



Open Enrollment Overview

This Job Aid provides a walkthrough of the enrollment steps you need to complete during Open Enrollment (OE) in Cardinal Employee Self-Service (ESS).

The dates shown throughout this Job Aid were taken for the 2022 Open Enrollment time frame. However, the process contained in this Job Aid applies to all Open Enrollment dates.

Throughout the Job Aid, there will be verbiage blurred out on the screenshots. Please remember to read the instructions and the fine print on the actual pages in Cardinal when going through the Open Enrollment steps.

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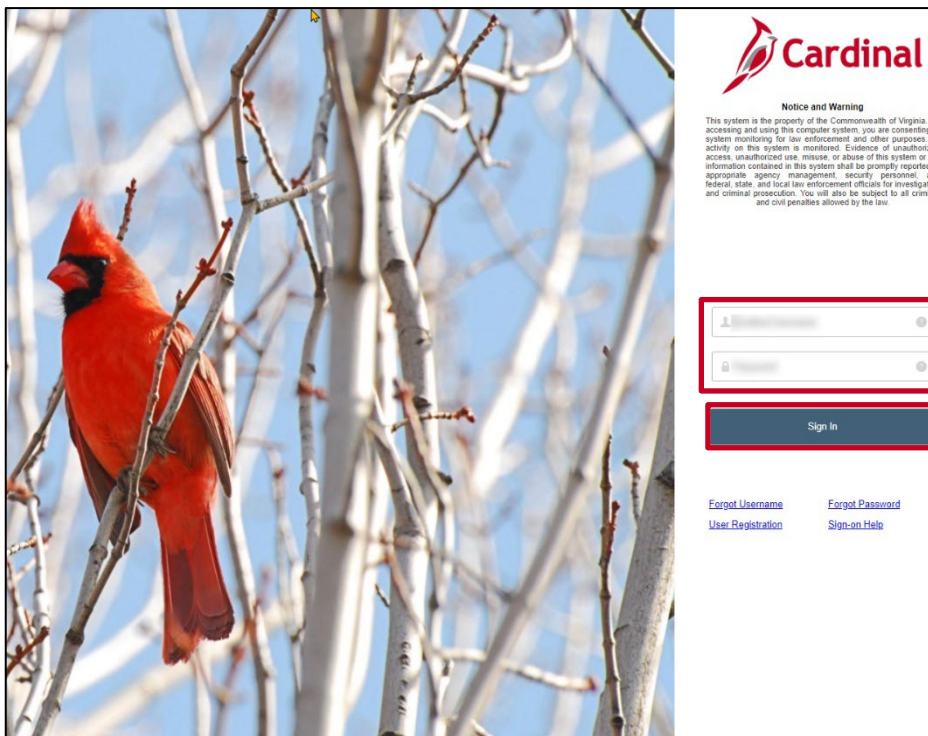
Making your Open Enrollment Elections (in ESS)2

Making your Open Enrollment Elections (in ESS)

The Open Enrollment process contained in this Job Aid can only be completed during the Open Enrollment (OE) period. Outside of the OE window, you can only change your benefits through a Life Event (i.e., Birth, Adoption, Divorce, Marriage, etc.) in Employee Self-Service or by contacting your agency Benefits Administrator (BA).

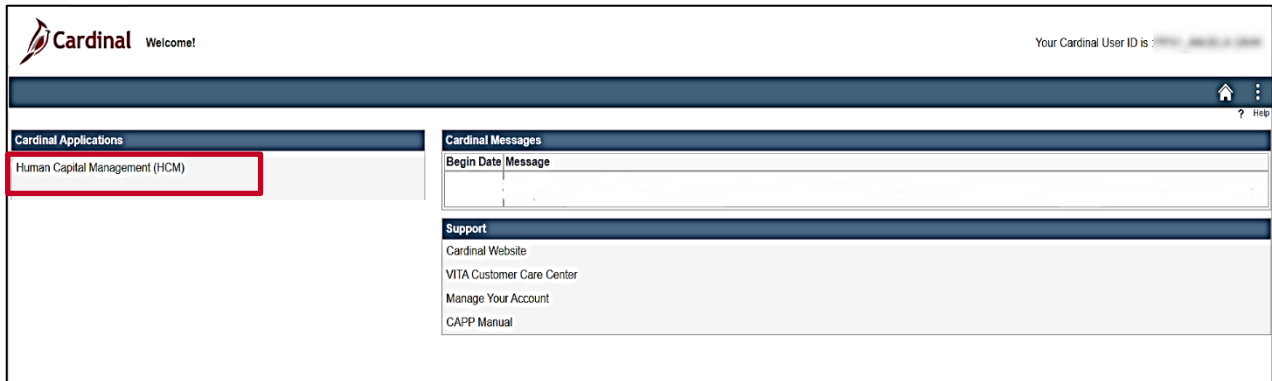
1. Log into **Cardinal** (my.cardinal.virginia.gov).

Note: For more information about Cardinal registration, see the Job Aid titled **Cardinal Registration Quick Start Guide**. This Job Aid is located on the Cardinal website in **Job Aids** under **Learning**.



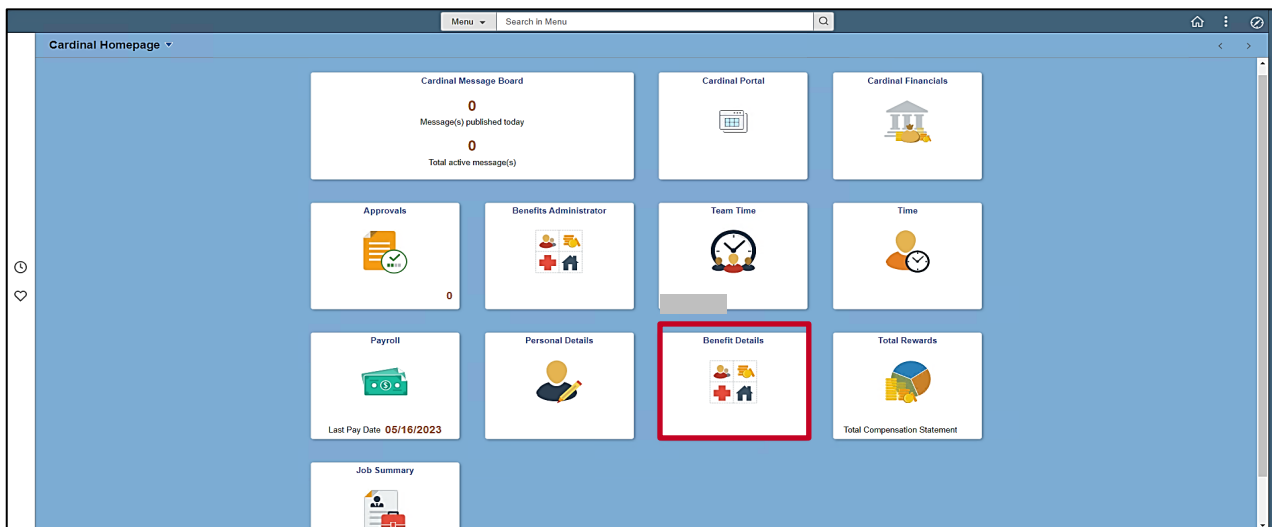
2. Enter your **User ID** and **Password**.
3. Click the **Sign In** button.

The **Portal Welcome** page displays.



4. Click the **Human Capital Management (HCM)** link.

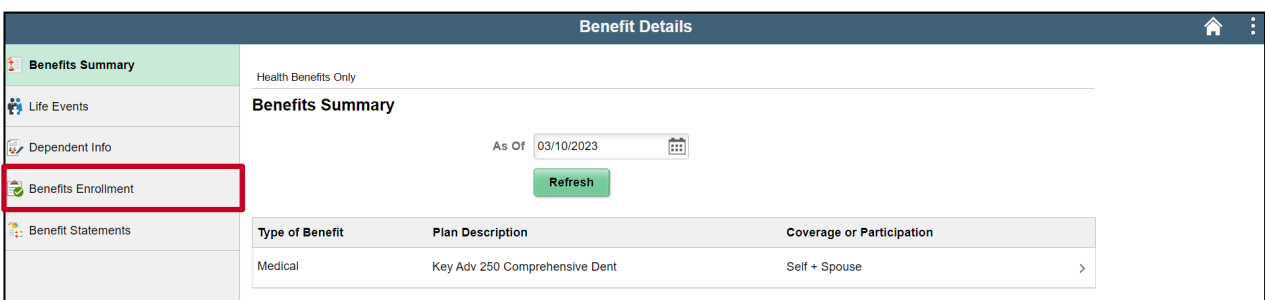
The **Cardinal Homepage** displays.



Note: Individual **Cardinal Homepage** tile availability and locations may appear differently based upon individual preferences and security settings.

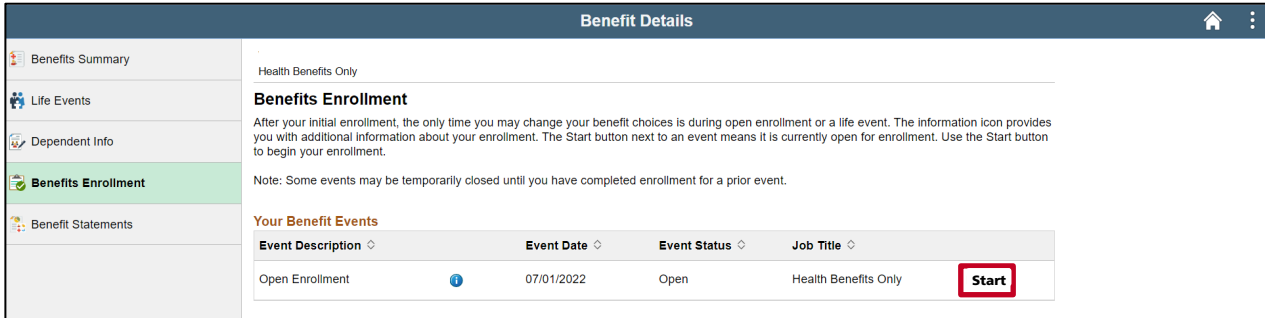
5. Click the **Benefit Details** tile.

The **Benefit Details** page displays with the **Benefits Summary** menu item displayed by default.



6. Click the **Benefits Enrollment** menu item on the left-hand side of the page.

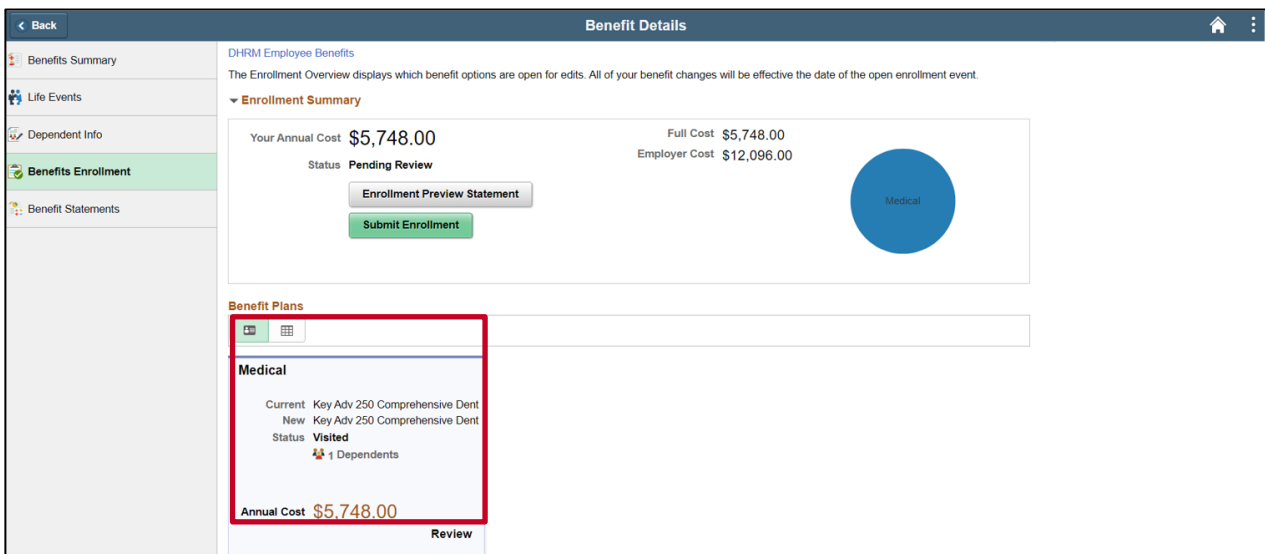
The **Benefits Enrollment** page displays.



- Click the **Start** button for the Open Enrollment event.

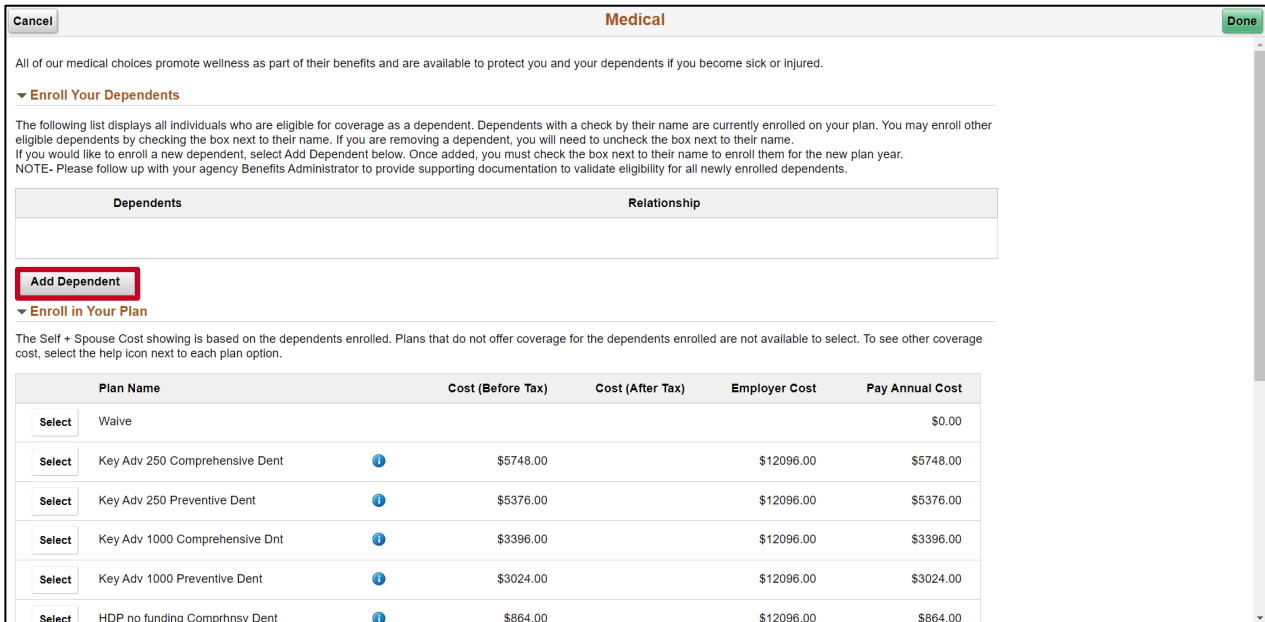
Note: If you have already completed any elections for this Open Enrollment and you need to make updates or any additional elections, the Status for the Open Enrollment event will be "Submitted" and the **Start** button will be replaced with a **Re-Elect** or a **Resume** button.

The **Benefits Enrollment** page displays for the Open Enrollment.



- Review your current enrollment information within the **Medical** tile. The New enrollment information defaults with the same enrollment information.
- Click the **Medical** tile to begin the enrollment process.

The **Medical** page displays.



Cancel Medical Done

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

▼ **Enroll Your Dependents**

The following list displays all individuals who are eligible for coverage as a dependent. Dependents with a check by their name are currently enrolled on your plan. You may enroll other eligible dependents by checking the box next to their name. If you are removing a dependent, you will need to uncheck the box next to their name. If you would like to enroll a new dependent, select Add Dependent below. Once added, you must check the box next to their name to enroll them for the new plan year. NOTE: Please follow up with your agency Benefits Administrator to provide supporting documentation to validate eligibility for all newly enrolled dependents.

Dependents	Relationship

Add Dependent

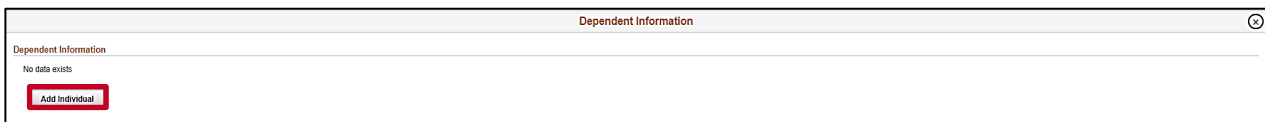
▼ **Enroll in Your Plan**

The Self + Spouse Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost
<input type="button" value="Select"/> Waive				\$0.00
<input type="button" value="Select"/> Key Adv 250 Comprehensive Dent ?	\$5748.00		\$12096.00	\$5748.00
<input type="button" value="Select"/> Key Adv 250 Preventive Dent ?	\$5376.00		\$12096.00	\$5376.00
<input type="button" value="Select"/> Key Adv 1000 Comprehensive Dnt ?	\$3396.00		\$12096.00	\$3396.00
<input type="button" value="Select"/> Key Adv 1000 Preventive Dent ?	\$3024.00		\$12096.00	\$3024.00
<input type="button" value="Select"/> HDP no funding Comprhnsv Dent ?	\$864.00		\$12096.00	\$864.00

- Review the existing dependents covered under your health plan to determine if changes are needed.
- If you need to add a dependent to your health plan coverage, click the **Add Dependent** button. If you are not adding a dependent, skip to Step 35.

The **Dependent Information** page displays.



Dependent Information ?

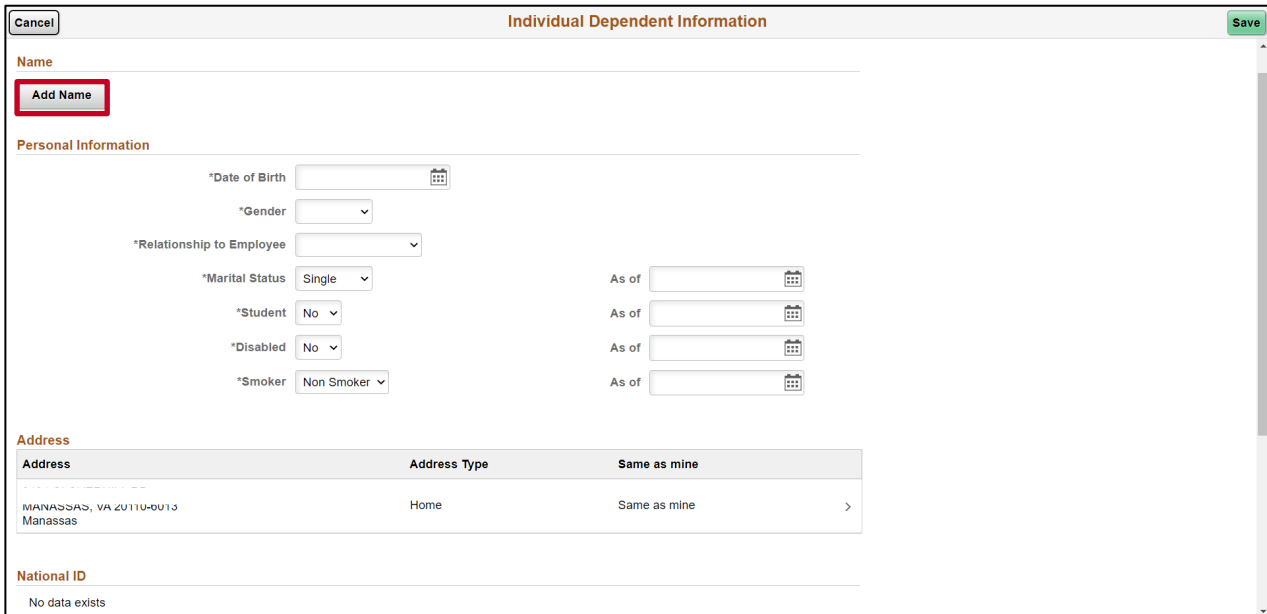
Dependent Information

No data exists

Add Individual

- Click the **Add Individual** button to add a dependent to your Employee Record.

The **Individual Dependent Information** page displays.



Individual Dependent Information

Name

Add Name

Personal Information

*Date of Birth

*Gender

*Relationship to Employee

*Marital Status Single As of

*Student No As of

*Disabled No As of

*Smoker Non Smoker As of

Address

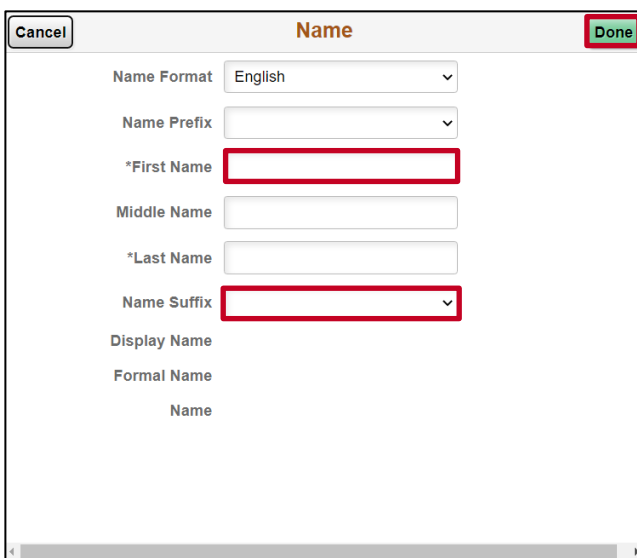
Address	Address Type	Same as mine
MANASSAS, VA 20110-0013 Manassas	Home	Same as mine >

National ID

No data exists

13. Click the **Add Name** button.

The **Name** page displays in a pop-up window.



Name

Done

Name Format English

Name Prefix

*First Name

Middle Name

*Last Name

Name Suffix

Display Name

Formal Name

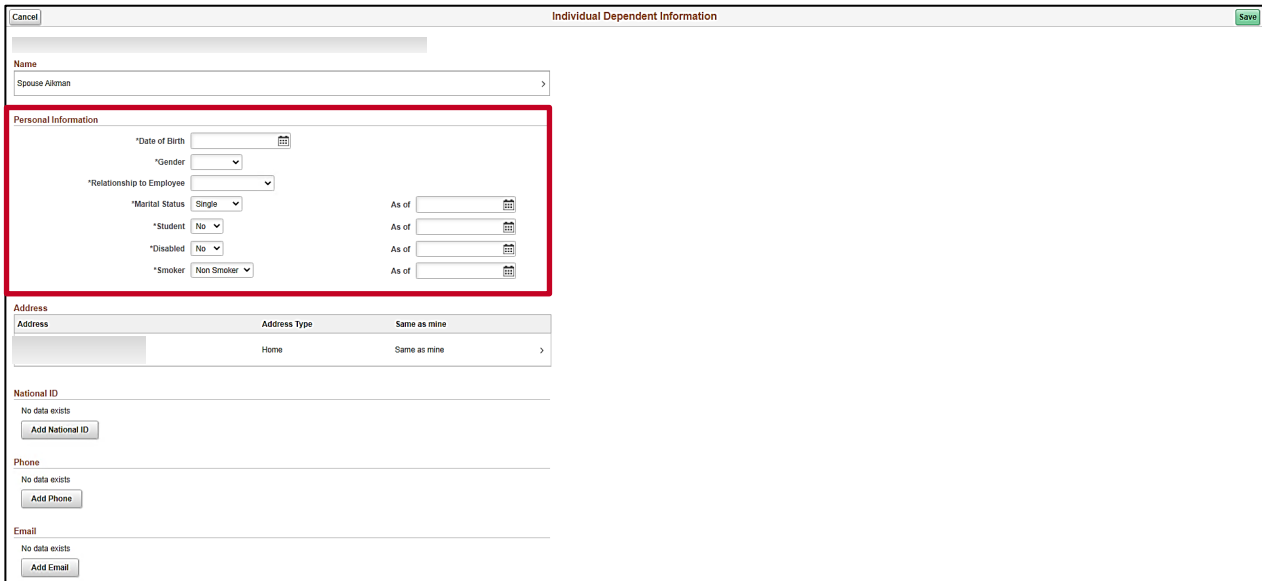
Name

14. Enter your dependent's name information in the corresponding fields. The **First Name** and **Last Name** fields are required.

Note: Suffixes should only be entered in the **Name Suffix** field.

15. Click the **Done** button.

The **Individual Dependent Information** page returns with the name populated.

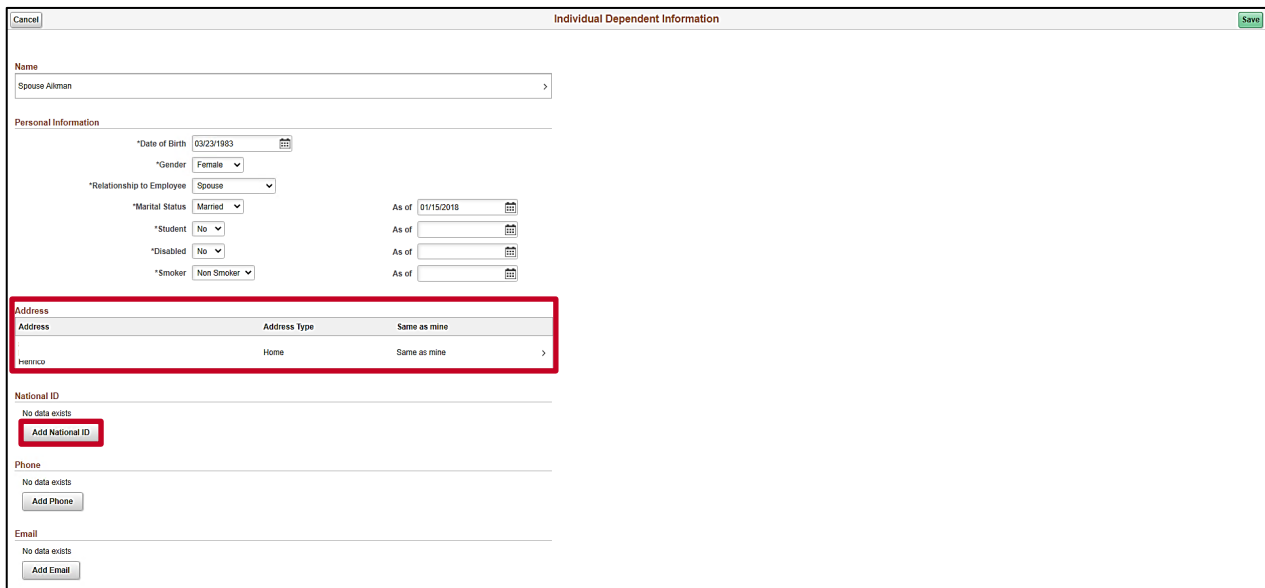


The screenshot shows a web form titled "Individual Dependent Information". At the top, there is a "Name" field with the value "Spouse Altman". Below this is the "Personal Information" section, which is highlighted with a red border. It contains several dropdown menus and text input fields:

- *Date of Birth: A text input field with a calendar icon.
- *Gender: A dropdown menu.
- *Relationship to Employee: A dropdown menu.
- *Marital Status: A dropdown menu set to "Single", followed by "As of" and a date field.
- *Student: A dropdown menu set to "No", followed by "As of" and a date field.
- *Disabled: A dropdown menu set to "No", followed by "As of" and a date field.
- *Smoker: A dropdown menu set to "Non Smoker", followed by "As of" and a date field.

 Below the Personal Information section are sections for "Address", "National ID", "Phone", and "Email". Each of these sections has a "No data exists" message and an "Add" button.


16. Enter your dependent's date of birth in the **Date of Birth** field or select the appropriate date of birth using the **Date of Birth Calendar** icon.
17. Select your dependent's gender using the **Gender** dropdown button.
18. Select your dependent's relationship to you using the **Relationship to Employee** dropdown button.
Note: All children to be covered under health benefits, regardless of age, must be listed as "Child".
19. Select your dependent's marital status using the **Marital Status** dropdown button.
20. The **Student** field defaults to "No". There is no requirement to update this field as the Student field is not tracked in Cardinal nor transmitted to the Health Benefits Vendor.
21. The **Disabled** field defaults to "No". Do not change this value.
Note: If your dependent is "Disabled", you must provide proof of disability to your Agency Benefits Administrator outside of Cardinal.
22. The **Smoker** field defaults to "No". Do not update this field as Cardinal does not track nor transmits smoker status to the Health Benefits Vendor.



Cancel Individual Dependent Information Save

Name
Spouse Altman >


Personal Information

*Date of Birth 03/23/1983 


*Gender Female

*Relationship to Employee Spouse


*Marital Status Married

As of 01/15/2018 


*Student No

As of 

*Disabled No

As of 

*Smoker Non Smoker

As of 

Address	Address Type	Same as mine
Innence	Home	Same as mine >

National ID

No data exists

Phone

No data exists

Email

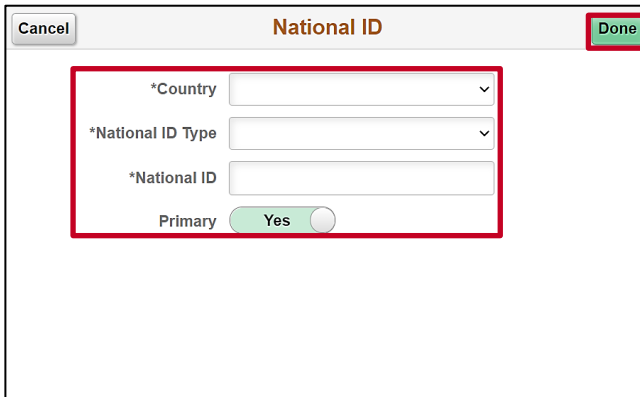
No data exists

23. If your dependent has the same address as you do, verify that the **Address** section is set to “Same as mine”.

Note: If your dependent has a different address than you, click on the address row and edit the dependent’s address information accordingly.

24. Click the **Add National ID** button within the **National ID** section.

The **National ID** page displays in a pop-up window.

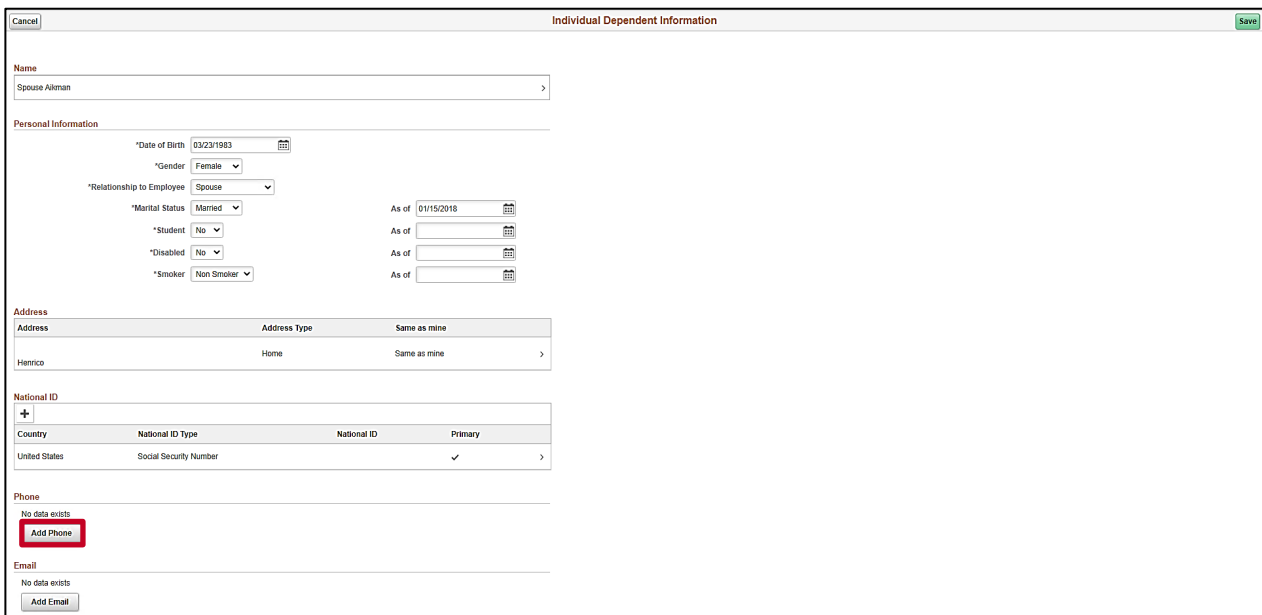


25. Complete the **Country**, **National ID Type**, and **National ID (SSN)** fields for the dependent.

Note: “No” can only be selected for the **Primary** slide field if there is more than one type of National ID listed for the dependent (e.g., dual citizenship).

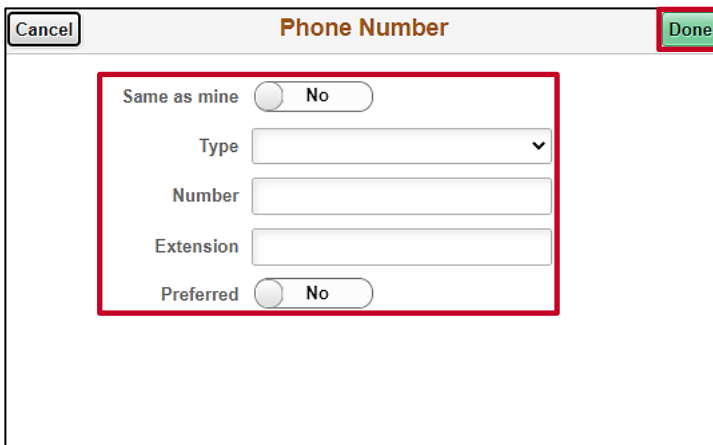
26. Click the **Done** button.

The **Individual Dependent Information** page returns.



27. Click the **Add Phone** button within the **Phone** section.

The **Phone Number** page displays in a pop-up window.

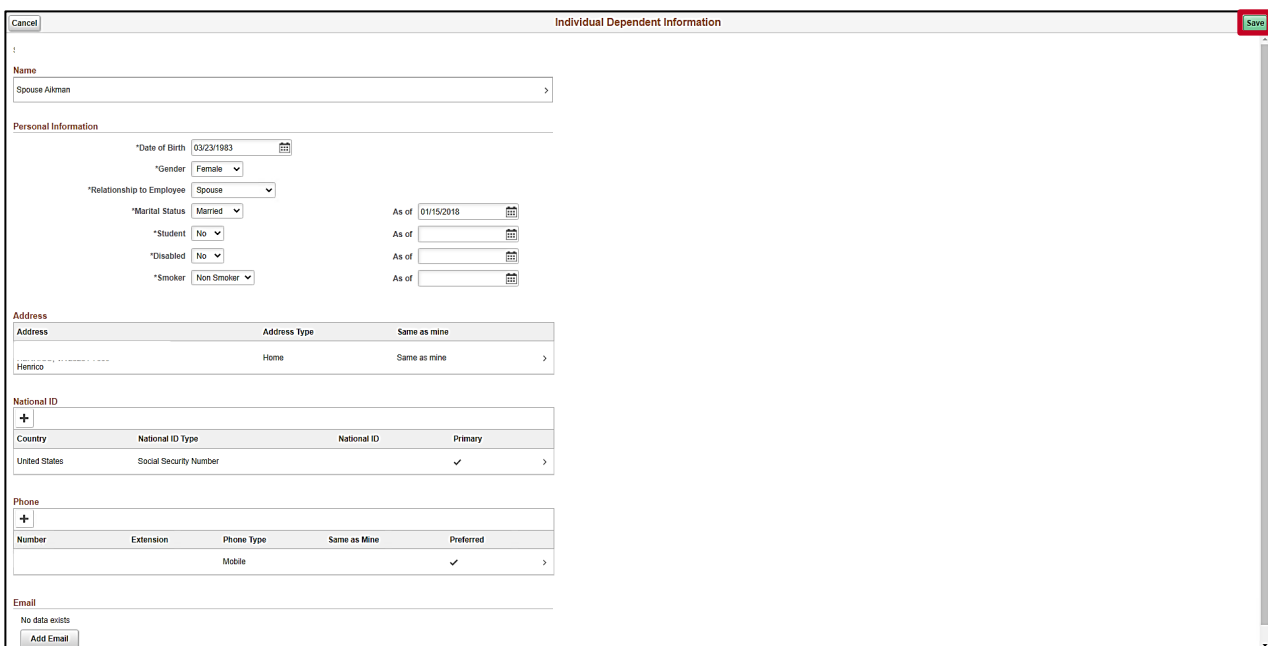


28. Select “Yes” for the **Same as Mine** slider field as applicable. If not, enter the dependent’s phone information in the corresponding fields.

Note: Phone number information is not required for dependents.

29. Click the **Done** button.

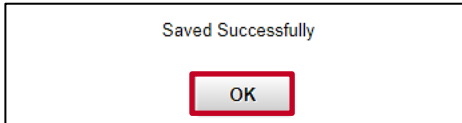
The **Individual Dependent Information** page returns.



30. Click the **Save** button in the top right-hand corner of the page.

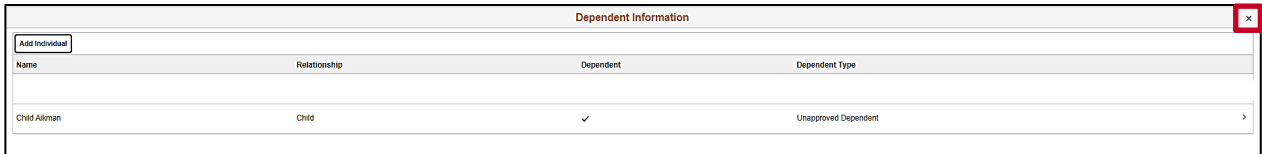
Note: If you don’t have an SSN for your dependent, the record will save without a National ID entered. However, your agency Benefits Administrator will reach out to obtain the SSN in the future.

A **Saved Successfully** message displays in a pop-up window.



31. Click the **OK** button.

The **Dependent Information** page returns.

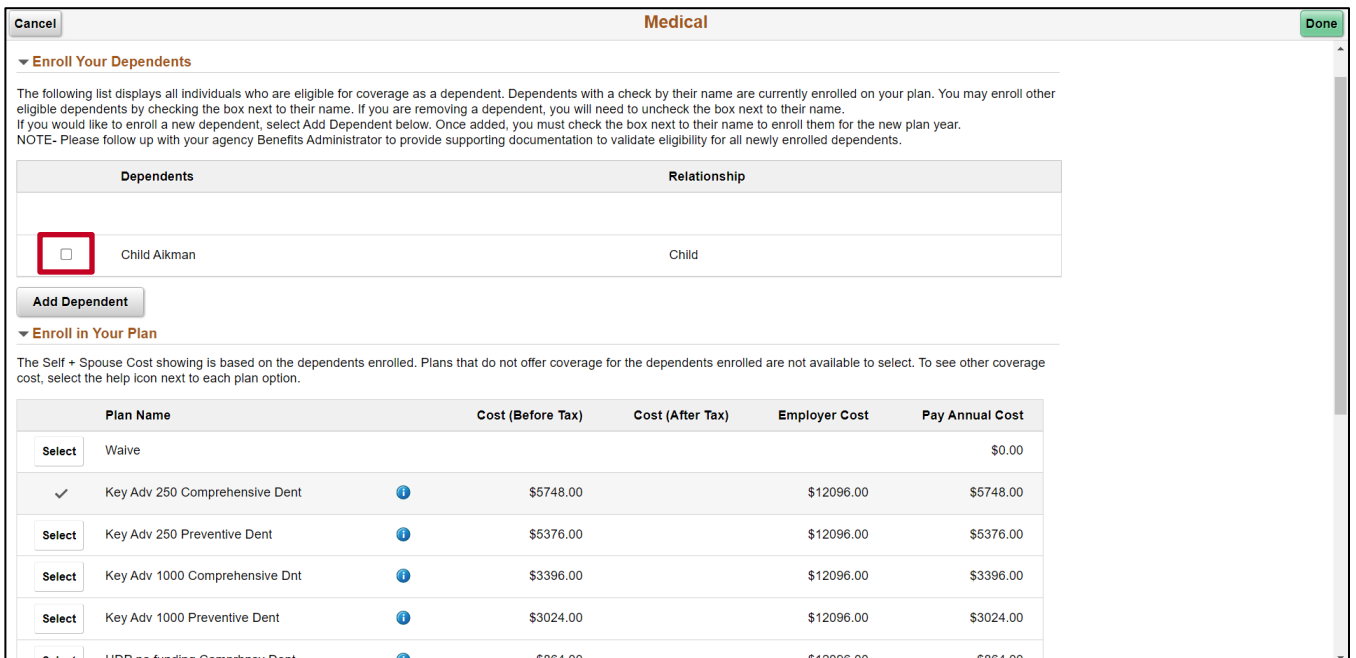


32. Repeat Steps 12 – 31 as required until all dependents are added.

Note: When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **Do not miss your Open Enrollment deadline.** If you **do not** have the documentation, you can still submit your election request. The eligibility documents can be submitted later. Supporting documentation must be submitted **within 60 days** of the Open Enrollment Event Date. See your agency Benefits Administrator for more information.

33. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner of the page.

The **Medical** page returns.

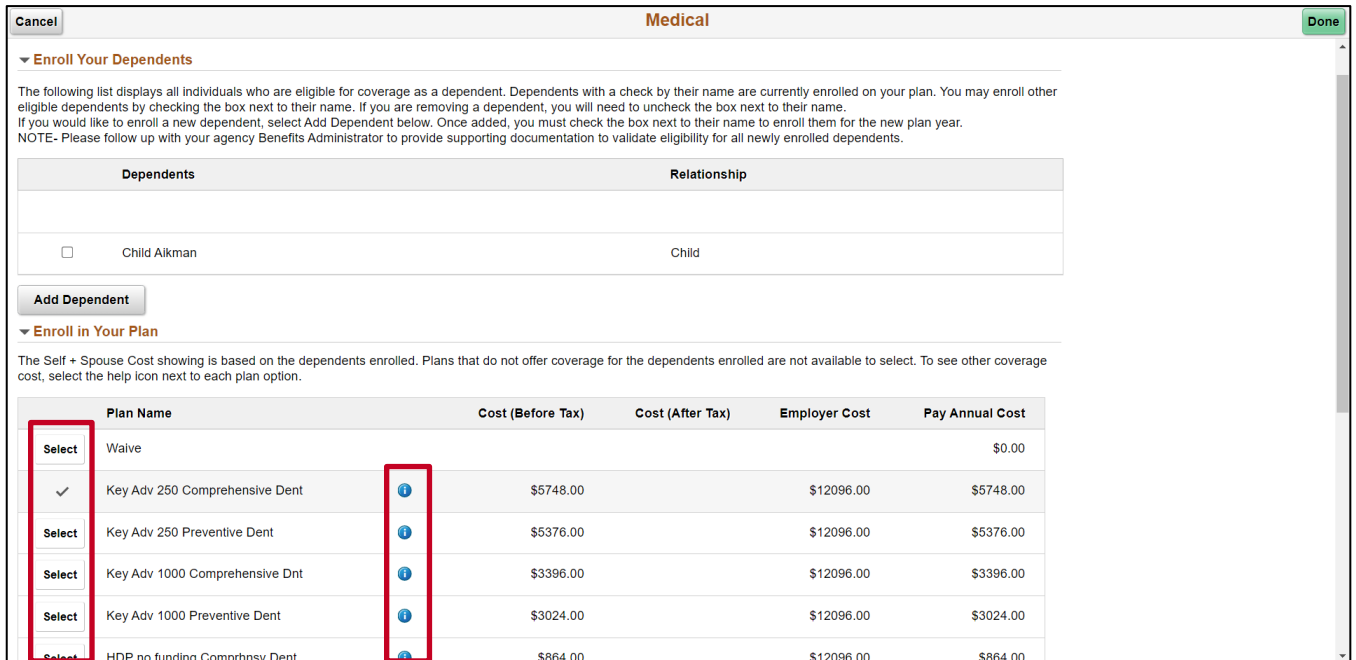


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34. Within the **Enroll Your Dependents** section, select the **Enroll** checkbox option for each dependent you want covered for the new plan year.

Note: As you select dependents, the coverage costs below will update accordingly.

The **Medical** page refreshes.



Medical

Enroll Your Dependents

The following list displays all individuals who are eligible for coverage as a dependent. Dependents with a check by their name are currently enrolled on your plan. You may enroll other eligible dependents by checking the box next to their name. If you are removing a dependent, you will need to uncheck the box next to their name. If you would like to enroll a new dependent, select Add Dependent below. Once added, you must check the box next to their name to enroll them for the new plan year. NOTE- Please follow up with your agency Benefits Administrator to provide supporting documentation to validate eligibility for all newly enrolled dependents.

Dependents	Relationship
<input type="checkbox"/> Child Aikman	Child

Add Dependent

Enroll in Your Plan

The Self + Spouse Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost
<input type="button" value="Select"/> Waive				\$0.00
<input checked="" type="checkbox"/> Key Adv 250 Comprehensive Dent <input type="button" value="i"/>	\$5748.00		\$12096.00	\$5748.00
<input type="button" value="Select"/> Key Adv 250 Preventive Dent <input type="button" value="i"/>	\$5376.00		\$12096.00	\$5376.00
<input type="button" value="Select"/> Key Adv 1000 Comprehensive Dnt <input type="button" value="i"/>	\$3396.00		\$12096.00	\$3396.00
<input type="button" value="Select"/> Key Adv 1000 Preventive Dent <input type="button" value="i"/>	\$3024.00		\$12096.00	\$3024.00
<input type="button" value="Select"/> HDP no funding Comprhnsy Dent <input type="button" value="i"/>	\$864.00		\$12096.00	\$864.00

35. Within the **Enroll in Your Plan** section, select the Health Plan you wish to enroll in for the new plan year by clicking the corresponding **Select** button.

Note: Optionally click the blue **Information** icon for any of the plans to view additional information.



The **Medical** page refreshes with the selected plan. A green checkmark displays for the selected plan.

Cancel Medical Done

▼ **Enroll Your Dependents**

The following list displays all individuals who are eligible for coverage as a dependent. Dependents with a check by their name are currently enrolled on your plan. You may enroll other eligible dependents by checking the box next to their name. If you are removing a dependent, you will need to uncheck the box next to their name. If you would like to enroll a new dependent, select Add Dependent below. Once added, you must check the box next to their name to enroll them for the new plan year. NOTE- Please follow up with your agency Benefits Administrator to provide supporting documentation to validate eligibility for all newly enrolled dependents.

Dependents	Relationship
<input type="checkbox"/> Child Aikman	Child

Add Dependent

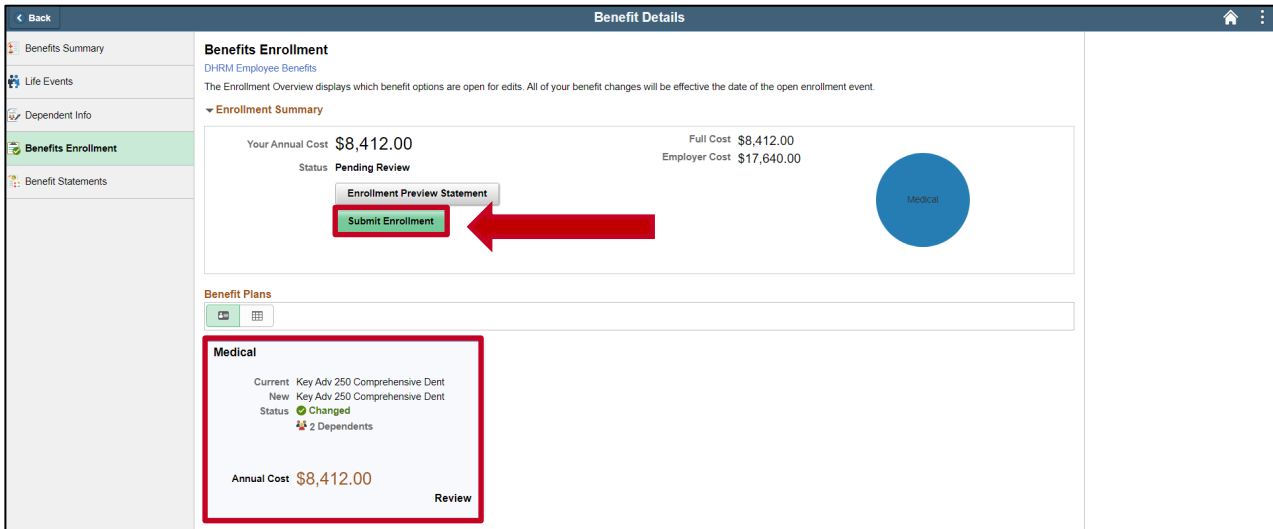
▼ **Enroll in Your Plan**

The Self + Spouse Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

	Plan Name		Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost
<input type="button" value="Select"/>	Waive					\$0.00
<input checked="" type="checkbox"/>	Key Adv 250 Comprehensive Dent		\$5748.00		\$12096.00	\$5748.00
<input type="button" value="Select"/>	Key Adv 250 Preventive Dent		\$5376.00		\$12096.00	\$5376.00
<input type="button" value="Select"/>	Key Adv 1000 Comprehensive Dnt		\$3396.00		\$12096.00	\$3396.00
<input type="button" value="Select"/>	Key Adv 1000 Preventive Dent		\$3024.00		\$12096.00	\$3024.00
<input type="button" value="Select"/>	HDP no funding Comprhnsy Dent		\$864.00		\$12096.00	\$864.00

36. Click the **Done** button in the upper right-hand corner of the page.

The **Benefit Details** page returns.



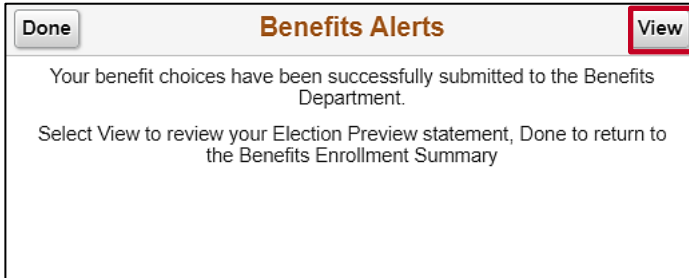
37. Review the updated information in the **Medical** tile.

Note: The **Medical** tile now displays the Annual Period Cost for the new plan year. Additionally, the **Medical** tile now has a Status of “Changed”.

38. Click the **Submit Enrollment** button.

Note: This step **must** be performed in order to successfully submit your open enrollment elections.

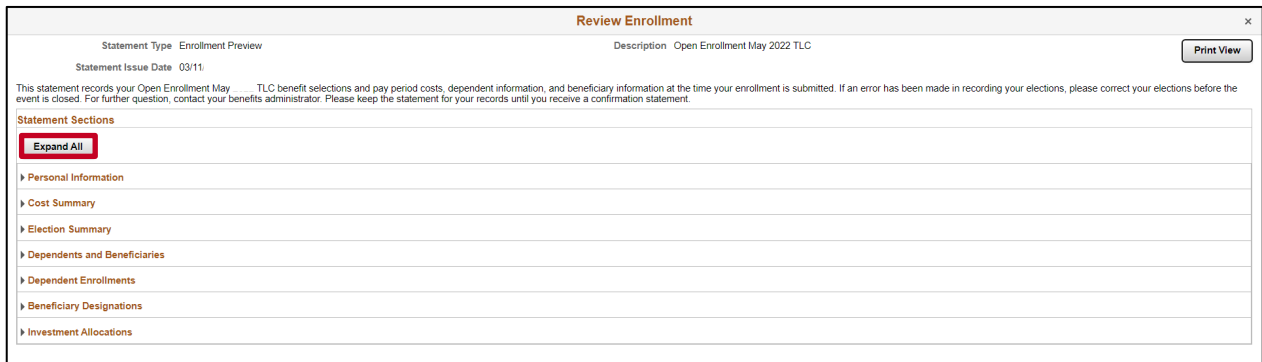
A **Benefits Alerts** message displays in a pop-up window.



39. Click the **View** button to review your Election Preview Statement.

Note: If you don't want to review your Election Preview Statement, click the **Done** button and you have completed the open enrollment process.

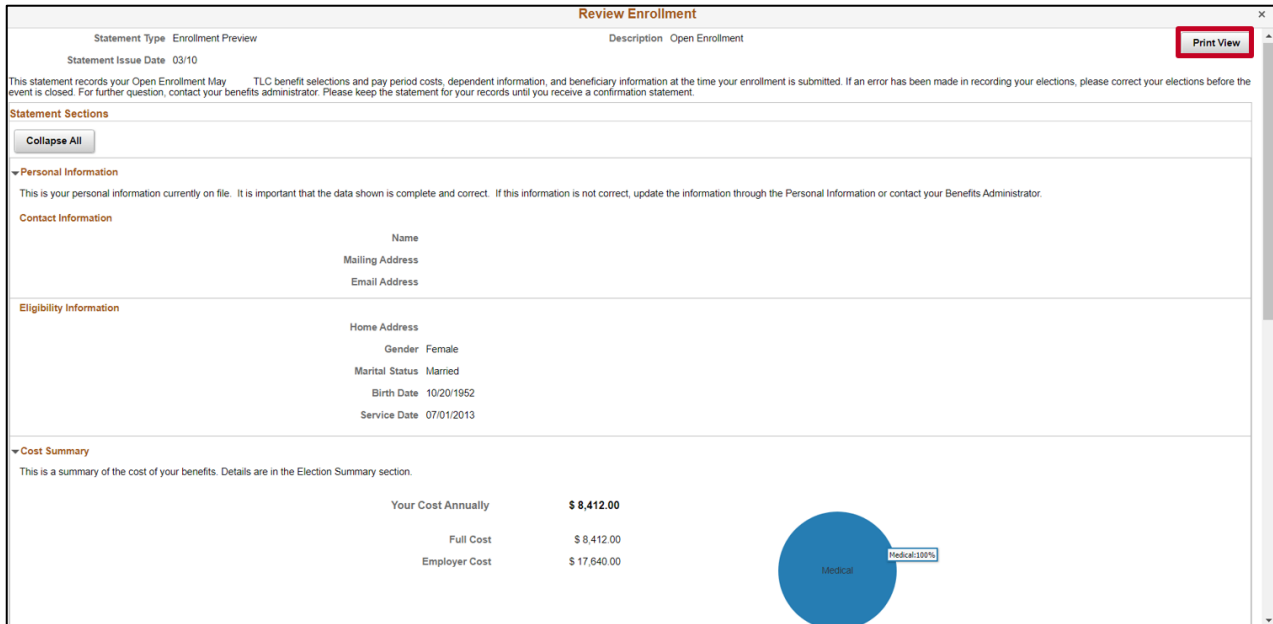
The **Review Enrollment** page displays.



40. Click the **Expand All** button.

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The **Review Enrollment** page refreshes and the detailed information displays.



Statement Type: Enrollment Preview | Description: Open Enrollment | **Print View**

Statement Issue Date: 03/10

This statement records your Open Enrollment May TLC benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

Personal Information
 This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

Contact Information

Name	
Mailing Address	
Email Address	

Eligibility Information

Home Address	
Gender	Female
Marital Status	Married
Birth Date	10/20/1952
Service Date	07/01/2013

Cost Summary
 This is a summary of the cost of your benefits. Details are in the Election Summary section.

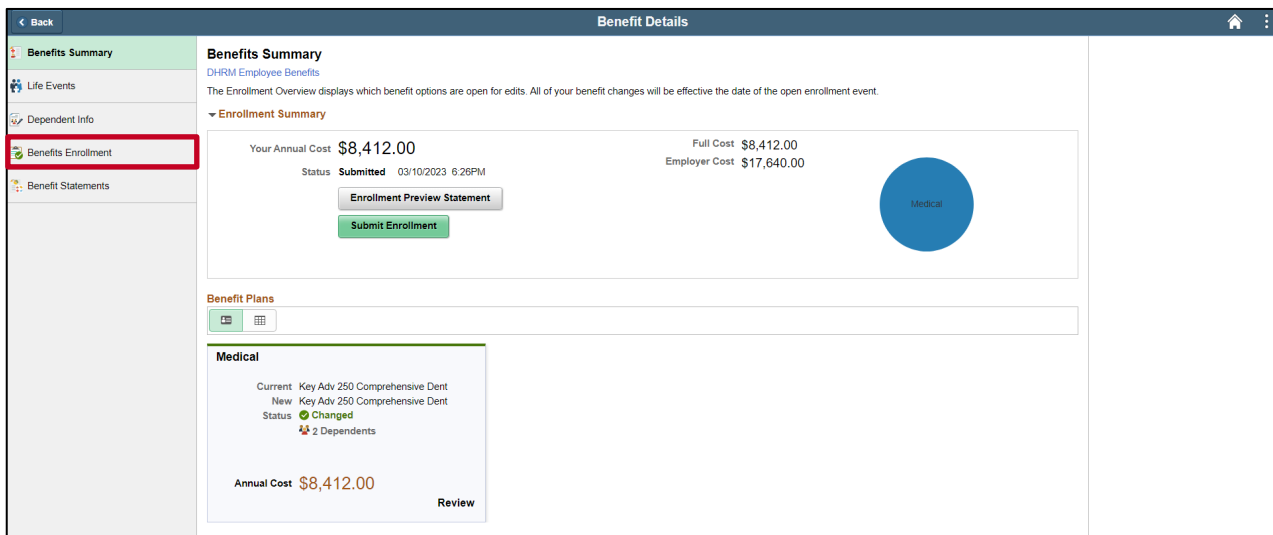
Your Cost Annually	\$ 8,412.00
Full Cost	\$ 8,412.00
Employer Cost	\$ 17,640.00

Medical (100%)

41. Review the enrollment information as needed. Optionally, click the **Print View** button to print the Election Preview Statement.

42. Once complete, click the **Close (X)** icon to return to the **Benefit Details** page.

The **Benefit Details** page returns.



Benefit Details

Benefits Summary
 DHRM Employee Benefits
 The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Annual Cost	\$8,412.00	Full Cost	\$8,412.00
Status	Submitted 03/10/2023 6:26PM	Employer Cost	\$17,640.00

Submit Enrollment

Benefit Plans

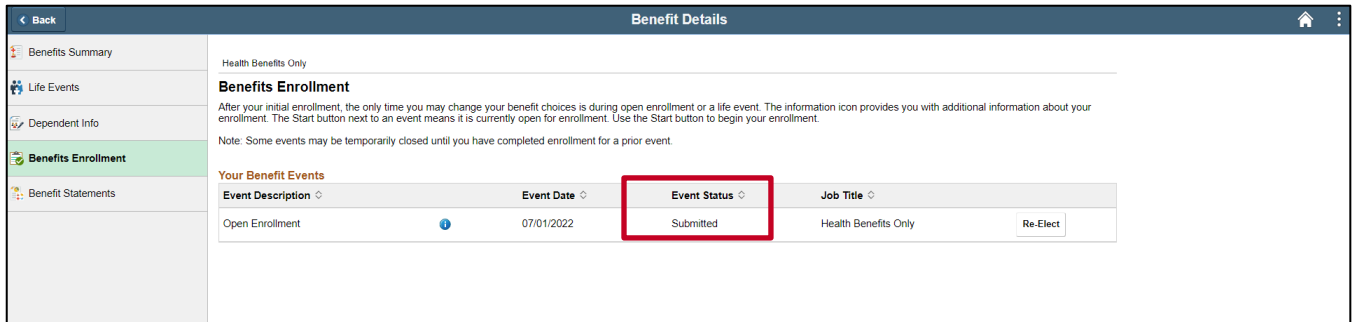
Medical

Current	Key Adv 250 Comprehensive Dent
New	Key Adv 250 Comprehensive Dent
Status	Changed
Dependents	2 Dependents

Annual Cost: \$8,412.00 | **Review**

43. Click the **Benefits Enrollment** menu item on the left-hand side of the page.

The **Benefits Enrollment** page displays.



The screenshot shows the 'Benefit Details' page for 'Health Benefits Only'. The 'Benefits Enrollment' section is active. Below the 'Your Benefit Events' heading, there is a table with the following data:

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Submitted	Health Benefits Only

Note: The Event Status now displays as “Submitted”. If you added a dependent during the open enrollment process, you must now submit the supporting documentation to your agency Benefits Administrator for the coverage to be transmitted to the Health Benefits Vendor. Supporting documentation must be submitted within 60 days of the Open Enrollment Event Date.

Congratulations! You have completed the benefit enrollment process for Open Enrollment. You will receive an email with your open enrollment confirmation statement.