HSA: If you do not wish to contribute to Health Savings Account, **Select Decline Coverage and confirm decline to move forward.**

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Enroll in Health Savings Account, make your selection between HealthEquity or Lake Michigan Credit union and select view plan to enroll. In the Health Equity or LMCU H.S.A. screen make sure dependents are selected, as this will determine the annual maximum amount that you can elect for the calendar year. Enter the personal contribution amount-annual benefit amount for the calendar year. The system will automatically calculate your per pay deduction amount based on the pays remaining for the calendar year. **Once you have made your selection, Select Update Cart to move forward with enrollment.**

Important Information

HealthEquity Building Health Savings
You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Select Coverage Amount

Total annual contribution: \$0.00
Per pay period contribution: \$0.00

Personal Contribution: \$0.00 = Total Annual Contribution: \$0.00

Maximize My Contribution
Annual Contribution amount up to \$3,550.00.

Family Covered [Add Family Member](#)

☒ Yourself ☒ Spouse Spouse ☒ Child Child

Elected Coverage Coverage effective from 09/01/2020 to 09/01/2020

☐ Decline \$0.00 Per Pay Period

HealthEquity Building Health Savings
Health Savings Account - Health Equity
Plan is unavailable due to selected family members
[Update Cart](#)
[Decline Health Savings Account Benefits](#)

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Flexible Spending Accounts Flex Spending Account: FSA-Health Care:

If you selected any of the non-High Deductible Health Plans or you waived GRCC health coverage you have the option of electing FSA health care. Read through the benefits information carefully and watch the helpful benefit videos on top of the page.

To enroll: Enter the personal contribution amount-annual benefit amount for the calendar year. The system will automatically calculate your per pay deduction amount based on the pays remaining for the calendar year. **Once you have made your selection, Select Update Cart to move forward with enrollment.**

Decline FSA: If you do not wish to enroll in FSA health care, **Select Decline Flexible Spending Account Benefits (underneath update cart) and confirm decline to move forward.**

Flexible Spending Account: Flexible Spending Health

[← To Benefits](#)

Select Coverage Amount

Total annual contribution \$0.00	Per pay period contribution \$0.00
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Personal Contribution: = Total Annual Contribution:

[↑ Maximize My Contribution](#)
Annual Contribution amount up to \$2,750.00.

Flexible Spending Health
\$0.00
Per Pay Period
[Update Cart](#)

[Decline Flexible Spending Account Benefits](#)

Elected Coverage Coverage effective from 09/01/2020 to 12/31/2020

<input checked="" type="checkbox"/> Flexible Spending Health	\$0.00 Per Pay Period
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Flexible Spending Account: Dependent Care: Read through the benefits information carefully and watch the helpful benefit videos on top of the page.

To enroll enter the personal contribution amount -annual benefit amount for the calendar year. The system will automatically calculate your per pay deduction amount based on the pays remaining for the calendar year. **Once you have you have selected the annual amount, Select Update Cart. Important information window will pop up, please read information and download the Mandatory Statement pdf. and select confirm to move forward with enrollment.**

Decline FSA Dependent Care: If you do not wish to enroll in FSA Dependent care, **Select Decline Dependent Care Reimbursement Account Benefits (underneath update cart) and confirm decline to move forward.**

The screenshot displays the 'Dependent Care Reimbursement Account: Dependent Care Reimbursement Account' page. At the top left, there is a link '< To Benefits'. Below this, the section 'Select Coverage Amount' contains two summary boxes: 'Total annual contribution' and 'Per pay period contribution', both showing '\$0.00'. A slider bar below these boxes allows selection of an annual contribution amount, ranging from '\$0' to '\$5,000'. Below the slider, a calculation shows 'Personal Contribution: \$0.00' followed by an equals sign and 'Total Annual Contribution: \$0.00'. A link 'Maximize My Contribution' is present, with a note 'Annual Contribution amount up to \$5,000.00.' To the right of the main form, a summary box titled 'Dependent Care Reimbursement Account' shows '\$0.00 Per Pay Period' and an 'Update Cart' button. At the bottom of this summary box is a link 'Decline Dependent Care Reimbursement Account Benefits'.

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Life Insurance Benefit

Basic Life Insurance & ADD: GRCC provides basic employee life and AD&D benefits through Madison National Life. Life insurance benefit amount is based the employee bargaining unit contract. Review benefit information on the top of the page. **Select update Cart to move forward**

Faculty Group Only

Supplemental Life Benefit-Voluntary Benefit. The Supplemental life benefit option will only appear for employee's in the faculty group. The \$1,000 supplemental amount is offered at no additional cost. The \$5,000, \$10,000 or \$20,000 supplemental life have the per pay cost listed.


To enroll select the amount. Once you have made your selection, **Select Update Cart to move forward with enrollment.**

Decline Supplemental Life: If you do not wish to enroll, **select Decline Voluntary Employee Life Benefits (underneath update cart) and confirm decline to move forward.**


Basic Employee Life and AD&D: Basic Employee Life & AD&D

[← To Benefits](#)

Coverage Amount



Per Pay Period
\$0.00




Basic Employee Life & AD&D
\$0.00
Per Pay Period
[Update Cart](#)


Voluntary Employee Life: Voluntary Employee Life

[← To Benefits](#)

Select Coverage Amount



Select Amount



Voluntary Employee Life
\$0.00
Per Pay Period
[Update Cart](#)
[Decline Voluntary Employee Life Benefits](#)

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Employee Assistance Program: EAP

Grand Rapids Community College has contracted with Pine Rest to provide professional counseling services to all employees (except student employees), their spouses, and children living in their household. Read through the EAP benefit information carefully and watch the helpful benefit videos on top of the page.

This is a benefit that is provided by the college and is provided at no cost to the employee.

Make sure dependents are added by checking the boxes.

Employee Assistance Program: EAP

[← To Benefits](#)

Family Covered

[+ Add Family Member](#)

☒ Yourself ☒ Harris Aflac-Test ☒ Colin Aflac-Test

Elected Coverage

Coverage effective from 01/01/2022 to 12/31/2022

☐ EAP \$0.00
Per Pay Period

EAP

\$0.00

Per Pay Period

[Update Cart](#)

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Employee Certification: Read the employee certification and authorization information carefully.

Section is required to complete your benefit enrollment and authorize payroll deductions for the benefit(s) you have selected.

Select, I understand and complete e-signature. Use login password to e-sign and complete the employee certification and authorization. Select Confirm to move forward with enrollment.

You are almost done with your enrollment; the last step is to list your life insurance beneficiaries.

Employee Certification And Authorization

I hereby certify that the dependents listed are my dependents within the definition contained in the group Plan of my employer/organization. I will provide the required dependent documentation for new dependent(s) within the 30 days allowed.

I have enrolled or decline coverage in the plans as noted above. I understand that if waiving my right to elect coverage, I may not be eligible for coverage or able to cancel coverage until the next Plan Year unless I experience a family status change which is authorized under the plan as a Special Enrollment Event. It is my responsibility to notify the HR/Benefits Department within 30 days of a Special Enrollment Event taking place.

I hereby request the coverage for which I am eligible and have elected under the Plan of my employer/organization, and I authorize to deduct the required employee benefit contributions from my earnings/paycheck.

Employee Certification and Authorization: Employee Certification and Authorization

[← To Benefits](#)

Select Coverage Level

I Understand

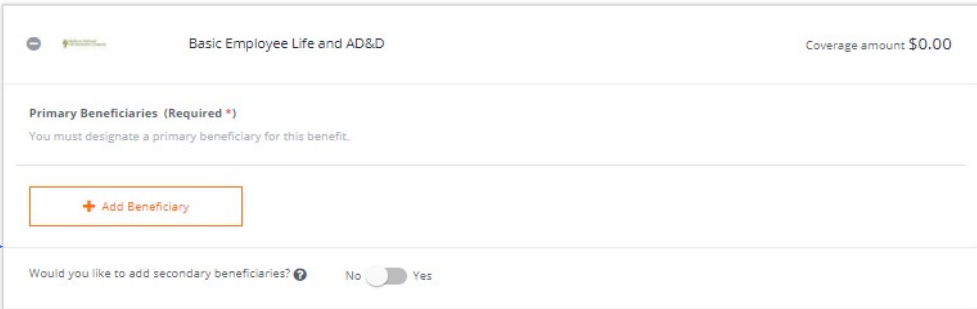
Employee Certification and Authorization

I Understand

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Manage Your Beneficiaries In this section you are asked to list beneficiary(ies) for the employer provided Life & ADD insurance benefit. You can list primary and secondary beneficiaries. Make sure you select the option for secondary beneficiary.

Select Add Beneficiary to complete this section. You can use the dropdown menu to select covered spouse or dependent(s) as beneficiaries or you can just write in the information or name of Trust. Complete all the required sections (*). Allocation must be equal to 100%.



Basic Employee Life and AD&D Coverage amount \$0.00

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

[+ Add Beneficiary](#)

Would you like to add secondary beneficiaries? ☒ No ☐ Yes



Add Beneficiary

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

[or create a new one](#)

Name *

Relationship *

Allocation *

0

Address 1

Address 2

City

State

Zip Code

Once you have updated your life insurance beneficiaries, the last step is to review your benefits selection and checkout. You will see a list of all benefits and your enrollment selection. If you need to make corrections, you can revisit each section to modify your enrollment. If your enrollment looks correct, select Checkout to complete your enrollment

CHECK OUT: Congratulations at this point, you have completed your online benefits enrollment. Enrollment information will be submitted to Human Resources for approval.

REMINDERS:

Enrollment Changes: You have from October 25 to November 5 to revisit benefits.plansource.com/?grcc to make any changes to your benefit enrollment if necessary.

Dependent documentation is required. You must submit your Dependent Documentation (marriage certificate, birth certificates, etc.) if you are covering any dependents on your GRCC Health, Dental and Vision plans. **Your benefits enrollment will not be approved until dependent documentation is submitted.** You can email documentation to hrbenefits@grcc.edu or fax to (616) 234-3907. Please include your employee name and ID number in subject line or fax.

Employee Waiving Health Coverage must submit waiver form and proof of other health insurance coverage to qualify for monthly cash in lieu payments. You can email documentation to hrbenefits@grcc.edu or fax to (616) 234-3907. Please include your employee name and ID number in subject line or fax.

Flexible Spending Mandatory Statement. In order to participate in the Dependent Care Flexible Spending Account, you will need to complete and return the Mandatory Statement for Dependent Care form once per Plan Year. Reimbursement cannot take place from the account unless this form is on the file. Please download and complete the Mandatory Statement form and email documentation to hrbenefits@grcc.edu or fax to (616) 234-3907. Please include your employee name and ID number in subject line or fax.

You will not be able to make changes to your benefits once the enrollment period has closed, unless you have a qualifying life event. After November 5, 2021 you will only be able to make changes to your benefit if you experience a qualified life event (marriage, birth, loss of other health coverage, divorce or death) you are eligible for a special enrollment period of 30 days from event date that allows you to make changes to your health insurance outside of the yearly Open Enrollment Period.

VIEWING YOUR INFORMATION AT ANY TIME: At any time throughout the year you can login to your account using your Username and your password. If you do not remember your password contact your HR-Benefits Office to have your Password reset.

Have questions? for assistance please contact: Debra Davis at (616) 234-4175 or Maria Belmares Herrera at (616) 234-4052 or email hrbenefits@grcc.edu.