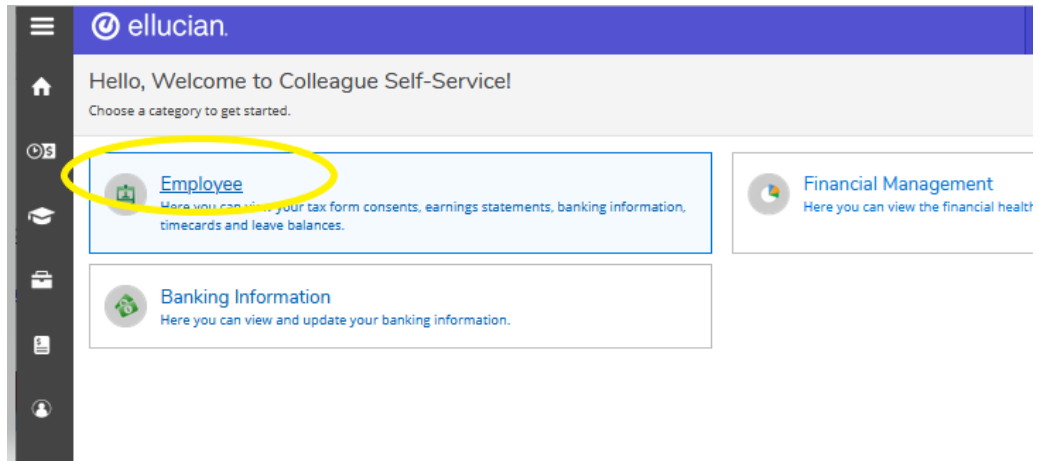
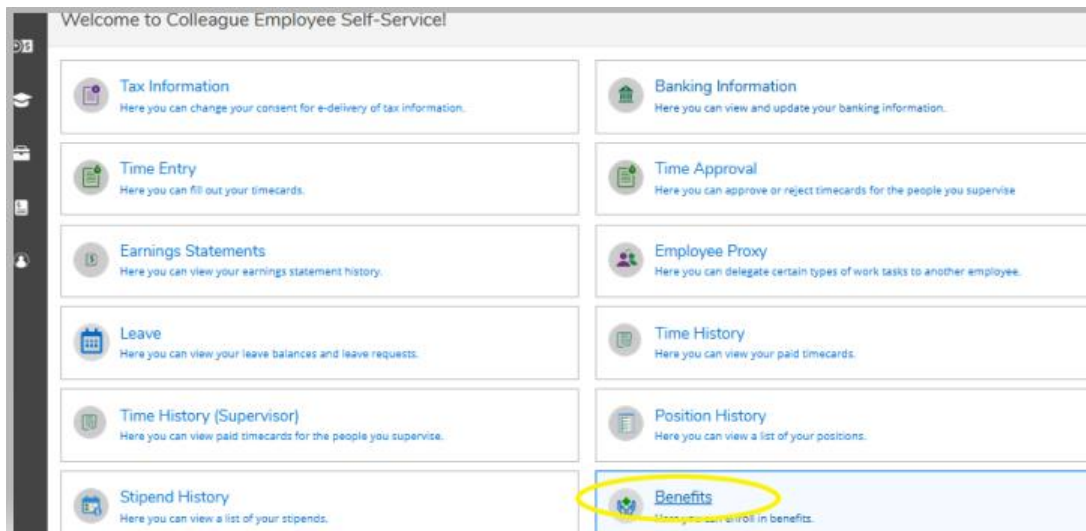


Instructions for Open Enrollment in Self-Service

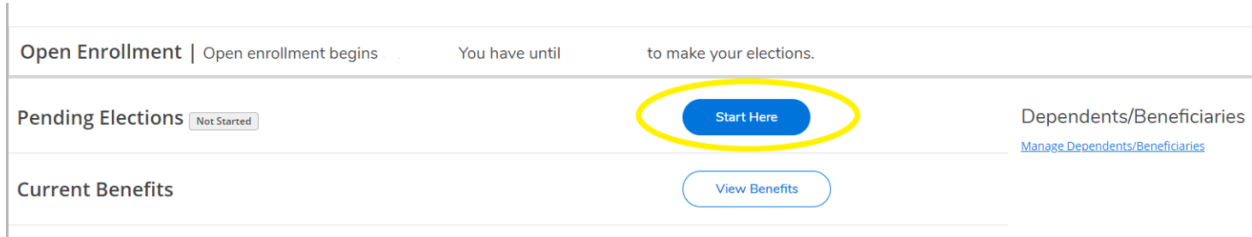
1. Go to <https://selfservice.roanoke.edu/Student/Account/Login?ReturnUrl=%2fStudent%2f>
2. Login to Self-Service
3. On the landing page, select “Employees”



4. In the lower left select on “Benefit”

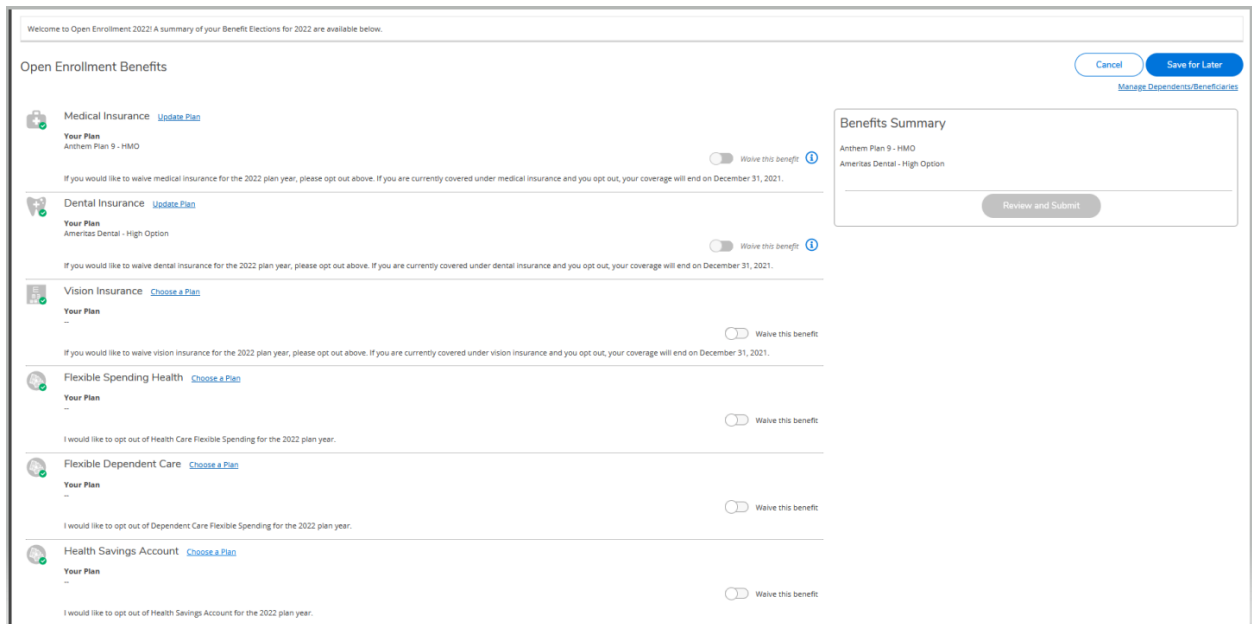


5. You will now see the Open Enrollment welcome screen with your current benefit elections. Under Open Enrollment – Pending Elections click “**Start Here**”



6. On the next page, you will see all benefits available during Open Enrollment including:

- **Medical Insurance**
- **Dental Insurance**
- **Vision Insurance**
- **Flexible Spending Health**
- **Flexible Dependent Care**
- **Health Savings Account**



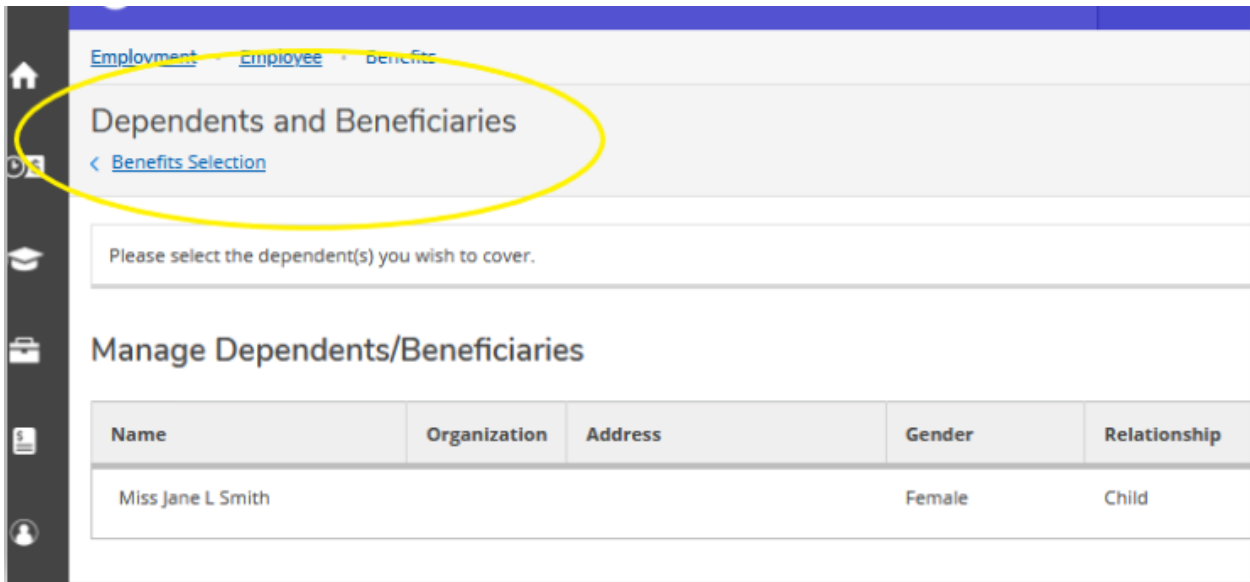
7. **IMPORTANT!** In order to review and submit your final elections **YOU MUST REVIEW ALL BENEFITS.** Even if you wish to continue the same elections for the new plan year.

If you wish to participate in **flexible spending** or **health savings**, then you must re-enroll or your contributions will be cancelled.















8. If you select a tier other than Employee Only for any benefit, you will be asked to select the dependents you wish to carry for the applicable benefit. At the bottom of the screen you must click on the “Add or Manage Dependents” button.

The screenshot shows a list of benefit options with checkboxes and document icons. The selected option is "Anthem Plan 9 HMO-Employee + Child(ren)". Below the list, a grey bar highlights the selected plan name. Underneath, the text "Dependents" is displayed, followed by a blue link "Manage Dependents/Beneficiaries". At the bottom, there is a toggle switch for "Waive this benefit" and a note: "If you would like to waive medical insurance for the 2022 plan year, please opt out above. If you are currently covered unde".

9. If you add dependents, you will be asked to add their information into your employee **Dependent/Beneficiary Pool**. In this pool, you will have to opportunity to list all of your eligible dependents with their full names, addresses, birth dates and social security numbers. Please have this information available when you are completing the online enrollment process. **Please note that you may cover dependents on your health, dental and vision plans until the end of the year they turn age 26.**
10. Once all dependents have been entered/ updated you must return to the benefits selections to select the eligible dependents you wish to carry. Click the Benefits Selections button.



11. Select the dependent(s) you wish to carry

- Anthem Plan 9 HMO-Employee + Child(ren)  
- Anthem Plan 9 Hmo-Employee + Spouse  
- Anthem Plan 9 HMO-Family  
- Anthem Plan 7 PPO-Employee Only  
- Anthem Plan 7 PPO-Employee + Spouse  
- Anthem Plan 7 PPO-Employee + Child(ren)  
- Anthem Plan 7 PPO-Family  

Anthem Plan 9 HMO-Employee + Child(ren)

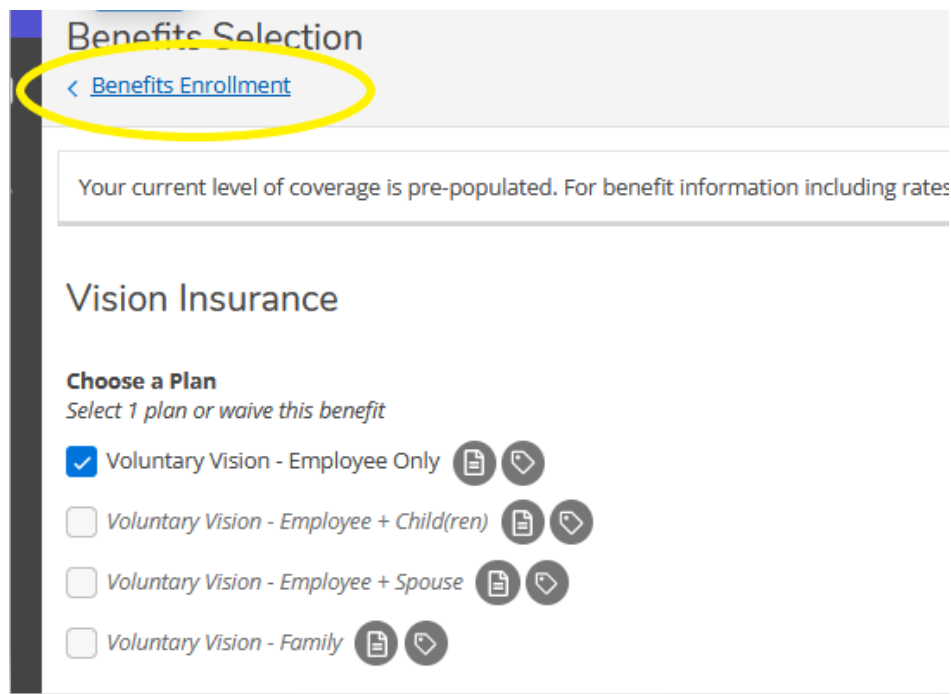
Dependents

- Miss Jane L Smith

[Manage Dependents/Beneficiaries](#)

12. When selecting the flexible spending accounts (FSA), you must list the **Annual Amount** and the system will calculate the pay period amount for you. Please **do not list the pay period amount** because this will cause an error in your flexible spending contribution. The annual maximum contribution amount for the Health Care FSA is \$2,750. The annual maximum contribution amount for Dependent Care FSA is \$5,000.

13. When selecting the health savings accounts (HSA), you must list the **Annual Amount** and the system will calculate the pay period amount for you. Please **do not list the pay period amount** because this will cause an error in your health savings account contribution. The annual maximum contribution amount for the Health Care HSA is \$3,150 (***\$3,650 less the \$500 Employer Contribution***) for employee only and \$6,300 (***\$7,300 less the \$1,000 Employer Contribution***) for Family.
14. **Enrollment in the health savings accounts (HSA) is limited to only those enrolled in Plan 7.** Should you wish to enroll in a medical expense related account and are not enrolling in Plan 7, please go back and select the flexible spending accounts (FSA) option.
15. **Please note:** After each benefit has been reviewed/elected you must select the **Benefits Enrollments** button to return to the main menu to select the next benefit you wish to review.



16. Once **ALL** benefits have been selected and you are ready to review and submit your final benefit elections select the **“Review and Submit”** button on the right side of the page.

Cancel
Save for Later

[Manage Dependents/Beneficiaries](#)

Waive this benefit i

per 31, 2021.

Waive this benefit i

31, 2021.

Benefits Summary

- Anthem Plan 9 - HMO
- Ameritas Dental - High Option
- Vision Insurance (Waived)
- Flexible Spending Health (Waived)
- Flexible Dependent Care (Waived)
- Health Savings Account (Waived)

Review and Submit

Please Note: The “Review and Submit” button will not turn **BLUE** until **ALL** benefits have been reviewed.

Benefits Summary

- Anthem Plan 9 - HMO
- Ameritas Dental - High Option
- Vision Insurance (Waived)
- Flexible Dependent Care (Waived)
- Health Savings Account (Waived)

Review and Submit

Not Ready to Review & Submit!

Benefits Summary

- Anthem Plan 9 - HMO
- Ameritas Dental - High Option
- Vision Insurance (Waived)
- Flexible Spending Health (Waived)
- Flexible Dependent Care (Waived)
- Health Savings Account (Waived)

Review and Submit

Ready to Review & Submit!

17. When you are presented with the final review and submission screen of your enrollment elections, please review your elections for accuracy.

18. Once you are ready to submit, click under the Terms and Conditions and select “**SUBMIT**”.

Review and Submit Open Enrollment Benefits

You have elected the following benefits. You may make changes until the enrollment period ends on

Benefit	Benefit Plan	Dependents/Beneficiaries	Health Care Provider Information	Coverage/Participation
Vision Insurance	Waived			
Flexible Spending Health	Waived			
Flexible Dependent Care	Waived			
Health Savings Account	Waived			
Medical Insurance	Anthem Plan 9 HMO-Employee + Child(ren)	Miss Jane L Smith		Employee + Child(ren)
Dental Insurance	Dental - High-Employee Only			Employee Only

Terms and Conditions

By checking the box below and clicking "SUBMIT", you are providing an electronic signature for your benefit enrollment selections and authorizing Roanoke College to withhold the associated premiums from your pay check on a pre-tax basis.

I have read and accepted these terms

Save for Later

Submit

19. Please note that you may go in to make changes any time during the enrollment period.
20. All final benefit selections must be completed **no later than November 8th**.

Contact Human Resources at 375-2442 or 375-2455 with any questions.