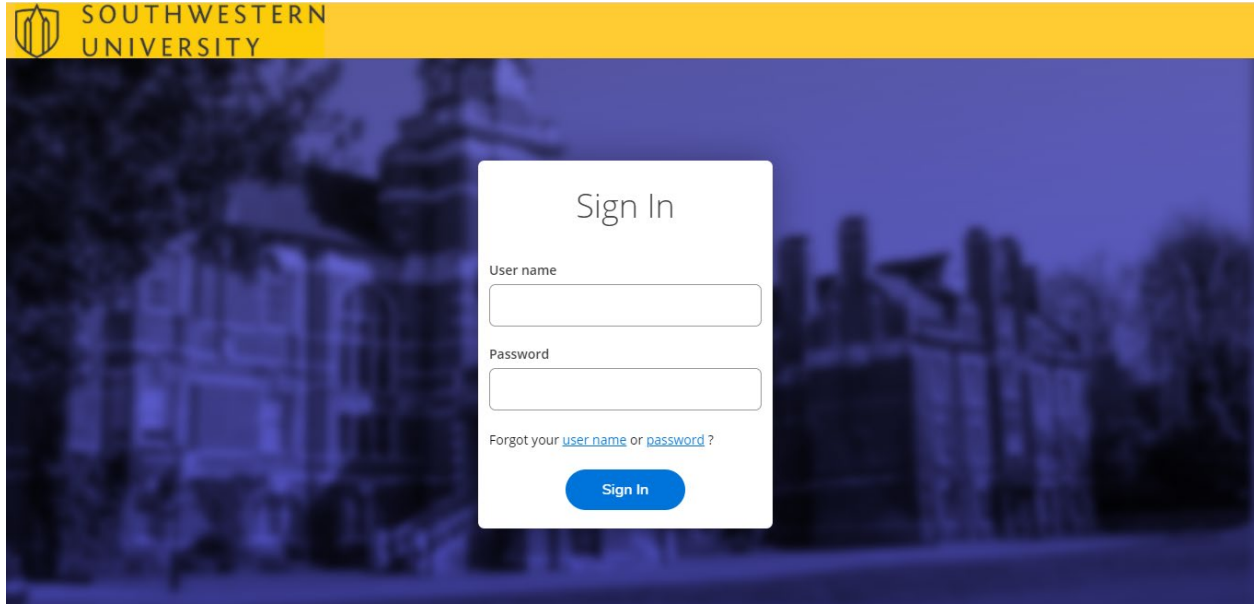
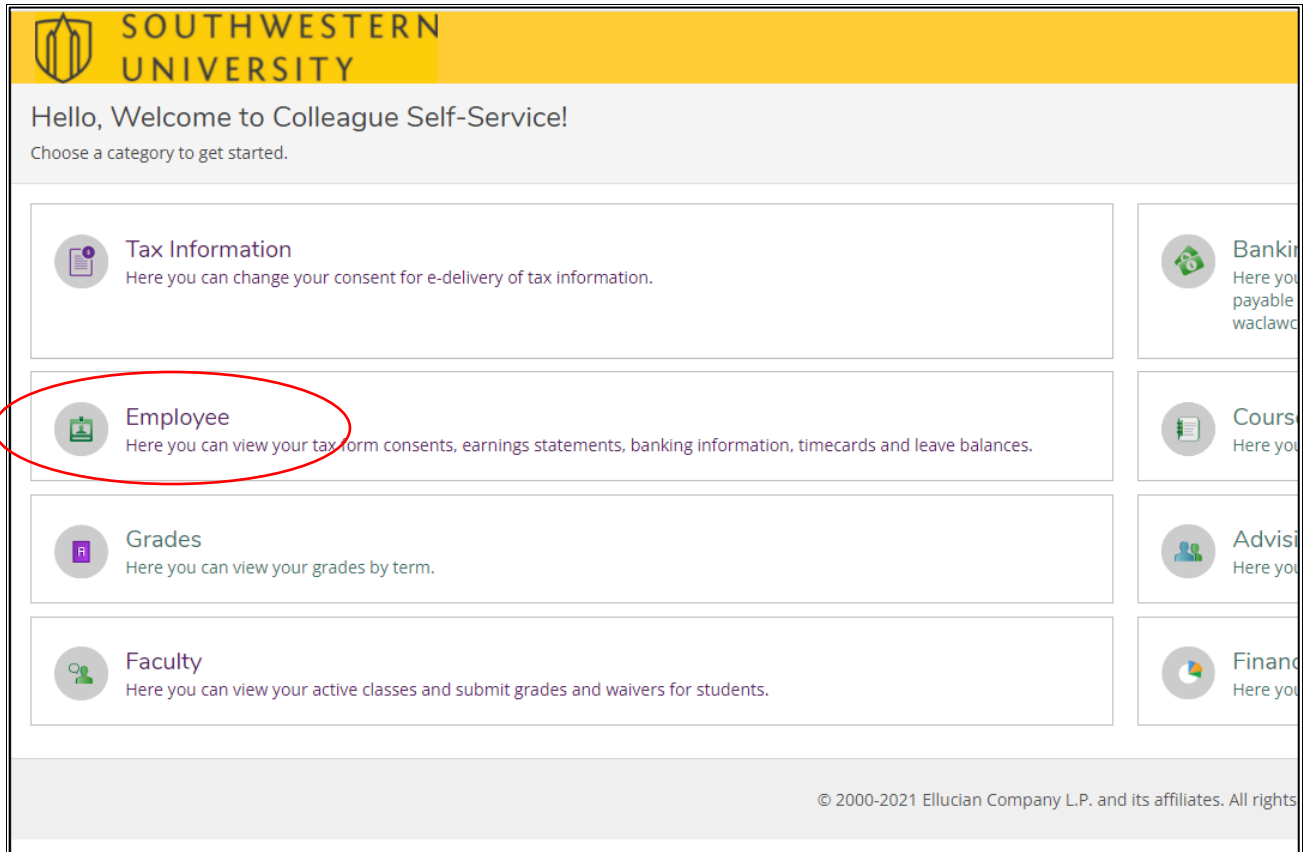




1. Sign into the Self Service with your SU login and password. <https://selfservice.southwestern.edu/Student/>

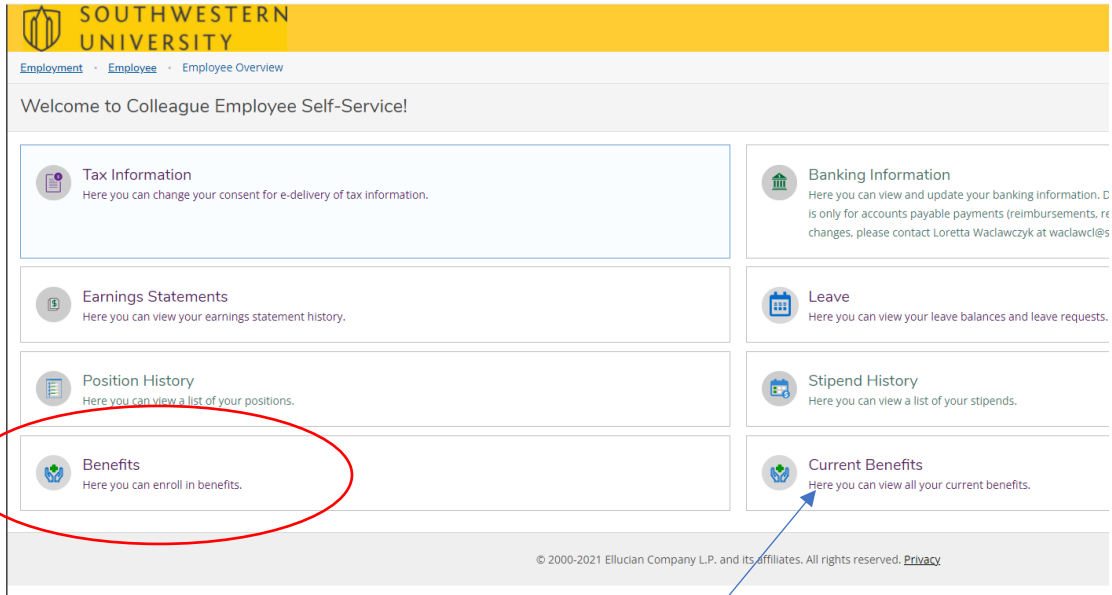


2. Once on the home page, click on Employee.



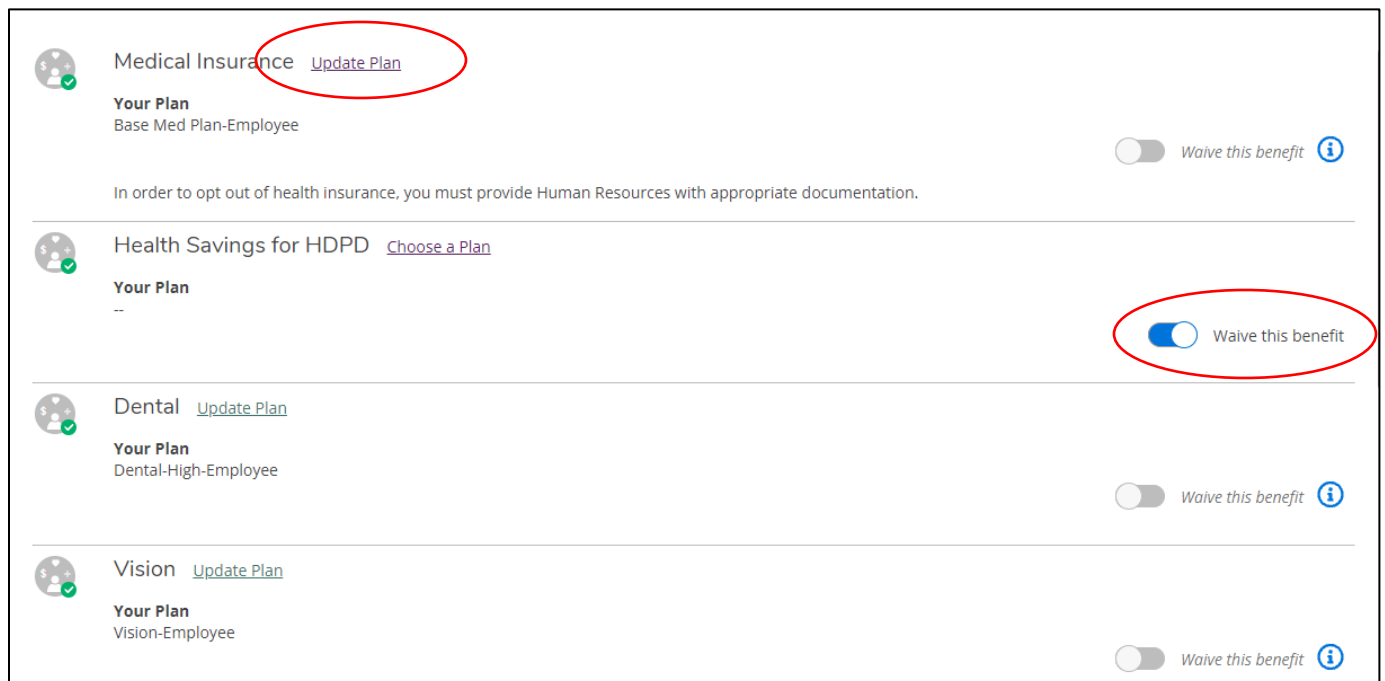
**Open Enrollment Dates: Friday, November 4, 2022 – Monday, November 14, 2022**

3. Next, click on Benefits.



Note, that on this screen, you can also view your Current Benefits throughout the year.

4. You will then see the Open Enrollment Page with the option to see your current elections and make your 2023 plan year elections.
5. To make elections click on 'Update Plan' or drag the 'Waive this benefit' circle to waive coverage. You **must** make a selection for each benefit listed.
  - If you previously waived coverage and are now electing coverage, you'll need to drag the circle away from the 'Waive this benefit' option first, then click on 'Update Plan' to make elections.
  - If you had coverage last year and want to elect different coverage, you must select 'Update Plan' and first "un-check" the current plan before being able to select a new plan.



**Open Enrollment Dates: Friday, November 4, 2022 – Monday, November 14, 2022**

Medical Coverage

Administered by Blue Cross and Blue Shield of Texas

Southwestern University offers two medical plan types with three options to meet the needs of you and your family. All plans require you to designate a Primary Care Physician (PCP) or require a referral to see a specialist. Out-of-network benefits are subject to additional restrictions.

Plans

- High Deductible Medical Plan (HDHP) - All services on this plan will be subject to the deductible/coinsurance except for preventive services. A Health Savings Account (HSA) is available for this plan.
- Base Med and Buy Up Med (PPO) Plans - These plans offer copays for your office visits and prescription drugs. All plans include a Flexible Spending Account (FSA).

For more information access the 2021 Benefits Summary at: <https://www.southwestern.edu/live/files/9251-swuenr>

MEDICAL PLANS	PLAN COST	PLAN NAME
High Ded Med Plan - Employee	\$0.00	Base Med Plan - Employee
High Ded Med Plan + Spouse	\$186.16	Base Med Plan + Spouse
High Ded Med Plan + Child(ren)	\$53.15	Base Med Plan + Child(ren)
High Ded Med Plan + Family	\$321.82	Base Med Plan + Family

Medical Insurance

**Choose a Plan**  
Select 1 plan or waive this benefit

High Ded Med Plan-Employee  
 High Ded Med Plan + Spouse  
 High Ded Med Plan + Child(ren)  
 High Ded Med Plan + Family  
 Base Med Plan-Employee  
 Base Med Plan + Spouse

After clicking on "Update Plan," you will be taken to a screen listing options for that coverage only. You will also see the net cost per pay period for each plan. The example here is for 12 Monthly insurance payments per year.

If you want to change your health coverage from 'Base Med Plan-Employee,' you would have to un-check this plan before being able to check a new option.

6. If you choose a plan that includes coverage for your Spouse, Children or Family, you will be prompted to provide your Dependent Information.

Base Med Plan - Employee  
 **Base Med Plan + Family**  
 Buy Up Med Plan-Employee  
 Buy Up Med Plan + Spouse  
 Buy Up Med Plan + Child(ren)  
 Buy Up Med Plan + Family

**Base Med Plan + Family**

**Dependents**

[Redacted]

[Manage Dependents/Beneficiaries](#)

If the dependents that you will be covering are included in the listing on this screen, you will just 'check' to include them.

Select 'Manage Dependents/Beneficiaries' to add additional family members.

If you will be adding new dependents, be prepared with their:

- Full Name
- Date of Birth
- Social Security number
- Relationship to You
- Address
- Gender
- Marital Status

**Open Enrollment Dates: Friday, November 4, 2022 – Monday, November 14, 2022**

7. Once you've completed making your selections, you can click on the 'Review and Submit' button in the Benefits Summary box.

8. After selecting 'Review and Submit,' you will be taken to another screen to first review your benefit choices along with 'Terms and Conditions Authorization.'

Review and Submit  
[Benefits Enrollment](#)

Review and Submit Open Enrollment Benefits  
 You have elected the following benefits. You may make changes until the enrollment period ends on 11/10/2021.

Benefit	Benefit Plan	Dependents/Beneficiaries	Health Care Provider Information	Coverage/Participation
Health Savings for HDPD	Waived			
Medical Insurance	Base Med Plan-Employee			Employee Only
Dental	Dental-High-Employee			Employee Only
Vision	Vision-Employee			Employee Only
Flexible Spending	Medical FSA			Annual: \$1,000.00 Pay Period: \$83.34

Terms and Conditions  
 Authorization

Scroll down the page to review this information and proceed with the confirmation process. You MUST check the box to accept the terms and submit your benefits elections.

- I authorize Southwestern University to make periodic salary reductions from my paycheck to be deposited in my account for the election period specified above in an amount equal to the premiums required for the coverage elected above plus the specific dollar amounts, if any, elected for the Flexible Spending Accounts and/or the Health Savings Account. The salary reductions will be made in substantially equal amounts, to the extent administratively feasible. I further authorize Discovery Benefits to disburse funds from my

Scroll down on this page to view and accept the full listing of Terms and Conditions. You will then be able to 'Submit' your 2023 Benefit elections.

## Open Enrollment Dates: Friday, November 4, 2022 – Monday, November 14, 2022

Flexible Spending	Medical FSA	Annual: \$1,000.00 Pay Period: \$83.34
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**Terms and Conditions**

**Authorization**

Scroll down the page to review this information and proceed with the confirmation process. You MUST check the box to accept the terms and submit your benefits elections.

- I authorize Southwestern University to make periodic salary reductions from my paycheck to be deposited in my account for the election period specified above in an amount equal to the premiums required for the coverage elected above plus the specific dollar amounts, if any, elected for the Flexible Spending Accounts and/or the Health Savings Account. The salary reductions will be made in substantially equal amounts, to the extent administratively feasible. I further authorize Discovery Benefits to disburse funds from my account in accordance with the Plan and my elections.
- I further acknowledge that I must submit Reimbursement Requests to receive reimbursement from my flexible spending account(s) if I did not utilize my debit card to pay for services. Additionally, I understand that there may be times that I will be required to provide an itemized receipt when my debit card is used.
- My elections (other than the Health Savings Account contributions), including coverage types, cannot be altered without a qualified "Change in Family Status" as defined by the Internal Revenue Code.
- The Southwestern University plan year runs from January 1, 2022 through December 31, 2022. The grace period for incurring Health Care and Dependent Care Flexible Spending Account expenses has been extended to March 15, 2023. The deadline for filing all claims will be April 30, 2023.
- The unused balance of the Flexible Spending Accounts are forfeited if unclaimed by April 30, 2023. I understand that if my employment terminates prior to March 15, 2023, the unused balance of the Flexible Spending Accounts are forfeited if unclaimed within 45 days following my termination date, unless otherwise extended under applicable continuation coverage rules.
- I hereby verify that, if I have elected salary reduction contributions for the Dependent Care benefit in the amounts which will exceed the \$2,500 in one calendar year, and if I am married, I will file a joint income tax return with my spouse.
- By participating and pre-paying the above premiums, the computing and reporting of my federal income tax will be based on my reduced salary, as will my FICA (social security) contributions.
- If I enroll in the HDHP and elect contributions to the Health Savings Account, I understand that I will be required to submit additional documentation to the custodian of the Health Savings Account in order to open, and have contributions made to, the Account. Further, I understand the applicable eligibility requirements for Health Savings Account contributions and confirm I am eligible to make such contributions and have contributions made on my behalf. I understand that I am solely responsible for any tax consequences related to my participation in the Health Savings Account.

I have read and accepted these terms


[Save for Later](#) [Submit](#)

9. Look for the 'Thank you' message at the bottom of the screen to confirm your benefits have been successfully submitted. There should also be a green box at the top right of your screen confirming your successful submission. You can then click on 'Download PDF' to get a copy of your elections.

[Employment](#) · [Employee](#) · [Benefits](#)

**Review and Submit**

[Benefits](#)


Your benefit elections have been submitted successfully.

**Review and Submit Open Enrollment Benefits**

You have elected the following benefits. You may make changes until the enrollment period ends on **11/10/2021**.

Benefit	Benefit Plan	Dependents/Beneficiaries	Health Care Provider Information	Coverage/Participation
Health Savings for HDPP	Waived			
Medical Insurance	Base Med Plan-Employee			Employee Only
Dental	Dental-High-Employee			Employee Only
Vision	Vision-Employee			Employee Only
Flexible Spending	Medical FSA			Annual: \$1,000.00 Pay Period: \$83.34

**Thank you for completing your open enrollment elections!**

Please review this online confirmation of benefits enrollment. If you have any changes or corrections, please contact Human Resources.

[Download PDF](#) [Change Elections](#) [Return to Benefits](#)