



# Online Open Enrollment

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New & Renewing Members

## [Enroll in the FSA through the Consumer Portal](#)

Member Online Open Enrollment allows you to enroll in the FSA plans that are offered by your employer and submit your elections electronically, eliminating the need to complete a paper form at the start of each new plan year.

To begin, navigate to the PacificSource Administrators secure web portal:

<https://psa.consumer.pacificsource.com/>

## [Renewing Members – Logging in](#)

If you have previously participated in an FSA, HRA or Transportation account, log in to your Consumer Portal account. If you need assistance logging in, please contact Customer Service at (800) 422-7038.

## [New Members – Creating an Account](#)

- If you have never participated in an FSA, HRA, or Transportation account, enter your employer access code into the Online Open Enrollment section of the Consumer Portal login page. Your employer access code is provided via email.
- Then follow the steps to create a new account.



### Create Account

25%  
\*Required

#### Personal Information

Please enter the following personal information to create your account.  
Create a username and password to login to your account in the future.

Name\*

Birth Date\*

Home Address\*

Mailing Address\*  Same as Home Address



### Create Account

50%  
\*Required

**Contact Information**

Email Address\*

Confirm Email Address\*

Alternate Email Address

Confirm Alternate Email Address

Mobile Number (  )  -

Mobile Carrier

Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.

Time Zone

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### Create Account

75%

**Login Information**

Username\*

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (\_), and dash (-).

Password\*

The password must: - Have a minimum of 6 characters - Not be one of your last 3 passwords - Contain upper and lowercase letters - Contain at least one number

Confirm Password\*

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### Answer Security Questions

100%  
\* Required

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

Select a question...

Select a question...

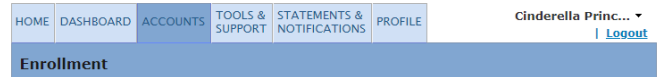
Select a question...

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- Once your account has been created, continue to follow the prompts to complete your online open enrollment.

## Enrolling in a plan

- On the Home page, click the Enroll Now button.
- Read the plan descriptions, then click Begin Your Enrollment Now. This will launch a six step process to complete your enrollment.



Enrollment

Are you ready to enroll? [Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. **You could save approximately 30% on every plan dollar you spend**, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

**2021 HEALTH RELATED EXPENSES** [Plan Description](#)

Employees may use their Health FSA to pay for eligible medical care expenses incurred during the plan year with pre-tax dollars that have been reduced from their salary provided they elect the coverage. Because the share of the contributions are paid with pre-tax funds, an employee may save both federal income taxes and FICA (Social Security) taxes.

A Health FSA Component election may be for one of the following:

- (a) General-Purpose Health FSA Option which reimburses all eligible Code 213 medical care expenses;
- (b) Limited-Scope Health FSA Option which reimburses eligible vision and dental care, excludes preventive care; or
- (c) Limited-Purpose Health FSA Option which reimburses eligible vision, dental, and preventive care.

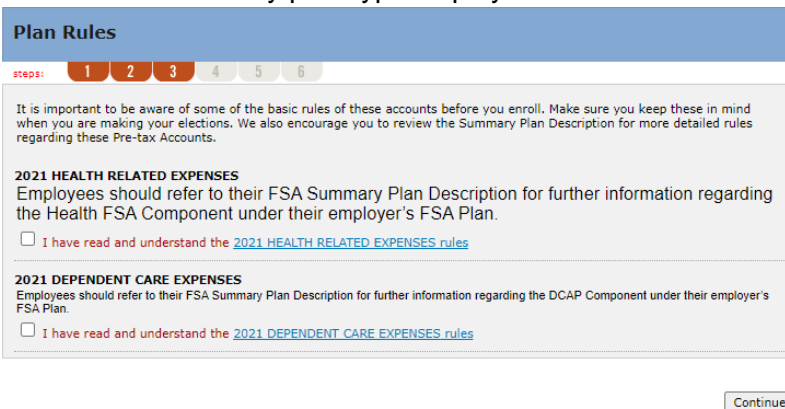
**2021 DEPENDENT CARE EXPENSES** [Plan Description](#)

Employees may use the DCAP Component to pay for eligible dependent care expenses incurred during the plan year with pre-tax dollars that have been reduced from their salary provided they elect this coverage. Because the share of the contributions are paid with pre-tax funds, an employee may save both federal income taxes and FICA (Social Security) taxes.

Dependent care expenses means employment-related expenses incurred on behalf of a person who meets the requirements to be a qualifying individual as follows:

- a person under age 13 who is the employee's "qualifying child" under the Code. Generally the person must: (1) live with the employee for more than half the year; (2) be the employee's child or stepchild (by blood or adoption), foster child, sibling or stepsibling, or a descendant of one of them; and (3) not provide more than half of his or her own support for the year;
- a spouse who is physically or mentally incapable of caring for himself or herself and has the same residence as the employee for more than half of the year; or
- a person who is physically or mentally incapable of caring for himself or herself, has the same residence as the employee for more than half of the year, and is the employee's tax dependent under the Code (for this purpose, status as a tax dependent is determined without regard to the gross income limitation for a "qualifying relative" and certain other provisions of the Code's definition).

1. **Step One:** Review and/or update your profile information.
2. **Step Two:** Review and/or update your dependent information.
3. **Step Three:** Confirm that you have read and agree to each available plan's rules. Please check the box for every plan type displayed.



4. **Step Four:** Make your elections. Enter the amount you would like to contribute for the year, and then select Calculate to see the estimated per pay period deduction. When you are satisfied with your elections, click Continue.

**Elections**

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
2021 HEALTH RELATED EXPENSES	<input type="text" value="1250"/>	\$2,750.00
** 2021 DEPENDENT CARE EXPENSES	<input type="text" value="5000"/>	\$5,000.00

Total election for the year:

Total tax savings for the year \*:

Estimated per pay period deduction:

\* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.  
 \*\* You can enroll now, but you must add dependent(s) later in order to file claims.

**5. Step Five:** Choose your payment method. If you select Direct Deposit, you will be taken through the process to add your bank account information.

**Payment Method**

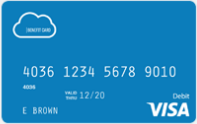
steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

**Check**  
 A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

**Direct Deposit**  
 Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

**Debit Card**  
 Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?  
 Check  
 Direct Deposit

**6. Step Six:** Verification. Please carefully review your information, make any necessary changes, and click Submit when your enrollment is complete.

**Enrollment Changes**

Even after your elections have been submitted, you will still have access within the Consumer Portal to update your enrollment information through the end of your employer’s open enrollment period.

**If you have questions regarding the online enrollment process, please contact Customer Service at (800) 422-7038 or [psacustomerservice@pacificsource.com](mailto:psacustomerservice@pacificsource.com)**