

## SSHE Open Enrollment through ESS

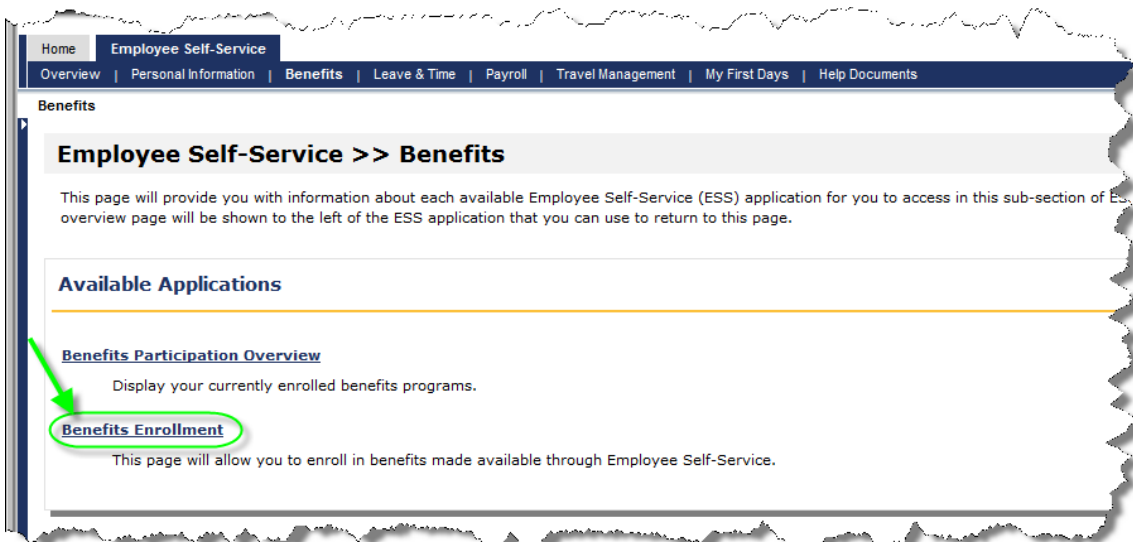
Trigger: An employee wants to enroll or make changes to their SSHE health plan(s) during the annual open enrollment period.

**IMPORTANT:** Enrollment changes are not finalized/submitted until all 5 steps of the enrollment process have been completed.

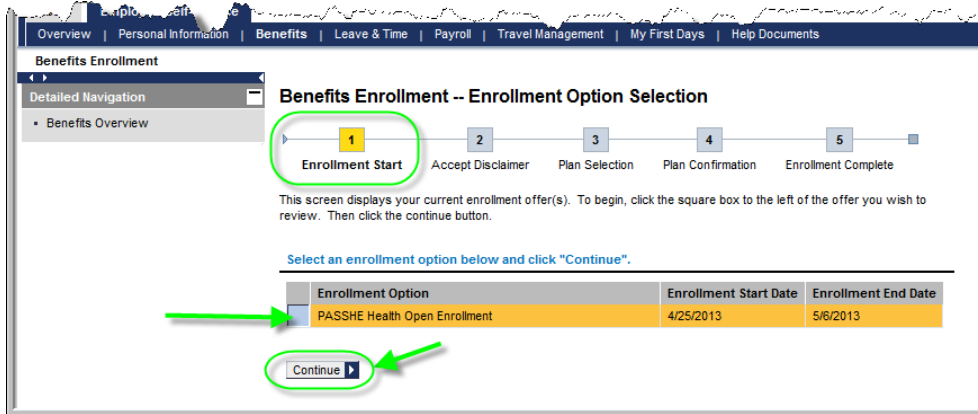
1. From ESS, select *Benefits*.



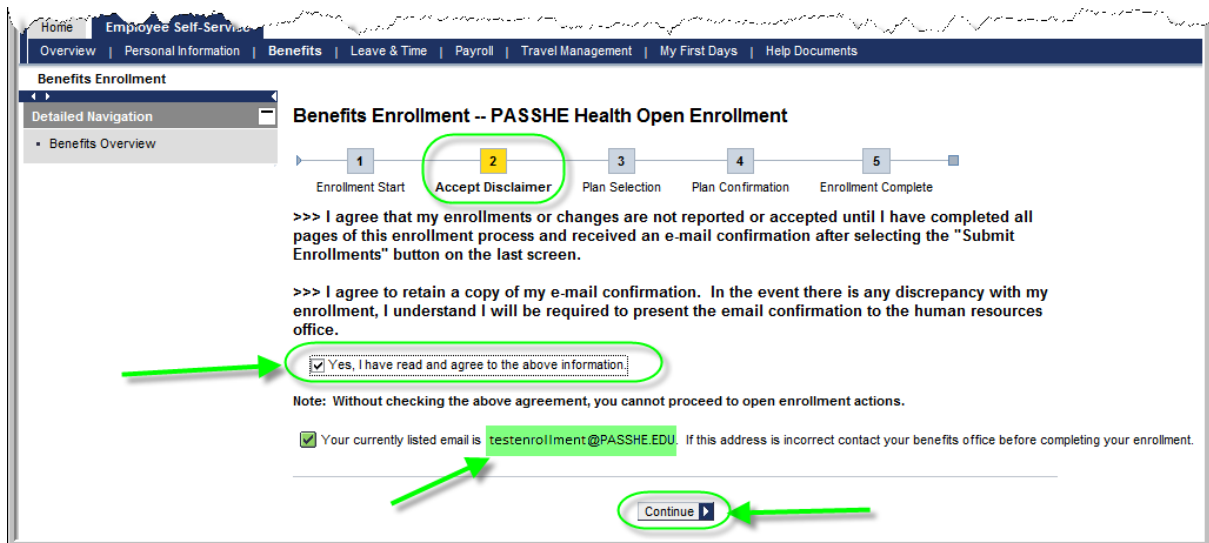
2. Select *Benefits Enrollment*.



3. The *Benefits Enrollment – Enrollment Option Selection* screen will appear.
  - 3.1. *Enrollment Start* is step 1 of the enrollment process. Click the square box to the left of *PASSHE Health Open Enrollment*.
  - 3.2. Click *Continue*.



4. *Accept Disclaimer* is step 2 of the enrollment process. Users must read and agree to the disclaimer stating that enrollments or changes will not be accepted or finalized until all pages of the enrollment process have been completed. To acknowledge agreement with the disclaimer, click the checkmark box next to the text “*Yes, I have read and agree to the above information.*”
  - 4.1. Verify that the email address where enrollment confirmation will be sent is correct. If the email address displayed is incorrect, contact the benefits office before completing enrollment.
  - 4.2. Click *Continue* if the email is correct.



5. Plan Selection is step 3 of the enrollment process.

5.1. Under the Enrollment(s) as of Today section of the Plan Selection screen, users will see all current/active health enrollments.

**Benefits Enrollment -- PASSHE Health Open Enrollment**

1 Enrollment Start   2 Accept Disclaimer   **3 Plan Selection**   4 Plan Confirmation   5 Enrollment Complete

This page will display your current enrollment(s), if applicable, under "Enrollment(s) as of Today", as well as all the benefits enrollment options available to you for enrollment or change under "Enrollment Offers".

To select a new benefit plan for enrollment, simply select the desired row from the offers table by clicking the square button to the left of the plan and then click the "Select Plan" button. To modify a new plan that was previously submitted for enrollment, select the desired row from the offers table and then click the "Change Selection" button.

Enrollment changes will not be finalized until you have reached step five of this process. Once you are satisfied with your enrollment options, click the "Continue with Enrollment" button at the bottom of this page to proceed to the next step of this application.

**Enrollment(s) as of Today**

Plan Type	Plan	Start Date	Dep. Coverage	Num. Dep.	Cost	Information
Medical	Highmark PPO w/RX	10/1/2008	Multi-Party	04	\$102.47	<a href="#">Medical</a>
Dental	SSHE MGMT Dental	6/16/2008	Multi-Party	04	\$0.00	<a href="#">Dental</a>
Hearing	SSHE MGMT Hearing	6/16/2008	Multi-Party	04	\$0.00	<a href="#">Hearing</a>
Vision	SSHE MGMT Vision	6/16/2008	Multi-Party	04	\$0.00	<a href="#">Vision</a>

*All costs shown in the above table are bi-weekly.*

5.2. Under the Enrollment Offers section of the Plan Selection screen, users will see any current/active enrollments that can be carried over into next year as automatically selected; such plans are indicated by a checkmark in the box under the Selected column. From the Enrollment Offers section, users can change health plans, add or drop dependents from current health plans, or choose to opt out of health coverage completely.

**Enrollment Offers**

Enrollment available from: 04/30/2013 - 05/11/2013

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	Highmark PPO w/RX	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	04	\$107.36	7 option(s)	<a href="#">Medical Plans</a>
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	<a href="#">Medical Plans</a>
Prescription	SSHE Highmark HMO RX / Hearing	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
SSHE Supp	SSHE Dental / Vision	<input type="checkbox"/>	7/1/2013				7 option(s)	
SSHE Supp	SSHE Dental / Vision Waive	<input type="checkbox"/>	7/1/2013				1 option(s)	

*All costs shown in the above table are bi-weekly.*

Select Plan   Change Selection

5.3. The next step in the process depends on whether the employee wants to continue in the same health plan or if the employee wants to change health plans.

5.3.1. **Continuing Health Plans:** To **continue** in the same health plan and make updates to dependents and/or coverage, choose the desired plan by clicking on the square to the left of the plan. (NOTE: Plans that can be continued from the previous year into the next year are indicated by the checkmark in the *Selected* column.)

5.3.1.1. Click *Change Selection*.

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	Highmark PPO w/RX	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	04	\$107.36	7 option(s)	<a href="#">Medical Plans</a>
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	<a href="#">Medical Plans</a>
Prescription	SSHE Highmark HMO RX / Hearing	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
SSHE Supp	SSHE Dental / Vision	<input type="checkbox"/>	7/1/2013				7 option(s)	
SSHE Supp	SSHE Dental / Vision Waive	<input type="checkbox"/>	7/1/2013				1 option(s)	

All costs shown in the above table are bi-weekly.

Select Plan | **Change Selection**

5.3.1.2. Next, skip to step 6 by [clicking here](#).

5.3.2. **Changing Health Plans:** To **change** health plans and make updates to dependents and/or coverage, choose the desired plan by clicking on the square to the left of the plan. (NOTE: New plans will not have a checkmark in the *Selected* column.)

5.3.2.1. Click *Select Plan*.

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	Highmark PPO w/RX	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	04	\$107.36	7 option(s)	<a href="#">Medical Plans</a>
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	<a href="#">Medical Plans</a>
Prescription	SSHE Highmark HMO RX / Hearing	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
SSHE Supp	SSHE Dental / Vision	<input type="checkbox"/>	7/1/2013				7 option(s)	
SSHE Supp	SSHE Dental / Vision Waive	<input type="checkbox"/>	7/1/2013				1 option(s)	

All costs shown in the above table are bi-weekly.

**Select Plan** | Change Selection

5.3.2.2. Continue with step 6 by [clicking here](#).

6. The *Selection Details* step 3a sub-screen will appear. Whether continuing with the same health plan or selecting a new health plan, the next steps are essentially the same in the enrollment process.

**Benefits Enrollment -- Enrollment Offer for Highmark PPO w/RX**

1 Enrollment Start    2 Accept Disclaimer    3 Plan Selection    **3a Selection Details**    3 Plan Selection    4 Plan Confirmation    5 Enrollment Complete

Start by selecting the type of dependent coverage from the drop-down below. If applicable, then select the dependents from the available list by clicking each appropriate check box in the Available Dependents table.

Plan: Highmark PPO w/RX

Coverage Period: 07/01/2013 -- 12/31/9999

The following dependent coverage options are available for Highmark PPO w/RX:

7. Next, proceed to the next page, *Modifying Dependent Data*, and continue from there for complete instructions. Or, choose from the following menu by clicking on the desired topic for further specific instructions based on the desired topic:

❖ [Modify existing dependent data](#)

- Illustrates the process for making updates to dependent social security number, first name, last name, birth date, etc.

❖ [Add new dependents](#)

- Illustrates the process for adding new dependents.

❖ [Enroll or drop dependents from a health plan](#)

- Illustrates the process for updating dependent coverage type as well as how to add or drop dependents from a health plan.

❖ [Finalizing/Submitting Enrollment\(s\)](#)

- Illustrates how to complete the final steps necessary for submitting health enrollment(s) online.

## Modifying Dependent Data

1. Under *Selection Details* sub-screen 3a, locate the section *Available Dependents* and then click the *Modify* button next to the dependent for which data modification is desired.

**Benefits Enrollment -- Enrollment Offer for Highmark PPO w/RX**

1 Enrollment Start   2 Accept Disclaimer   3 Plan Selection   **3a Selection Details**   3 Plan Selection   4 Plan Confirmation   5 Enrollment Complete

**Available Dependents**

Select All

Select	Relationship	Name	Birth Date	SSN	Modify
<input checked="" type="checkbox"/>	Spouse	Test Spouse	3/15/1990	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test1 Child	3/26/2005	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/2009	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test3 C Child	10/19/2011	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-7890	Modify

Row 1 of 6

Only checked dependents will be included with the plan coverage.

[Click Here to Add a New Dependent](#)

**NOTE:** If there are more than 5 dependents listed, click the arrows up or down to scroll the list of dependents.

**Available Dependents**

Select All

Select	Relationship	Name	Birth Date	SSN	Modify
<input checked="" type="checkbox"/>	Child	Test1 Child	3/26/2005	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/2009	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test3 C Child	10/19/2011	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-7890	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-8900	Modify

Row 2 of 6

Only checked dependents will be included with the plan coverage.

- The *Modify Dependent Information* window will appear to make changes. When finished making changes, click *Save Dependent Information*.

**Modify Dependent Information**

Fill out the following form to add a dependent to your medical plan(s). All fields marked with an \* are required and insurance regulations prohibit children older than 26 years of age to be added as dependents.

**Please verify that all information is correct before saving a new dependent.**

**Family Member Data**

Relationship: \* Spouse

Social Security Num: \* 123-45-6789 Birth Date: \* 3/15/1990

First Name: \* Test Middle Initial:  

Last Name: \* Spouse Suffix:  

Gender: \* Female Please do not include punctuation in the middle initial or suffix fields

Physician Name / ID: Good Hope Family Physici 02425900  Current Patient

Disability

If you need to update the disability or current patient status for your dependent, you will need to contact your university's benefits coordinator and submit the proper documents.

**Dependent Validation**

**Documentation verifying the individual's relationship to the employee (e.g. birth certificate, marriage certificate, etc.) must be provided upon request.**

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**If the family member's address is the same as the address displayed below, then please do not enter anything in the address fields.**

**105 Warm Sunday Way  
Mechanicsburg, PA 170503801**

Street: Test Street

City: MECHANICSBURG

State: PA

Postal Code: 17050380

**NOTE:** If a change to the disability indicator is needed, contact your benefits coordinator.

- Repeat these steps if more modifications to dependents are needed. Otherwise, [click here to proceed with instructions for finalizing/submitting health enrollments.](#)

## Adding New Dependents

1. To add a new dependent not currently listed, use the *Click Here to add a New Dependent* link provided at the bottom of *Selection Details* step 3a under the *Available Dependents* section.

**Benefits Enrollment -- Enrollment Offer for Highmark PPO w/RX**

1 Enrollment Start   2 Accept Disclaimer   3 Plan Selection   **3a Selection Details**   3 Plan Selection   4 Plan Confirmation   5 Enrollment Complete

Select	Relationship	Name	Birth Date	SSN	
<input checked="" type="checkbox"/>	Spouse	Test Spouse	3/15/1990	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test1 Child	3/26/2005	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/2009	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test3 C Child	10/19/2011	***-**-6789	Modify

Only checked dependents will be included with the plan coverage.

[Click Here to Add a New Dependent](#)

2. The *Add New Dependent* screen will appear. At a minimum, complete the required information as indicated by the red asterisks. When finished, click *Save New Dependent Information*.

**Add New Dependent**

Fill out the following form to add a dependent to your medical plan(s). All fields marked with an \* are required and insurance regulations prohibit children older than 26 years of age to be added as dependents.

**Please verify that all information is correct before saving a new dependent.**

**Family Member Data**

Relationship: \*

Social Security Num: \*  Birth Date: \*

First Name: \*  Middle Initial:

Last Name: \*  Suffix:

Gender: \*

Physician Name / ID:   Current Patient

Disability

If you need to update the disability or current patient status for your dependent, you will need to contact your university's benefits coordinator and submit the proper documents.

**If the family member's address is the same as the address displayed below, then please do not enter anything in the address fields.**

105 Warm Sunday Way  
Mechanicsburg, PA 170503801

Street:

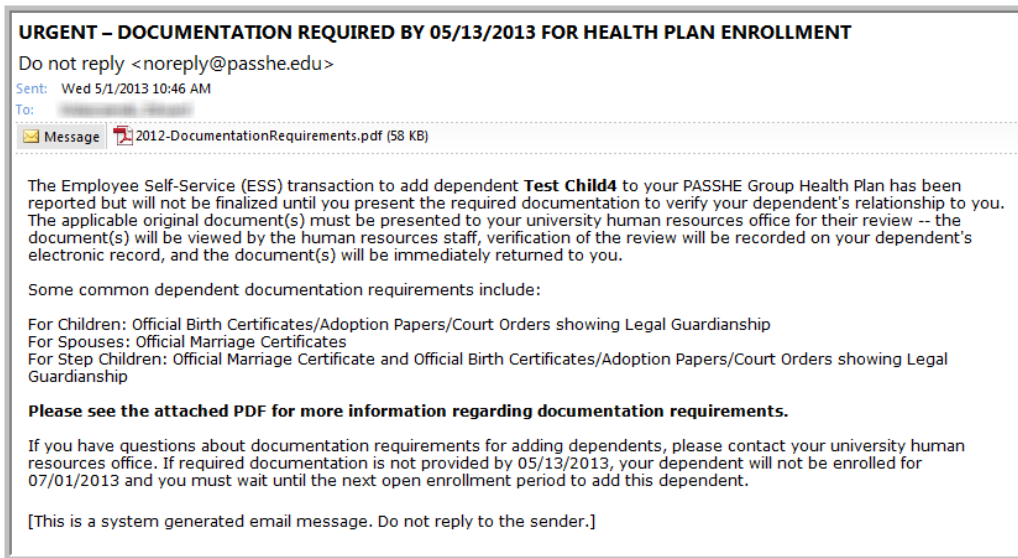
City:

State:

Postal Code:



**NOTE:** An email will immediately be sent to the employee indicating that documentation is required for the new dependent.



3. The newly added dependent will now appear in the *Available Dependents* section and default to selected for coverage as indicated by the checkmark.

Select	Relationship	Name	Birth Date	SSN	
<input checked="" type="checkbox"/>	Spouse	Test Spouse	3/15/1990	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test1 Child	3/26/2005	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/2009	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test3 C Child	10/19/2011	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-7890	Modify

Row 1 of 6

**NOTE:** Any child dependent over age 26 is ineligible for health care enrollment.

<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/1983	***-**-6789	Ineligible: Over age limit	Modify
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4. Repeat these steps if more modifications to dependents are needed. Otherwise, [click here to proceed with instructions for finalizing/submitting health enrollments.](#)

## Enroll or drop dependents

1. First, choose the correct plan coverage from the *Dependent Coverage* drop-down box that will match the number and type of dependent(s) being chosen for coverage under the health plan. (HINT: Coverage descriptions are provided on the webpage for reference.)

**NOTE:** If *Single* coverage is selected, any existing dependent(s) information will be hidden.

1 Enrollment Start 2 Accept Disclaimer 3 Plan Selection 3a Selection Details 3 Plan Selection 4 Plan Confirmation 5 Enrollment Complete

Start by selecting the type of dependent coverage from the drop-down below. If applicable, then select the dependents from the available list by clicking each appropriate check box in the Available Dependents table.

Plan: Highmark PPO w/RX  
Coverage Period: 07/01/2013 -- 12/31/9999

The following dependent coverage options are available for Highmark PPO w/RX:

- Two Party -- Employee with one dependent.
- Single -- Employee only.
- Multi-Party -- Employee with at least two dependents.
- S +DP or DP DEP -- Employee that adds a domestic partner (DP) or one DP child.
- S +DP & DP DEP(s) -- Employee that adds a domestic partner (DP) and at least one DP child.
- M +DP &/or DP DEP(s) -- Employee with at least two dependents that adds a domestic partner (DP) and/or DP child(ren)
- 2P+DP &/or DP DEP(s) -- Employee with one dependent that adds a domestic partner (DP) and/or DP child(ren).

**Plan Options**

Dependent Coverage: Two Party  
Two Party  
Single  
Cost to Employee (bi-weekly): Single  
Additional Post-Tax Cost (I Multi-Party  
Imputed Income (bi-weekly): S +DP or DP DEP  
Minimum Number of Depen: S +DP & DP DEP(s)  
Maximum Number of Deper: M +DP &/or DP DEP(s)  
2P+DP &/or DP DEP(s)

**NOTICE:** Rates are reflected in this table and can change depending on your participation.

**NOTE:** If an HMO medical plan is chosen, under *Plan Options*, there will be two required fields for the *Primary Care Physician* and *Physician ID*. These fields will only appear and be required for an HMO medical plan election.

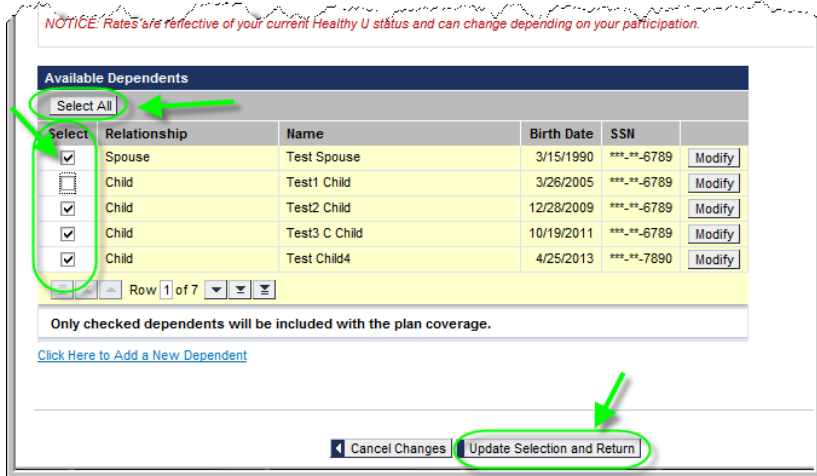
**Plan Options**

Dependent Coverage: Multi-Party

Primary Care Physician: \* Good Hope Family Physicians  
Physician ID: \* 02425900 [Member Information](#)

If you are electing the HMO Option, you must record the name of the primary care physician (PCP) and the ID of the PCP (information can be found in the provider directory of the Health Care Plan selected). Provider directories can be obtained by either contacting the chosen health care plan provider or by going online to the health care plan provider's website.

- To enroll dependents, click in the *Select* checkbox next to the desired dependent's name. (HINT: Click *Select All* to select all dependents with one click.) To remove a dependent, remove the checkmark from the *Select* column.
- When finished making dependent selections, click *Update Selection and Return*.



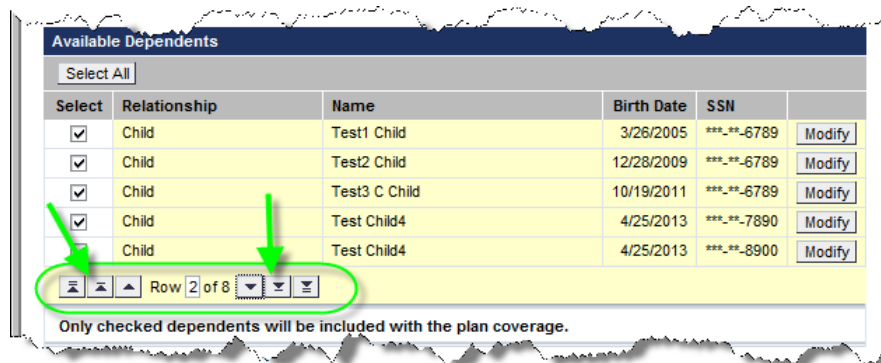
**NOTE:** Any child dependent over age 26 is ineligible for health care enrollment.

<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/1983	***-**-6789	Ineligible: Over age limit	Modify
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**NOTE:** If an HMO medical plan was selected for enrollment, the system will automatically enroll the employee into the *SSHE HIGHMARK HMO RX/Hearing* plan for the same dependent coverage and number of dependents as was selected for the medical plan.

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	07	\$116.43	7 option(s)	Medical Plans
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	Medical Plans
Medical	Highmark PPO w/RX	<input type="checkbox"/>	7/1/2013				7 option(s)	Medical Plans
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	Medical Plans
Prescription	SSHE Highmark HMO RX / Hearing	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	07	\$0.00	7 option(s)	Medical Plans
SSHE Supp.	SSHE Dental / Vision	<input type="checkbox"/>	7/1/2013				7 option(s)	

**NOTE:** If there are more than 5 dependents listed, click the arrows up or down to scroll the list of dependents.



The screenshot shows a table titled "Available Dependents" with a "Select All" button. The table has five columns: "Select", "Relationship", "Name", "Birth Date", and "SSN". There are five rows of data, each with a "Modify" button. The "Select" column contains checkboxes, all of which are checked. The "Relationship" column contains "Child" for all rows. The "Name" column contains "Test1 Child", "Test2 Child", "Test3 C Child", "Test Child4", and "Test Child4". The "Birth Date" column contains "3/26/2005", "12/28/2009", "10/19/2011", "4/25/2013", and "4/25/2013". The "SSN" column contains "\*\*\*-\*\*-6789", "\*\*\*-\*\*-6789", "\*\*\*-\*\*-6789", "\*\*\*-\*\*-7890", and "\*\*\*-\*\*-8900". Below the table is a pagination control showing "Row 2 of 8" and arrows for navigation. A green circle highlights the pagination control, and two green arrows point to the up and down arrows.

Select	Relationship	Name	Birth Date	SSN	
<input checked="" type="checkbox"/>	Child	Test1 Child	3/26/2005	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test2 Child	12/28/2009	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test3 C Child	10/19/2011	***-**-6789	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-7890	Modify
<input checked="" type="checkbox"/>	Child	Test Child4	4/25/2013	***-**-8900	Modify

Row 2 of 8

Only checked dependents will be included with the plan coverage.

4. When finished, continue to the [Finalizing/Submitting Enrollments](#) section below.

## Finalizing/Submitting Enrollment(s)

1. When finished making all health enrollment selections along with any changes to dependent data and/or dependent coverage, click *Continue with Enrollment* from the *Plan Selection* screen step 3.

**IMPORTANT:** Enrollment changes are not finalized/submitted until all 5 steps of the enrollment process have been completed.

**Benefits Enrollment -- PASSHE Health Open Enrollment**

This page will display your current enrollment(s), if applicable, under "Enrollment(s) as of Today", as well as all the benefits enrollment options available to you for enrollment or change under "Enrollment Offers".

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	Highmark PPO w/RX	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	05	\$107.36	7 option(s)	<a href="#">Medical Plans</a>
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	<a href="#">Medical Plans</a>
Prescription	SSHE Highmark HMO RX / Hearing	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
SSHE Supp	SSHE Dental / Vision	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	04	\$0.19	7 option(s)	
SSHE Supp	SSHE Dental / Vision Waive	<input type="checkbox"/>	7/1/2013				1 option(s)	

All costs shown in the above table are bi-weekly.

Select Plan | Change Selection

**Your changes are not yet saved. Click continue. >>>** [Continue with Enrollment](#)

**NOTE:** If the number of dependents does *not* match between health plans, the following **WARNING** message will be displayed.

**Enrollment Offers**

Enrollment available from: 04/25/2013 - 05/06/2013

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	07	\$116.43	7 option(s)	<a href="#">Medical Plans</a>
Medical	HMO Keystone Central	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	Highmark PPO w/RX	<input type="checkbox"/>	7/1/2013				7 option(s)	<a href="#">Medical Plans</a>
Medical	SSHE Waive Medical	<input type="checkbox"/>	7/1/2013				1 option(s)	<a href="#">Medical Plans</a>
Prescription	SSHE Highmark HMO RX / Hearing	<input checked="" type="checkbox"/>	7/1/2013	Multi-Party	07	\$0.00	7 option(s)	<a href="#">Medical Plans</a>
SSHE Supp	SSHE Dental / Vision	<input checked="" type="checkbox"/>	7/1/2013	Two Party	01	\$0.19	7 option(s)	
SSHE Supp	SSHE Dental / Vision Waive	<input type="checkbox"/>	7/1/2013				1 option(s)	

All costs shown in the above table are bi-weekly.

Select Plan | Change Selection

**WARNING: The number of dependents do not match for all medical plans. If this is correct, please click "Continue with Enrollment" again; otherwise, update the appropriate plan(s) with the same number of dependents.**

**Your changes are not yet saved. Click continue. >>>** [Continue with Enrollment](#)

- Under *Plan Confirmation* step 4, review the enrollment information that is about to be updated. If satisfied with the changes, click *Submit Enrollment*. To make changes to the submission, click *Return to Plan Selection*.

**Benefits Enrollment -- Review of Changes Before Submission**

1 Enrollment Start   2 Accept Disclaimer   3 Plan Selection   4 **Plan Confirmation**   5 Enrollment Complete

This page displays your final benefit elections. If you are satisfied with your selections, click "Submit Enrollment". If you would like to make changes, you may go back to the previous screen and make all relevant changes to your benefits enrollment by clicking "Return to Plan Selection".

**Enrollment is not complete until you click Submit Enrollment below.**

**Enrollment Summary**

Plan Type	Plan	Plan Begin	Plan End	Dep. Coverage	Num. Dep.	Cost	Action
Medical	Highmark PPO w/RX	07/01/2013	12/31/9999	Multi-Party	06	\$107.36	New or Updated Enrollment

Return to Plan Selection   **Submit Enrollment**

- The *Enrollment Complete* step 5 screen will appear indicating enrollment has been completed successfully.

**Benefits Enrollment -- Review of Changes Before Submission**

1 Enrollment Start   2 Accept Disclaimer   3 Plan Selection   4 Plan Confirmation   5 **Enrollment Complete**

**Enrollment completed successfully!**

**Enrollment Summary**

Plan Type	Plan	Plan Begin	Plan End	Dep. Coverage	Num. Dep.	Cost	Action
Medical	Highmark PPO w/RX	07/01/2013	12/31/9999	Multi-Party	06	\$107.36	New or Updated Enrollment

Your benefits enrollment options have been submitted.  
 A copy of this enrollment summary has been emailed to: [testenrollment@PASSHE.EDU](mailto:testenrollment@PASSHE.EDU)

If you would like to print a copy of this summary: [Printer Friendly Version](#)  
If you wish to see a summary of your benefits: [Show Benefits Enrollment](#)

Return to Plan Selection

- The enrollment process is now complete, and an email confirmation will be sent to the employee confirming the changes were made.

**IMPORTANT:** Employees must retain a copy of the confirmation email for future reference in the unlikely event an issue with enrollment occurs. (Email sample provided on the following page.)

**Employee Self-Service Notification -- PASSHE Health Open Enrollment Confirmation**

Do not reply &lt;noreply@passhe.edu&gt;

Sent: Wed 5/1/2013 11:09 AM

To: [REDACTED]

This is a notification message that a benefits enrollment request has been processed for your employee record through the PASSHE Employee Self-Service (ESS) system. If you wish to make changes to your enrollment, you may repeat the enrollment process again, until the enrollment period ends on 05/06/2013.

Only the changes you have made during this session are reflected on the Summary of Plan Selections. To view all of your benefits, select the "Benefits Participation Overview" under the Benefits tab.

This benefits enrollment was submitted on 05/01/2013 11:08AM.

Plan Type	Plan	Plan Begin	Plan End	Dep. Coverage	Num. of Dep.	Cost	Additional Post-Tax Cost	Imputed Income	Action
Medical	Highmark PPO w/RX	07/01/2013	12/31/9999	Multi-Party	06	\$107.36	\$0.00	\$0.00	New or Updated Enrollment

All costs shown in this message are represented as bi-weekly amounts. Rates are reflective of your current Healthy U status and can change depending on your participation.

[This is a system generated email message. Do not reply to the sender.]