

Quick Guide to Open Enrollment

Welcome to Your Benefits

Virginia state agency employees eligible for Commonwealth benefits can access and oversee their health benefits and flexible spending accounts (FSA) through Cardinal. During the Annual Open Enrollment held each spring, adjustments to your health plan and FSAs can be made. Consider your options carefully and make any necessary changes to your health plan and FSA between **Wednesday**, **May 1**, **2024**, **and Wednesday**, **May 15**, **2024**. If you take no action, your current health plan will continue in the new plan year. Your FSA must be renewed annually.

Overview

This guide in Cardinal will help you successfully navigate your online open enrollment elections. Once you have reviewed your benefit plan options, visit **my.cardinal.virginia.gov** to make your elections.

Table of Contents

Cardinal Login & Access	2
View Current Benefit Elections	3
Enroll in Your Benefits	4
Enroll in Your Health Plan	5
Adding Dependent(s)	6
Flexible Spending Accounts	7
Confirm & Submit	8
Additional Support	9



Cardinal Login & Access





Notice and Warning

This system is the property of the Commonwealth of Virginia By accessing and using this computer system, you are consenting to system monitoring for law enforcement and other purposes. All activity on this system is molitored. Evidence of unauthorized access, unauthorized use, misuse, or abuse of this system or the information contained in this system shall be promptly reported to appropriate agency management, security personnel, and federal, state, and local law enforcement officials for investigation and criminal prosecution. You will also be subject to all criminal and civil penalties allowed by the law.

L Cardinal Usernam	10 2
Password	0
	Sign In
Forgot Username	Forgot Password
User Registration	Sign-on Help

Access Cardinal by visiting my.cardinal.virginia.gov

Enter your Username and Password, click the Sign In button.

First Time Cardinal User?

Based on your agency and the type of email address indicated in Cardinal (personal or agency-provided), registration may be required prior to accessing Cardinal for the initial login.

Unsure if you need to register? Refer to the <u>Cardinal Portal page</u> on the Cardinal website to understand who is required to register in Cardinal.

Need to Register?

Follow the <u>Cardinal Registration Quick Start Guide</u> for success. **Important!** You will need the following information:

- 11-digit Cardinal Employee ID
- Primary email address

Password or Login Issues?

Use the Cardinal Portal page on the Cardinal website for support.

View Current Benefit Elections

Accessing Benefits

Log in to Cardinal and click the Human Capital Management link on the portal welcome page to open your Cardinal Homepage.

Access all your benefit information by clicking the **Benefit Details** tile on the Cardinal Homepage.



Benefits Summary

Click **Benefits Summary** to view your current benefit enrollments. Click the expand icon (>) to view additional details for the corresponding benefit plan.

Open Enrollment allows you to elect or adjust your Medical plan and your Flex Spending Account(s).

	Benefit De	etails	۲	3 Q	:
Benefits Summary					
As Of	03/19/2024				
	Refresh				
Type of Benefit	Plan Description	Coverage or Participation			
Medical	COVA Care + Expanded Dental	Single	>		
Imputed Life	Imputed Life Insurance Income	Salary X 2	>		
403(b)		Waived			
Section 457	457 Plan 24 pay period EE	\$20 Before Tax	>		
Flex Spending Medical		Waived			
Flex Spending Dependent Care		Waived			
Employee Retirement DB	VRS 5% EE Pay Defined Benefit	5% of Earnings			
Group Term Life	Group Term Life-Regular	0% of Earnings			
Retiree Health Credit	Retiree Health Credit-Regular	0% of Earnings			
VSDP LTD	LTD/VSDP-Regular	0% of Earnings			
Flex Spending Admin Fee		Waived			
	Benefits Summary As of Type of Benefit Medical Imputed Life 403(b) Section 457 Flex Spending Medical Flex Spending Dependent Care Employee Retirement DB Group Term Life Retiree Health Credit VSDP LTD Flex Spending Admin Fee	Benefit Description Erfresh Type of Benefit Plan Description Medical COVA Care + Expanded Dental Imputed Life Imputed Life Insurance Income 403(b) Section 457 Section 457 457 Plan 24 pay period EE Flex Spending Medical Employee Retirement DB VRS 5% EE Pay Defined Benefit Group Term Life-Regular Retiree Health Credit Retiree Health Credit-Regular VSDP LTD LTD/VSDP-Regular Flex Spending Admin Fee LTD/VSDP-Regular	Benefit Details Benefit Summary As of 03/19/2024 (1) Type of Benefit Plan Description Coverage or Participation Medical COVA Care + Expanded Dental Single 2 Imputed Life Imputed Life Insurance Income Salary X 2 2 403(b) Waived 2 2 Section 457 457 Plan 24 pay period EE \$20 Before Tax 2 Flex Spending Medical Waived 2 2 Employee Retirement DB VRS 5% EE Pay Defined Benefit 5% of Earnings 2 Group Term Life Group Term Life-Regular 0% of Earnings 2 StDP LTD LTD/VSDP-Regular 0% of Earnings 2 Flex Spending Admin Fee Waived 2 2	Benefit Details Benefit Details	Benefit Details Image: Composition of the second of th



Enroll in Your Benefits

Begin Open Enrollment

Click the **Benefits Enrollment** menu item, then click **Start** to begin your Open Enrollment.

				Benefit Details		
Benefits Summary	Admin and Office Spec III					
🙀 Life Events	Benefits Enrollment					
Dependent Info						
🕉 Benefits Enrollment	Your Benefit Events					
Benefit Statements	Event Description \diamond		Event Date 🛇	Event Status 🛇	Job Title ≎	
	Open Enrollment	0	07/01/2024	Open	Admin and Office Spec III	Start

Benefits Enrollment

The Benefits Enrollment page displays all the available benefit plans that you can select during Open Enrollment.

This page will update your status and cost as you make your elections.

	Benefit Details	
Benefits Enrollment DHRM Employee Benefits The Enrollment Overview displays which benefit options are open for edits. All of your be Finrollment Summary	enefit changes will be effective the date of the open enrollment event.	
Your Pay Period Cost \$0.00 Status Pending Review Enrollment Preview Statement Submit Enrollment	Full Cost \$0.00 Employer Cost \$0.00	
Medical	Flex Spending Medical	Flex Spending Dependent Care
Current Walve New Walve Status Pending Review 🍄 0 Dependents	Current Walve New Walve Status Pending Review	Current Waive New Waive Status Pending Review
Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review
Flex Spending Admin Fee Current Waive New Waive Status Pending Review		
Pay Period Cost \$0.00 Review		



Enroll in Your Health Plan

Health Plan Selection

Begin your health plan selection by clicking the Medical tile on the Benefits Enrollment page. The Medical page will open.

On the Medical page, you can choose your health plan for the upcoming year. Should you need more time to make your selections, your session will be saved at whatever point you leave off.

Enroll in your Health Plan

Important! Make sure your dependents are listed correctly. If you need to add a dependent to your health plan who isn't already listed, click the **Add Dependent** button first. See the <u>next page</u> for guidance on adding dependent information.

- 1. Check the box next to each dependent you want covered under the health plan.
- 2. Click the **Select** button next to the health plan you want to enroll in for the new plan year.
- 3. Click Done.

Cancel				Me	edical		_	- 3	Done
All of our mor	ical choices promote wellages as part of their hope	fite and a	re quailable to protect you and	vour dependente if vou br	some sisk or injured		A D		
- Enroll Yo	r Dependents	ants and a	re available to protect you and y	your dependents if you be	come sick of injured.	1	Resources		
The following	list displays all individuals who are eligible for cove	erade as a	dependent. Dependents with a	check by their name are	currently enrolled on you	r plan. You may enroll other eligible	COVA HealthAware		
to uncheck th If you would I	a box next to their name. ke to enroll a new dependent, select Add Depende	nt below.	Once added, you must check th	e box next to their name	to enroll them for the new	plan year.	Tricare		
	Parandante	to provid	e supporting documentation to	validate eligibility for all ne	ewiy enrolled dependents.	Relationship			
	Dependents					Child	-		
-						Child			
Add Depe	ndent								
← Enroll in	Your Plan						-		
2	st snowing is based on the dependents enrolled. F	rians that	do not offer coverage for the de	Cost (After Tex)	Employer Cost	Pay Deried Cost			
			Cost (Belore Tax)	Cost (Alter Tax)	Employer Cost	Pay Period Cost			
~	waive	—				\$0.00			
Select	COVA HithAwr + Prev Den	0	\$26.00		\$634.00	\$26.00			
Select	COVA HIthAwr + Exp Den&Vis	٥	\$66.00		\$634.00	\$66.00			
Select	COVA HithAwr + Exp Den	0	\$55.50		\$634.00	\$55.50			
Select	COVA High Ded Plan + PrevDen	0			\$560.00	\$0.00			
Select	COVA High Ded Plan + Exp Den	0	\$30.50		\$560.00	Plan Details	5		
Select	COVA Care + Prev Dental	0	\$108.50		\$634.00	For more de	tails about	any plan.	
Select	COVACr+Prev Den+Out-of-ntwk	0	\$125.50		\$634.00	click the blue	e informatio	on icon next	
Select	COVA Care + Expanded Dental	0	\$140.00		\$634.00	to the plan	Vou con al	so find more	
Select	COVA Cr+Exp Den+Out-of-ntwk	0	\$157.00		\$634.00	io trie pian.			
Select	COVA Cr+Exp Den+Vision&Hrng	0	\$158.00		\$634.00	information i	n the Reso	ources	
Select	COVA+ExDen+Out-of-ntwk+Vs&Hr	0	\$175.00		\$634.00	section on th	ne page.		
Select	TRICARE	0	\$60.00			\$60.00			

Benefit Plans			
E			
Medical			Flex Spending Medi
Curr N Sta	ent Waive lew Waive tus Pending Review 420 Dependents		Current New Status
Pay Period C	ost \$0.00	Review	Pay Period Cost
Flex Spending Ad	dmin Fee		

The following list displays to uncheck the box next If you would like to enroll NOTE- Please follow up	s all individuals who are eli to their name. I a new dependent, select A with your agency Benefits
You have no dependent i	registered
Add Dependent	
	1



Adding Your Dependent(s)

How to Add Dependent(s)

If you need to add a dependent to your health plan who isn't already listed, click the **Add Dependent** button on the Medical page. The Dependent Info page will open, click **Add Individual** to add your dependent(s).

- 1. Add Name: Click Add Name and enter dependent's First and Last Name in the pop-up window.
- 2. Input Personal Information: Fill in all required personal information about your dependent.
- 3. Verify Address: Review the listed address. If it's correct, proceed to National ID. If not, select the address row and update the details.
- 4. Add National ID*: Click Add National ID and provide your dependent's Country, National ID Type, and National ID (Social Security Number).
- 5. Save: Click Save. A Saved Successfully window will pop-up, click OK.
- 6. Repeat as required until all dependents are added.

Cancel	Name	Done	Cancel	Individual Dependent In	formation
	Name Format English ~				5
	Name Prefix ~		Select Save after you have ed	dited your Dependent's information. The changes will go into effect of	n
	*First Name		Name		
	Middle Name	4	Add Name		
	*Last Name		Add Name		
	Name Suffix ~		B 11.6 1		
	Display Name		Personal Information		
	Pormai Name			*Date of Birth	Student Disabled and
				*Gender	Student, Disabled, and
			10.1.0		Smoker fields default to
			^Kelatio		the sure has a shear of a start
				*Marital Status Single ~	the values shown and
Cancel	Address	Done		*Student No V	should not be changed
				Dischlad Na	
	Same as mine Yes			Disabled No	They are not tracked in
	Address Type Home ~			*Smoker Non Smoker 🗸	Cardinal
	Country United States				Cardinal.
	Address 2				
	Address 3	3	Address	Addross Tupo	Same as mino
	City		Address	Address type	Same as mine
	State		1.000 1.000	Home	Same as mine >
	County				
			1		
Cancel	National ID	Done	National ID	*If you don't have a SS	N for your dependent
			No data exists	in you don't have a oor	it for your dependent,
	*country	Α	Add National ID	you can still save and	add your dependent.
	*National ID Type			Vour ogonov Ponofita A	dministrator will contact
L	*National ID	_		Tour agency benefits A	
			Phone		
	Primary Yes		Phone No data ovists	you later to obtain the S	SN.
	Primary Yes		Phone No data exists	you later to obtain the S	SN.
	Primary Yes		Phone No data exists Add Phone	you later to obtain the S	SN.
	Primary Yes		Phone No data exists Add Phone	you later to obtain the S Skip the Add Phone and Add I	SN.
	Primary Yes		No data exists Add Phone Email	you later to obtain the S Skip the Add Phone and Add I	SN.
	Primary Yes		Phone No data exists Add Phone Email No data exists If	you later to obtain the S Skip the Add Phone and Add I Information is not required for	SN. Email buttons, this dependents.



Flexible Spending Accounts

Elect your FSA

Two types of Flexible Spending Accounts (FSA) are available: Flex Spending Medical and Flex Spending Dependent Care.

If you use these plans, you must re-elect them every year.

To get started, click the tile of the FSA account you want to elect.

I	Flex Spending Medical		Flex Spending Depe	ndent Care
	Current Waive New Waive Status Pending Review		Current New Status	Waive Waive Pending Review
	Pay Period Cost \$0,00	eview	Pay Period Cost	\$0.00
1		_		

Review

Enter your FSA Pledge Amount

Cancel	Flex Spending Medical
The Health Care Spending Account allows you to use pre-tax dollars to pay	for eligible health care expenses. If you selected a Flex Spending Medical Plan, you must elect the Flex Spending Admin Fee.
	Annual Pledge Minimum \$1.00 Maximum \$2,850.00. Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

- 1. Click the **Select** button to elect the Flex Spending Account.
- 2. Enter your total FSA contribution for the plan year (not per paycheck) in the Annual Pledge field.
- 3. Click Done.

Review and Confirm

The Benefits Enrollment page will display, and the FSA tile will be updated with a Status of **Changed** and reflect the **Pay Period Cost** for your FSA contribution.

Repeat this process for each FSA you want to elect.

Flex Spe	nding Medical	
	Current Waive New Medical Elex Spending Account \$1,000 Status Changed	
Pay	Period Cost \$125.00	



Confirm & Submit

Confirm Your Elections

Check the following items to confirm your Open Enrollment elections:

- Enrollment Summary: Total Pay Period Cost
- Medical tile: Plan & total dependents enrolled match your coverage selections.
- FSA tiles: Plan & pay period cost match your elections

Benefits Enrollment DHRM Employee Benefits The Enrollment Overview displays which benefit options are open for edits. All The Enrollment Summary	of your be	nefit changes will be effective the date of the open enrollment event.	
,			
Your Pay Period Cost \$360.60 Status Pending Review Enrollment Preview Statement		Full Cost \$360.60 Employer Cost \$634.00 FSA Fee FSA D Medicat	
Benefit Plans			FSA Med
Medical		Flex Spending Medical	Flex Spending Dependent Care
Current Waive New COVA Care + Prev Dental Status Changed		Current Waive New Medical Flex Spending Account \$1,000 Status O Changed	Current Waive New Dependent Care FSA \$1,000 Status Changed
Pay Period Cost \$108.50	leview	Pay Period Cost \$125.00 Review	Pay Period Cost \$125.00 Review
Flex Spending Admin Fee	_		
Current Walve New Flex Spending Admin Fee Status Changed	N Fl	o action is required for the ex Spending Admin Fee tile.	
Pay Period Cost \$2.10		nis is informational only.	

Don't Forget to Click Submit!

	Benefit Details
Benefits Enrollment	
DHRM Employee Benefits	
The Enrollment Overview displays which	benefit options are open for edits. All of your benefit changes will be effective the
Your Pay Period Cost	\$360.60
Status	Pending Review
	Encellment Dravious Statement
	Enrollment Preview Statement
	Submit Enrollment

Confirmation Statement

An automated email titled "Your Health Benefits Confirmation Statement – Now Available Online" will be sent overnight from Cardinal. Whether you or your Benefits Administrator made the selections, you will receive this email. Log in to Cardinal to check your confirmation statement for Open Enrollment and verify your elections are correct.



Additional Support

Cardinal Support

Would you like to watch a video tutorial?

Scan the QR code to watch the Cardinal Open Enrollment tutorial video.

Looking for more Open Enrollment information?

Visit <u>www.cardinalproject.virginia.gov/oe</u>.

Need Step-by-Step Instructions?

Use the ESS How to Make Open Enrollment Elections job aid.

DHRM/OHB

OE VIDEO

Misplaced your Employee Spotlight newsletter? Need information on Premiums, Summaries of Benefits and Coverage (SBC), and/or the 2024 Enrollment Form? Visit <u>DHRM's Open Enrollment page</u> for support resources.

Questions about your Benefits?

Contact your agency's Benefits Administrator.

Technical Issue?

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	(!)

- Page not working in Cardinal?
- Unable to log in?

Submit a help desk ticket by emailing <u>vccc@vita.virginia.gov</u>.

Subject: Cardinal - <brief summary for routing>

Email Contents:

- Detailed information about your about your issue (i.e., functional area, page, actions, error)
- · Name, email address, and best contact phone number