

## SSHE Benefits Enrollment through Self Service Workplace

**IMPORTANT:** Enrollment changes are not finalized/submitted until all 3 steps of the enrollment process have been completed and you receive the pop-up that states, “Success.” Please retain the email sent to you as proof of enrollment.

**Adding Family Members** – To add a spouse or dependents, review your dependents in the **My Family Member** tile (see [Help Document](#)) and add, if necessary, before proceeding to [My Benefits Enrollment](#)

**Step 1 - Go to [My Benefits Enrollment](#) in the Self Service Workplace and Select the enrollment event.**

Select the appropriate enrollment event, then click the “Next” icon:

The screenshot shows the 'My Benefits Enrollment' page. At the top, there are three steps: 'Select Enrollment Event', 'Select Benefits', and 'Review Selections and Enroll'. Below this is a table with the following columns: 'Enrollment Event', 'Enrollment Period', and 'Effective Dates'. The first row in the table is 'SSHE Health Open Enr', which is selected with a radio button. Below the table, there is a 'Next' button in the bottom right corner. A green arrow points from the 'Next' button back to the 'SSHE Health Open Enr' row.

Enrollment Event	Enrollment Period	Effective Dates
<input checked="" type="radio"/> SSHE Health Open Enr	04/04/2025 – 04/15/2025	07/01/2025 – 12/31/9999

To get an overview of all of your enrolled benefits, go to [My Benefits](#)  
If you need to add a spouse/dependent, go to [My Family Members](#)

Next

## Step 2 – Select Benefits.

Enrolled plans are indicated with a green line and the status column lists, “Already Enrolled”. Unenrolled plans do not have a green line and the status column lists, “Not Enrolled”.

To update an already enrolled plan, select the arrow at the end of the row.

To enroll in an unenrolled plan, either select the Opt In icon or the arrow at the end of the row.

SSHE Health Open Enr All  ↑↓ ⚙️

Benefit Name	Benefit Type	Status	Start Date	Option	Coverage	Frequency	Action
Highmark PPO w/RX	Medical	Already Enrolled	07/01/2024	Highmark PPO	Single	Bi-weekly	<span>&gt;</span>
PASSHE Waive Medical	Medical	Not Enrolled	07/01/2024			Bi-weekly	<span>Opt In</span> <span>&gt;</span>
PASSHE Dental / Vision	SSHE Supp	Already Enrolled	07/01/2024	SSHE Dental / Vision	Single	Bi-weekly	<span>&gt;</span>
PASSHE Dental / Vision Waive	SSHE Supp	Not Enrolled	07/01/2024			Bi-weekly	<span>Opt In</span> <span>&gt;</span>

Next Cancel

Example of updating an already enrolled plan. (Medical Plan). Select the tier of coverage, then select or deselect your dependents as needed. Once everything is correct, select the Confirm Selection icon.

Highmark PPO w/RX

Participation Period from 07/01/2025 to 12/31/9999 Type-Medical Plans  
 Frequency: Bi-weekly Plan-Highmark

Choose Option Dependents

Option	Dependent Coverage	Employee Cost	Additional Post-Tax Costs	Imputed income
<input checked="" type="radio"/> Highmark PPO	Multi-Party		0.00 USD	0.00 USD
<input type="radio"/> Highmark PPO	Single		0.00 USD	0.00 USD
<input type="radio"/> Highmark PPO	Two Party		0.00 USD	0.00 USD

Deductions Are Pre-Tax

Dependents

Enrolled	Name	Relationship	Eligibility
<input checked="" type="checkbox"/>	Spouse Possible	Spouse	
<input type="checkbox"/>	Child 1 Possible	Child	
<input type="checkbox"/>	Child 2 Possible	Child	
<input type="checkbox"/>	Child 3 Possible	Child	
<input type="checkbox"/>	Child 4 Possible	Stepchild	Ineligible: Age of dependent exceeds the age limit

Confirm Selection Cancel

**Note:** Ineligible dependents will be clearly marked in the Eligibility column. If the dependent you wish to enroll is not listed, you will need to review and add dependents in the **My Family Members** tile first, then return to the **My Benefits Enrollment** tile.

Example of selecting a not enrolled plan (Medical).

Select the plan (there are no tiers of coverage or dependents in a waive plan), there is no further action needed. Once everything is correct, select the Confirm Selection icon.

PASSHE Waive Medical

Participation Period from 07/01/2024 to 12/31/9999 Type-Medical Plans

Frequency: Bi-weekly

Choose Option Dependents

Option	Dependent Coverage	Employee Cost	Additional Post-Tax Costs	Imputed Income
<input checked="" type="radio"/> SSHE Waive Coverage	Waived	0.00 USD	0.00 USD	0.00 USD

Deductions Are Pre-Tax

Dependents

Enrolled	Name	Relationship	Eligibility
No data			

Confirm Selection Cancel

When changing plans or dropping coverage by selecting the waive plan, the system will display a warning message to ensure the change is wanted.

⚠️ Opt In - PASSHE Waive Medical

You can opt in to only one benefit within a benefit type.  
Opting in to PASSHE Waive Medical will automatically change your enrollment in Highmark PPO w/RX to opting out, since both benefits belong to the same benefit type Medical.  
Are you sure you want to opt in to the benefit PASSHE Waive Medical and opt out of Highmark PPO w/RX?

OK Cancel

After all changes have been made, review the Status column for accuracy. Plans that are being dropped (unenrolling / Opting Out) are indicated with a red line. Once all plan changes have been reviewed, select the Next icon.

Possible, Kim (SAP Business Analyst HR/Payroll)

Select Enrollment Event >> Select Benefits >> Review Selections and Enroll

SSHE Health Open Enr All

Benefit Name	Benefit Type	Status	Start Date	Option	Coverage	Frequency	Action
Highmark PPO w/RX	Medical	Opting Out	07/01/2024				Opt In >
PASSHE Waive Medical	Medical	Opting In	07/01/2024	SSHE Waive Coverage	Waived	Bi-weekly	>
PASSHE Dental / Vision	SSHE Supp	Changing	07/01/2024	SSHE Dental / Vision	Multi-Party	Bi-weekly	>
PASSHE Dental / Vision Waive	SSHE Supp	Not Enrolled	07/01/2024			Bi-weekly	Opt In >

Next Cancel

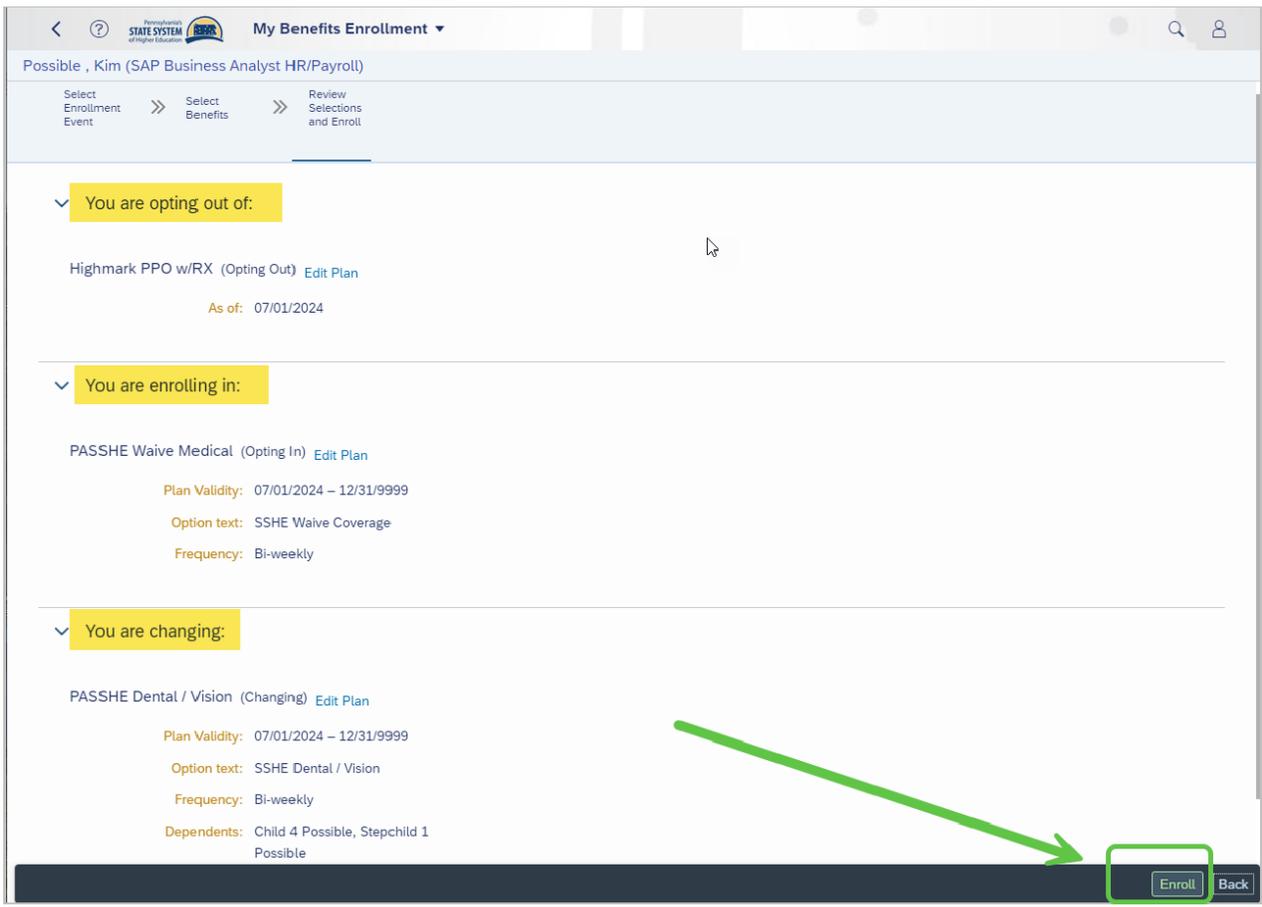
### **Step 3 – Review Selections and Enroll.**

Scroll down the page to review the changes from the previous step. This is the final step before submitting the changes.

If coverage is dropped by enrolling in the waive plan or coverage is elect in place of waiving, the system will display these changes under the Opting Out and Enrolling In sections of the review screen.

If there was a tier of coverage change on a plan that was previously enrolled, the system will display these updates in the Changing section of the review screen.

Once all changes are reviewed, select the Enroll icon.



This pop-up indicates the changes made for open enrollment were successful.  
**This is proof of changes made during the enrollment event**  
 Select the Exit icon.

✔ Success

Your benefits have been saved successfully.

A Confirmation Statement has been sent to your work email. Please retain this email as proof of enrollments/changes.

[Exit](#)

Email and Confirmation Statement.

Confirmation statement for benefits

2:11 PM

Confirmation Statement.pdf  
35 KB

Attachments + Get more add-ins

Dear Possible , Kim,

Kindly find attached benefits confirmation statement requested by you.

Your sincerely,

Benefits Team

Office of the Chancellor

Name of Employee	Possible , Kim	Benefit Group	SSHE
Personnel Number	00094941	Employee Subgroup	Salary FT 26.08 Pay
Personnel Subarea	Management	Date	04/17/2024
Employee Group	Permanent		

### Benefits Confirmation

Page 1 of 2

Plan Name	Start Date	End Date	Option	Coverage	Dependents/Beneficiaries	Costs/Contributions
PASSHE Waive Medical	07/01/2024	12/31/9999	SSHE Waive Coverage	Waived		0.00 Bi-weekly pre-tax
PASSHE Dental / Vision	07/01/2024	12/31/9999	SSHE Dental / Vision	Multi-Party	Child 4 Possible Stepchild 1 Possible	0.00 Bi-weekly pre-tax 45.99 Bi-weekly employer cost
State System EE's Assist Prog	12/17/2011	12/31/9999	State System EE Asst			1.20 Bi-weekly employer cost