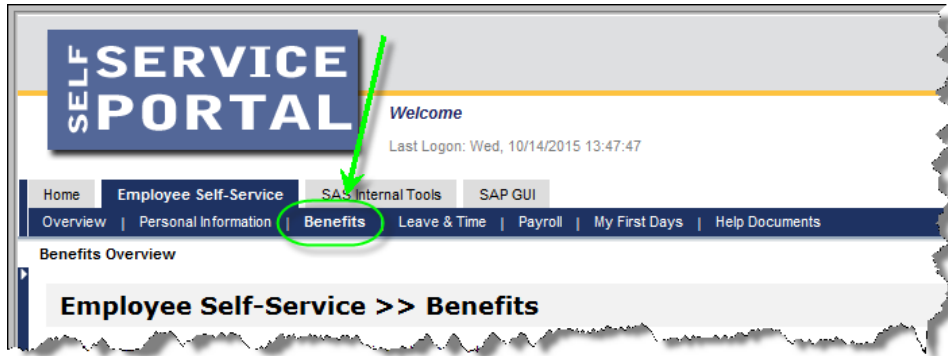


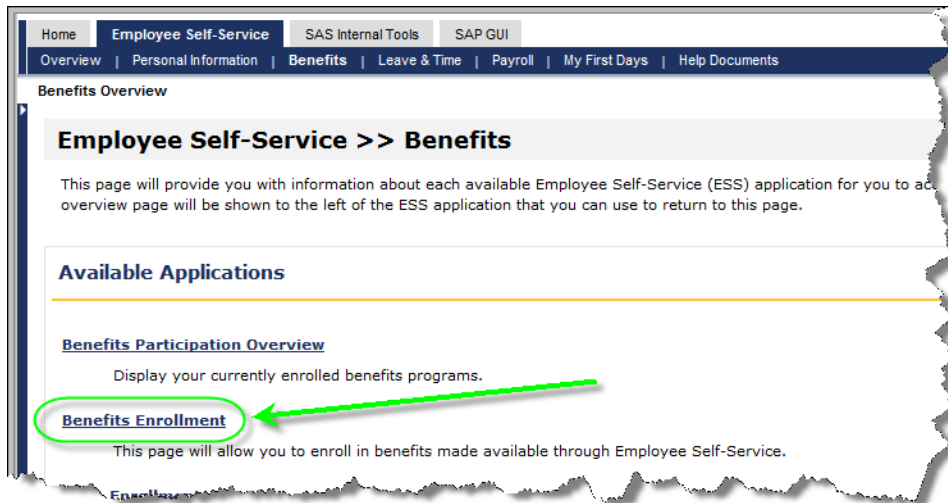
## PEBTF Open Enrollment through ESS

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

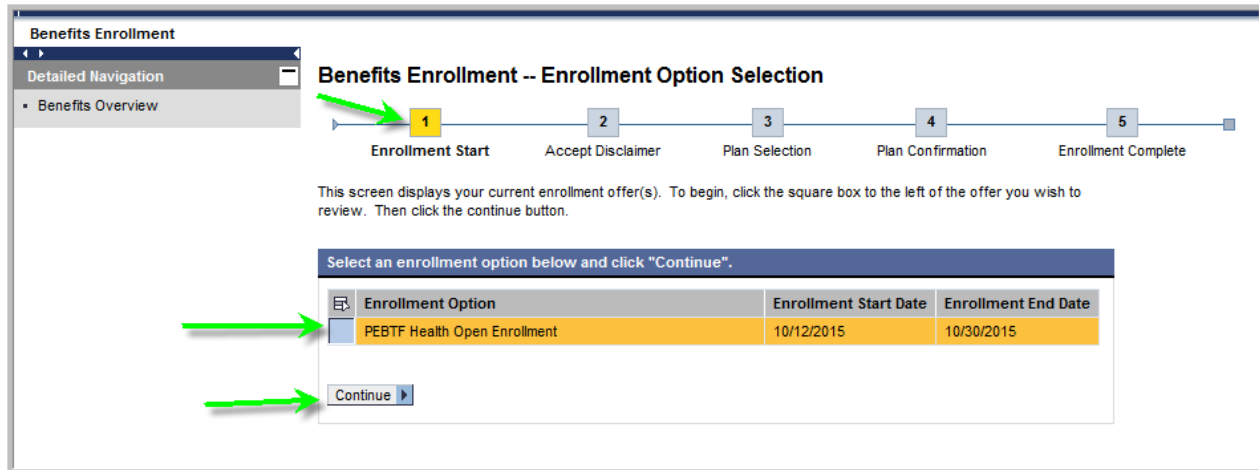
1. From ESS, select the link for *Benefits*.



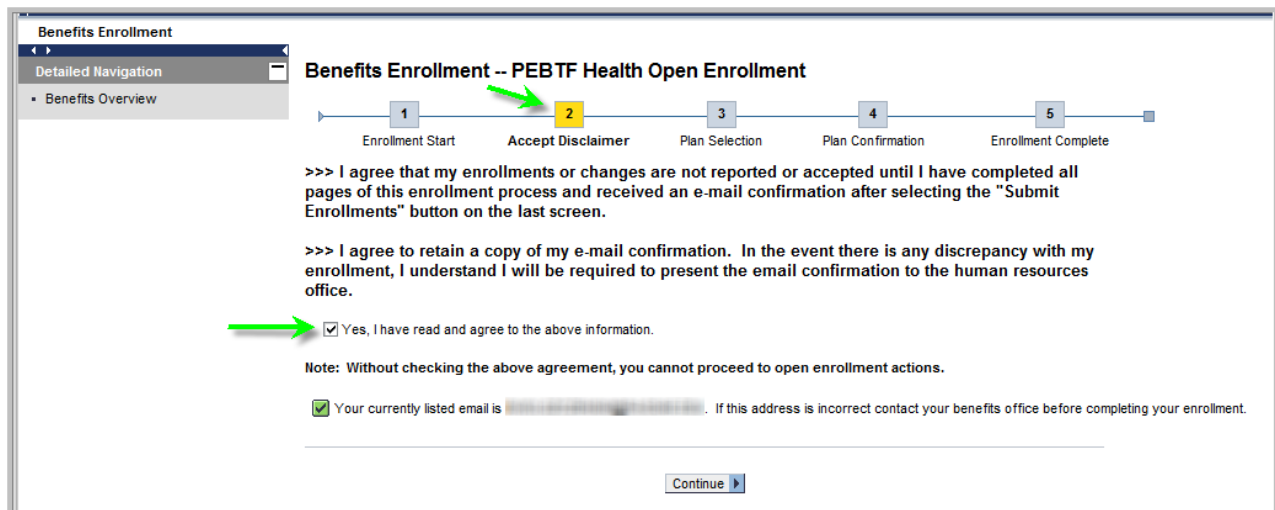
2. Select the link for *Benefits Enrollment*.



- The next screen will display Step 1, *Enrollment Start*, for the *Benefits Enrollment* process. This screen will display any current benefits enrollment options available. To proceed with PEBTF Open Enrollment, select the *Enrollment Option* for *PEBTF Health Open Enrollment* by clicking on the “square” next to the option. Next, select the *Continue* button.



- Step 2, *Accept Disclaimer*, will now appear. Read the agreement and click in the checkmark box *Yes, I have read and agree to the above information*. The *Continue* button will now be activated. Select the *Continue* button to continue to Step 3.



- Step 3, *Plan Selection*, will now appear. This screen will display any healthcare plans that are currently enrolled within the *Enrollment(s) as of Today* section. The lower section of the screen, *Enrollment Offers*, displays the healthcare plans that are available for enrollment changes.

**Benefits Enrollment -- PEBTF 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".

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	Aetna PPO (PEBTF)	1/1/2015	Multi-Party	01	\$0.00	<a href="#">Medical</a>
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	12/10/2003	Multi-Party	01	\$0.00	<a href="#">PEBTF Supp</a>

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

**Enrollment Offers** ←

*Enrollment available from: 10/12/2015 - 10/30/2015*

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Aetna West (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">2 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	HMO Keystone Blue (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Aetna PPO (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Single		\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Waive Medical (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>
RX	Prescription (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
RX	Prescription Waive (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
PEBTF Supp	Waive Supplementals (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>

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

**NOTE:** The *Plan Type* offerings as well as the *Plan* offerings displayed will vary depending on your eligibility.

In the *Enrollment Offers* section, plans that are already set for enrollment will be indicated by a checkmark in the *Selected* column.

**Enrollment Offers**

Enrollment available from: 10/12/2015 - 10/30/2015

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Aetna West (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	1/1/2016				2 option(s)	Type-Medical Plans
Medical	HMO Keystone Blue (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	Aetna PPO (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Single		\$0.00	4 option(s)	Type-Medical Plans
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	Waive Medical (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans
RX	Prescription (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	4 option(s)	Type-Medical Plans
RX	Prescription Waive (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	4 option(s)	Type-Medical Plans
PEBTF Supp	Waive Supplementals (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans

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

Select Plan Change Selection

6. To make changes to enrollment:

6.1.1. If enrolling in an entirely new plan, click on the “square” next to the desired plan. Then click the *Select Plan* button.

**Enrollment Offers**

Enrollment available from: 10/12/2015 - 10/30/2015

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Aetna West (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	1/1/2016				2 option(s)	Type-Medical Plans
Medical	HMO Keystone Blue (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	Aetna PPO (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Single		\$0.00	4 option(s)	Type-Medical Plans
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	1/1/2016				4 option(s)	Type-Medical Plans
Medical	Waive Medical (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans
RX	Prescription (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	4 option(s)	Type-Medical Plans
RX	Prescription Waive (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	4 option(s)	Type-Medical Plans
PEBTF Supp	Waive Supplementals (PEBTF)	<input type="checkbox"/>	1/1/2016				1 option(s)	Type-Medical Plans

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

Select Plan Change Selection

6.1.2. If making dependent coverage changes to a plan for which enrollment is already in effect, click on the “square” next to the desired plan. Then click the *Change Selection* button.

Enrollment Offers

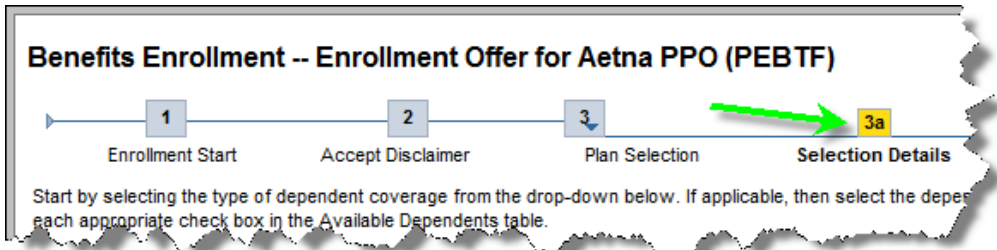
Enrollment available from: 10/12/2015 - 10/30/2015

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Aetna West (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">2 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	HMO Keystone Blue (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Aetna PPO (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Single		\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
Medical	Waive Medical (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>
RX	Prescription (PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
RX	Prescription Waive (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	<a href="#">4 option(s)</a>	<a href="#">Type-Medical Plans</a>
PEBTF Supp	Waive Supplementals (PEBTF)	<input type="checkbox"/>	1/1/2016				<a href="#">1 option(s)</a>	<a href="#">Type-Medical Plans</a>

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

Select Plan Change Selection

6.2. Whether electing an entirely new plan for enrollment (step 6.1.1) or making changes to an existing enrollment (step 6.1.2), Section 3a, *Selection Details*, will open.



6.3. Select the appropriate option from the *Dependent Coverage* drop-down box.

**Benefits Enrollment -- Enrollment Offer for Aetna PPO (PEBTF)**

1 Enrollment Start      2 Accept Disclaimer      3 Plan Selection      3a Selection Details

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


Plan:

Coverage Period:  –

The following dependent coverage options are available for Aetna PPO (PEBTF):

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

**Plan Options**

Dependent Coverage:  


Cost to Employee (bi-weekly): \$0.00  
 Additional Post-Tax Cost (bi-weekly): \$0.00  
 Imputed Income (bi-weekly): \$0.00  
 Minimum Number of Dependents: 0  
 Maximum Number of Dependents: 0

6.4. When electing a *Dependent Coverage* option other than *Single*, the *Available Dependents* section will open.

**Plan Options**

Dependent Coverage:

Cost to Employee (bi-weekly): \$0.00  
 Additional Post-Tax Cost (bi-weekly): \$0.00  
 Imputed Income (bi-weekly): \$0.00  
 Minimum Number of Dependents: 1  
 Maximum Number of Dependents: 20

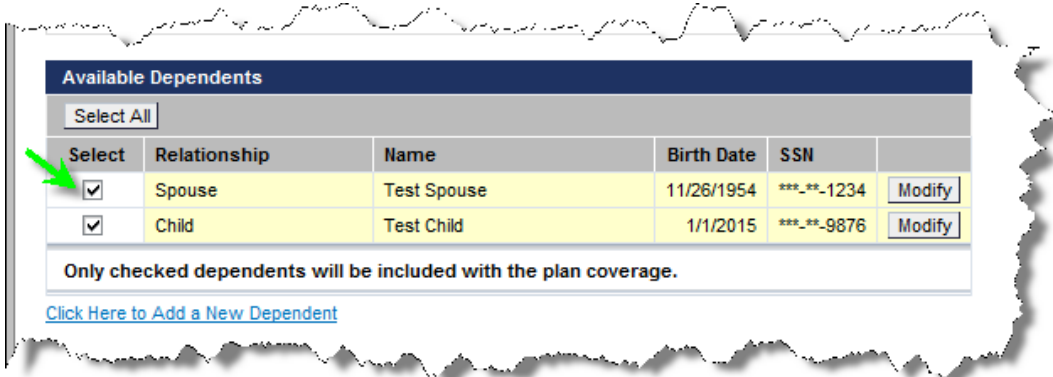
**Available Dependents** 

Select	Relationship	Name	Birth Date	SSN	
<input type="checkbox"/>	Spouse	Test Spouse	11/26/1954	***_**-1234	<input type="button" value="Modify"/>
<input type="checkbox"/>	Child	Test Child	1/1/2015	***_**-9876	<input type="button" value="Modify"/>

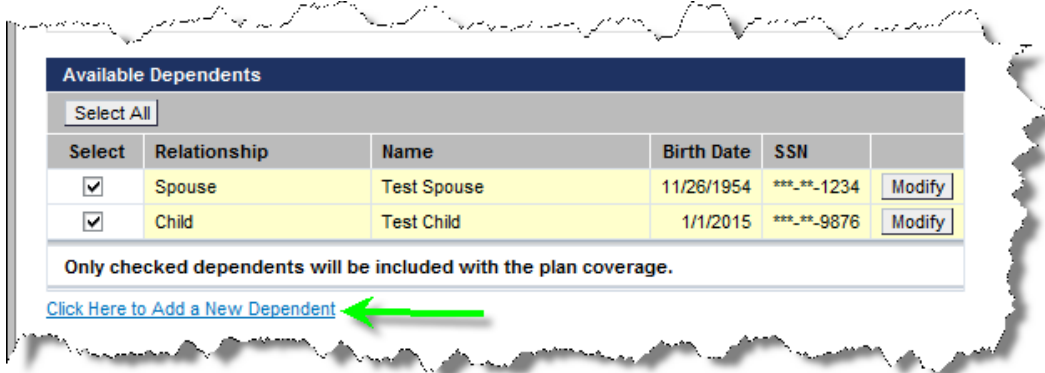
Only checked dependents will be included with the plan coverage.

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

6.5. The *Available Dependents* section will display all dependents on the employee’s human resource file. To add dependents to the plan, click in the checkmark box under the *Select* column to add a checkmark. To remove dependents from the plan, click in the checkmark box under the *Select* column to remove the checkmark.



6.5.1. To add a dependent that is not currently on file, select the link for *Click Here to Add a New Dependent*. This option can be used as many times as necessary to add additional dependents.



6.5.2. The *Add New Dependent* window will appear. All fields marked with a red asterisk (\*) are required fields. When finished adding information, select the *Save New Dependent Information* button.

**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: \* Child      Marital Status: \* Single  
Social Security Num: \* 123-45-6789      Birth Date: \* 01012009  
First Name: \* New      Middle Initial:   
Last Name: \* Dependent      Suffix:   
Gender: \* Male      *Please do not include punctuation in the middle initial or suffix fields*

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.**

26 GEORGE JUNIOR RD  
GROVE CITY, PA 16127

Street:   
City:   
State:   
Postal Code:



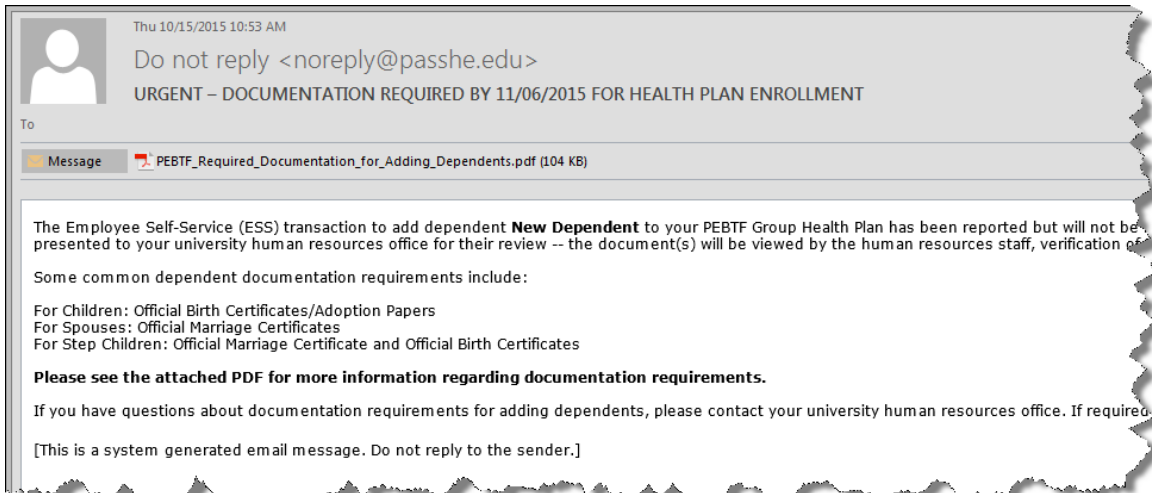
6.5.3. Notice the new dependent has been added to the *Available Dependents* section and automatically selected for enrollment into the plan.

Available Dependents					
<a href="#">Select All</a>					
Select	Relationship	Name	Birth Date	SSN	
<input checked="" type="checkbox"/>	Spouse	Test Spouse	11/26/1954	***-**-1234	<a href="#">Modify</a>
<input checked="" type="checkbox"/>	Child	Test Child	1/1/2015	***-**-9876	<a href="#">Modify</a>
<input checked="" type="checkbox"/>	Child	New Dependent	1/1/2009	***-**-6789	<a href="#">Modify</a>

Only checked dependents will be included with the plan coverage.

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

**NOTE:** As you are adding new dependents, you will receive an email notification with an attachment to remind you to present your documentation to your Human Resource Department.



The attachment will describe in general the documentation requirements for each type of dependent.

### PEBTF Required Documentation for Adding Dependents

The following chart highlights the documentation required for adding dependents to PEBTF coverage. Contact your University HR Office to complete the necessary forms and for submission of required documentation.

ADDING CHILDREN	REQUIRED DOCUMENTATION
Natural child	<input type="checkbox"/> Original birth certificate* (not hospital certificate) – presented within 6 months <input type="checkbox"/> Newborn’s social security number must be submitted within 6 months
Legally adopted or pending adoption	<input type="checkbox"/> Court adoption papers or a new birth certificate* – presented within 6 months (documentation is required during the probationary period)
Employee has legal guardianship	<input type="checkbox"/> Court order

7. Repeat steps 6 through 6.5.3 as necessary to make changes to the desired plans.
8. When finished making changes, select the *Continue with Enrollment* button.

<input type="checkbox"/>	RX	Prescription Waive (PEBTF)	<input type="checkbox"/>	1/1/2016			4 option(s)	<a href="#">Type-Medical Plans</a>
<input type="checkbox"/>	PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	<input checked="" type="checkbox"/>	1/1/2016	Multi-Party	01	\$0.00	4 option(s) <a href="#">Type-Medical Plans</a>
<input type="checkbox"/>	PEBTF Supp	Waive Supplementals (PEBTF)	<input type="checkbox"/>	1/1/2016			1 option(s)	<a href="#">Type-Medical Plans</a>

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

Your changes are not yet saved. Click continue. >>>

9. Step 4, *Plan Confirmation*, will now appear. This is the final chance to review plan elections prior to submission. If changes are needed, select the *Return to Plan Selection* button. If no changes are needed, select the *Submit Enrollment* button.

### 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.**

Plan Type	Plan	Plan Begin	Plan End	Dep. Coverage	Num. Dep.	Cost	Action
Medical	Aetna PPO (PEBTF)	01/01/2016	12/31/9999	Single	00	\$0.00	No change in coverage
RX	Prescription (PEBTF)	01/01/2016	12/31/9999	Multi-Party		\$0.00	Enrollment Cancelled
RX	Prescription (PEBTF)	01/01/2016	12/31/9999	Single	00	\$0.00	New or Updated Enrollment
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	01/01/2016	12/31/9999	Multi-Party	01	\$0.00	No change in coverage
Health Contrib	Get Healthy Par Contr (PEBTF)	01/01/2016	12/31/9999		00	2.00%	No change in coverage

**NOTE:** Medical Dependent Buy Up and Prescription Buy Up plans are added automatically to employees who are in their first six months of employment. The Health Contribution plan is added automatically to all employees. For questions regarding this, please contact your human resources office.

10. Step 5, *Enrollment Complete*, will now appear. If changes still need to be made to plan elections, the *Return to Plan Selection* button can be used. Changes can be made as many times as necessary during *PEBTF Health Open Enrollment*.

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

Enrollment completed successfully!

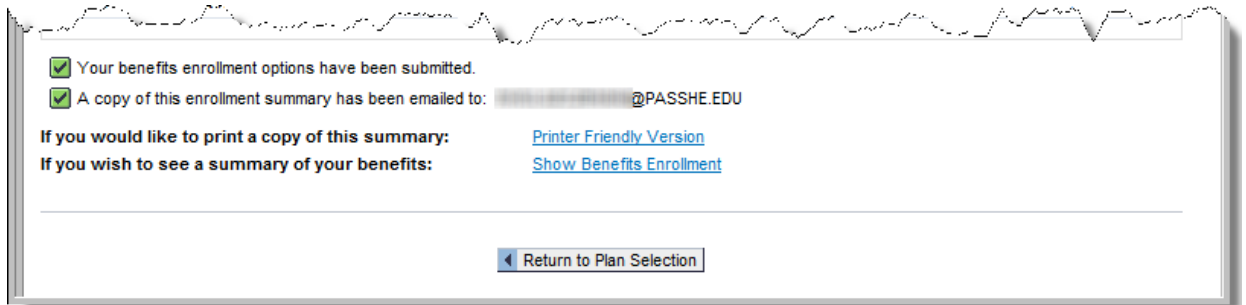
Enrollment Summary							
Plan Type	Plan	Plan Begin	Plan End	Dep. Coverage	Num. Dep.	Cost	Action
Medical	Aetna PPO (PEBTF)	01/01/2016	12/31/9999	Single	00	\$0.00	No change in coverage
RX	Prescription (PEBTF)	01/01/2016	12/31/9999	Multi-Party		\$0.00	Enrollment Cancelled
RX	Prescription (PEBTF)	01/01/2016	12/31/9999	Single	00	\$0.00	New or Updated Enrollment
PEBTF Supp	Vision/Hear/DenPPO(PEBTF)	01/01/2016	12/31/9999	Multi-Party	01	\$0.00	No change in coverage
Health Contrib	Get Healthy Par Contr (PEBTF)	01/01/2016	12/31/9999		00	2.00%	No change in coverage

Your benefits enrollment options have been submitted.  
 A copy of this enrollment summary has been emailed to: [redacted]@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](#)

10.1. Also on the *Enrollment Complete* screen, employees will have the opportunity to print a copy of the enrollment by selecting the *Printer Friendly Version* as shown below. A confirmation email will also be sent if an email address is stored in the HR/Payroll system.

**IMPORTANT: Employees are strongly encouraged to retain a copy of the enrollment confirmation. In the even there is a discrepancy, employees will be required to present a copy of the enrollment confirmation to the human resources office.**



**PEBTF Health Open Enrollment email confirmation sample:**

