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)

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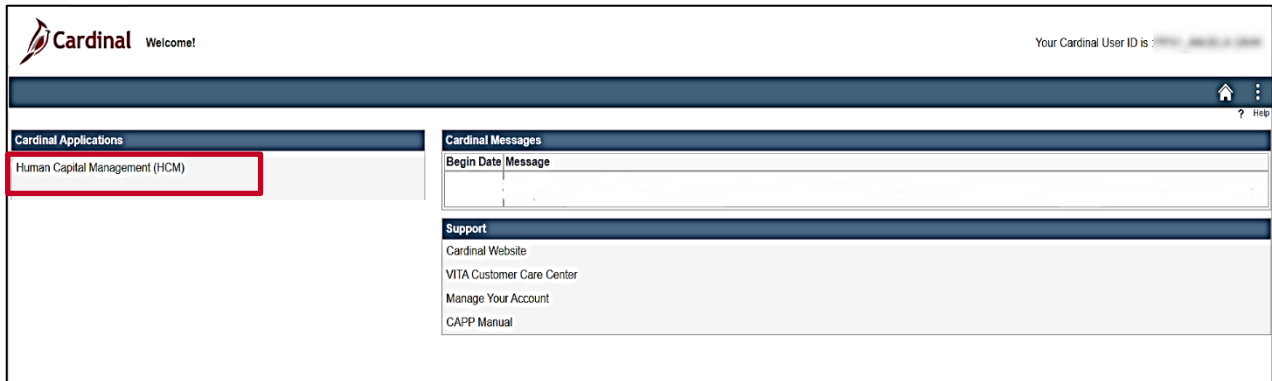
1. Log into **Cardinal** (my.cardinal.virginia.gov).

    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**.
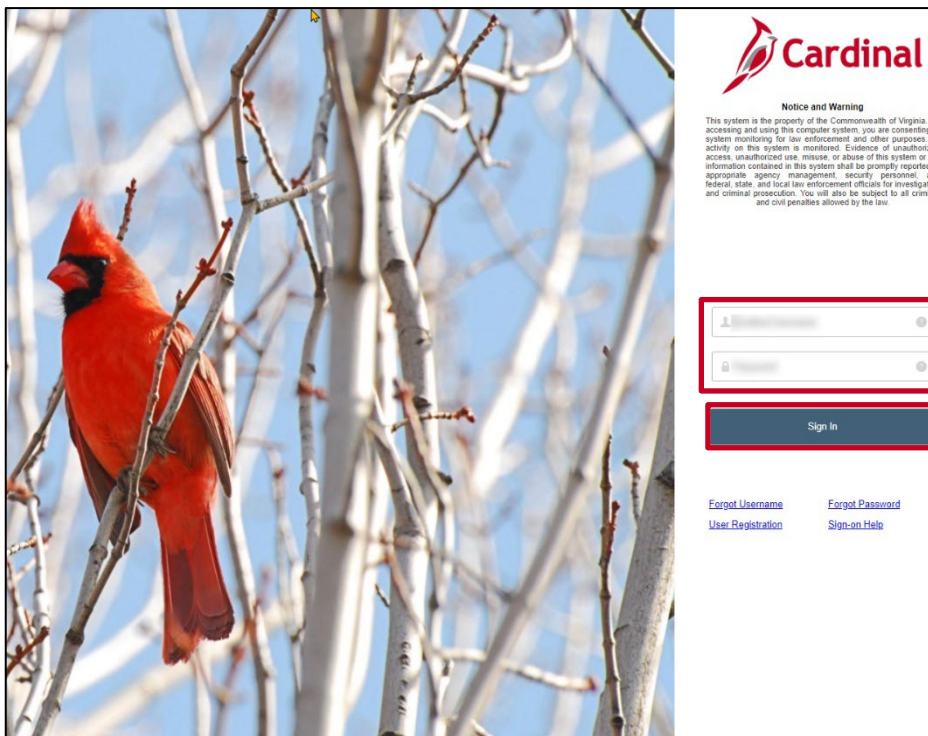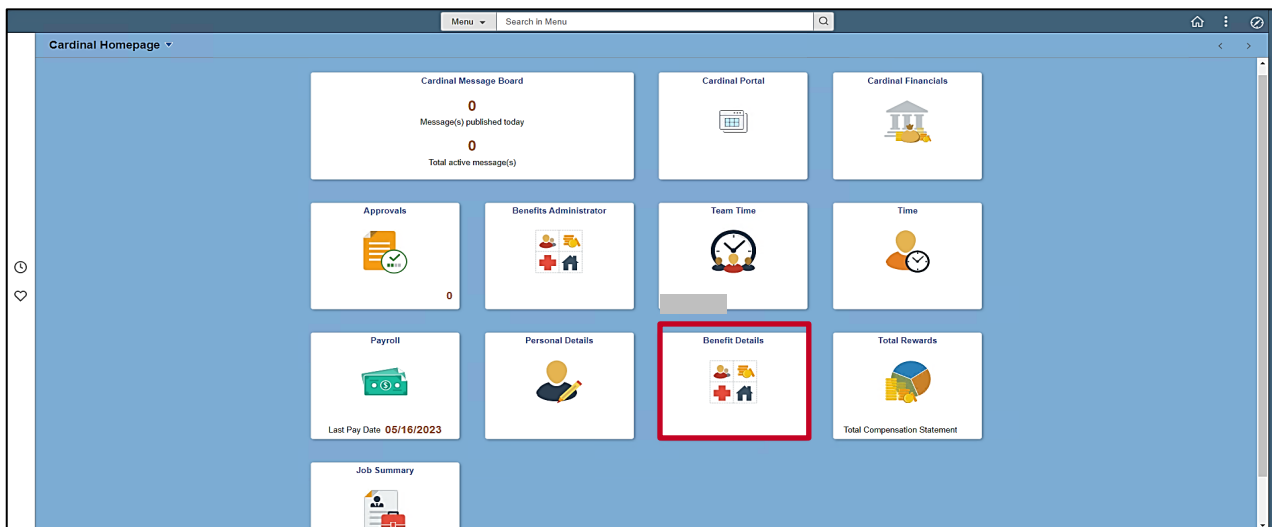

2. Enter your **User ID** and **Password**.
3. Click the **Sign In** button.

The **Portal Welcome** page displays.
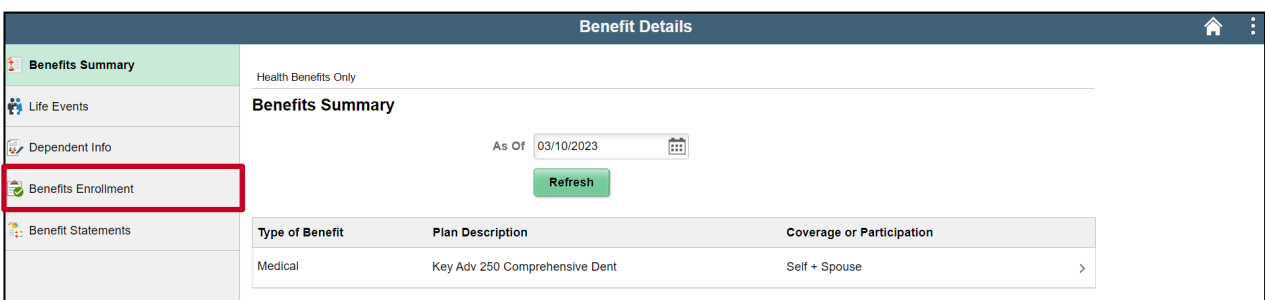

4. Click the **Human Capital Management (HCM)** link.

The **Cardinal Homepage** displays.

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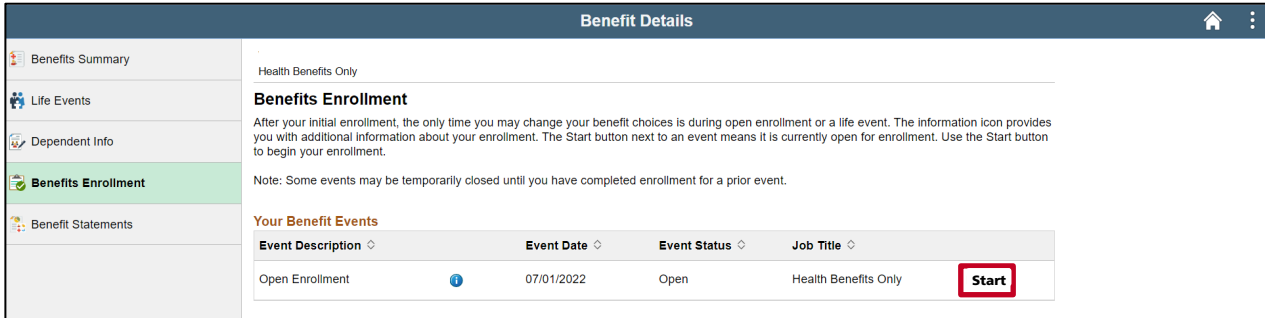
5. Click the **Benefit Details** tile.

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

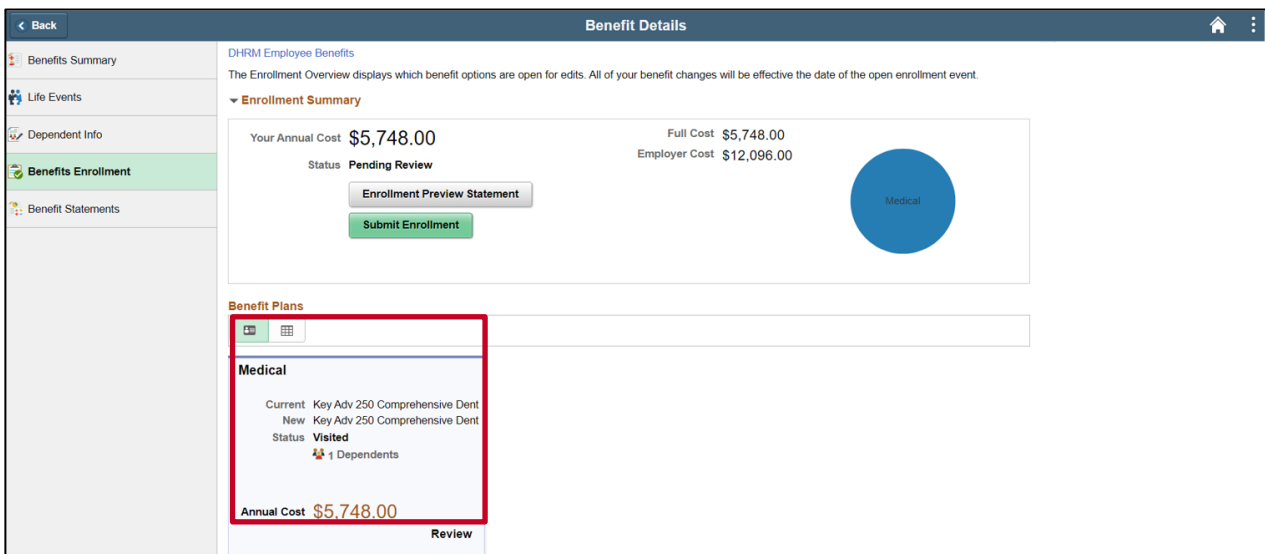6. Click the **Benefits Enrollment** menu item on the left-hand side of the page.

The **Benefits Enrollment** page displays.

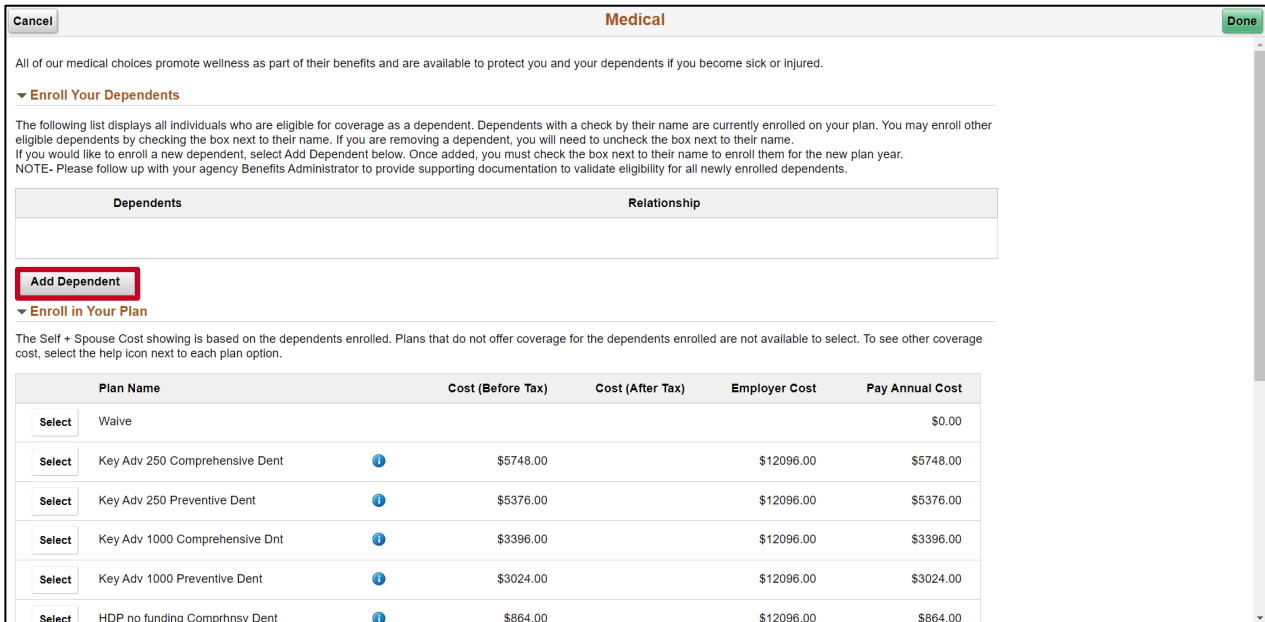7.   Click the **Start** button for the Open Enrollment event.

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.

8.   Review your current enrollment information within the **Medical** tile. The New enrollment information defaults with the same enrollment information.

9.   Click the **Medical** tile to begin the enrollment process.

The **Medical** page displays.

10. Review the existing dependents covered under your health plan to determine if changes are needed.

11. 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.

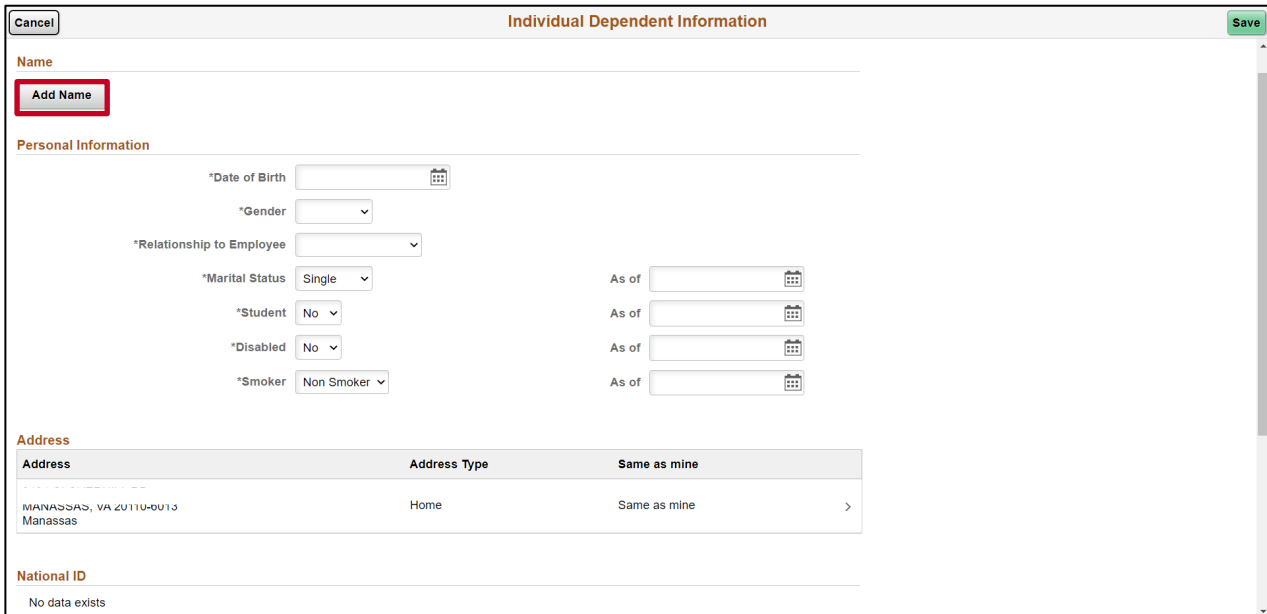12. Click the **Add Individual** button to add a dependent to your Employee Record.

The **Individual Dependent Information** page displays.

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

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

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.

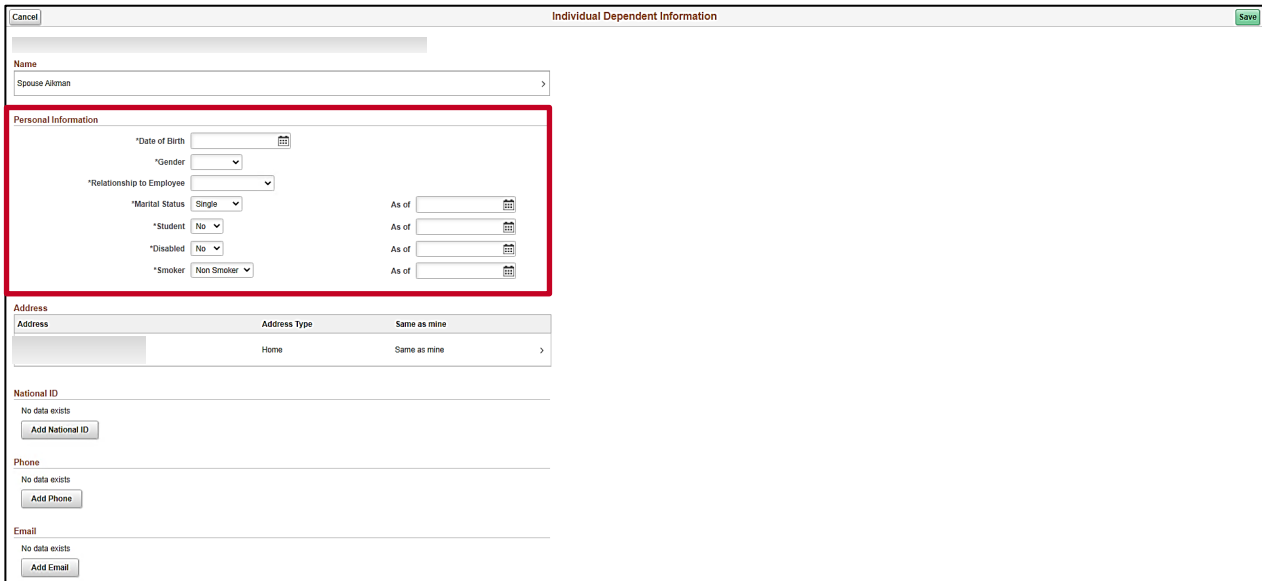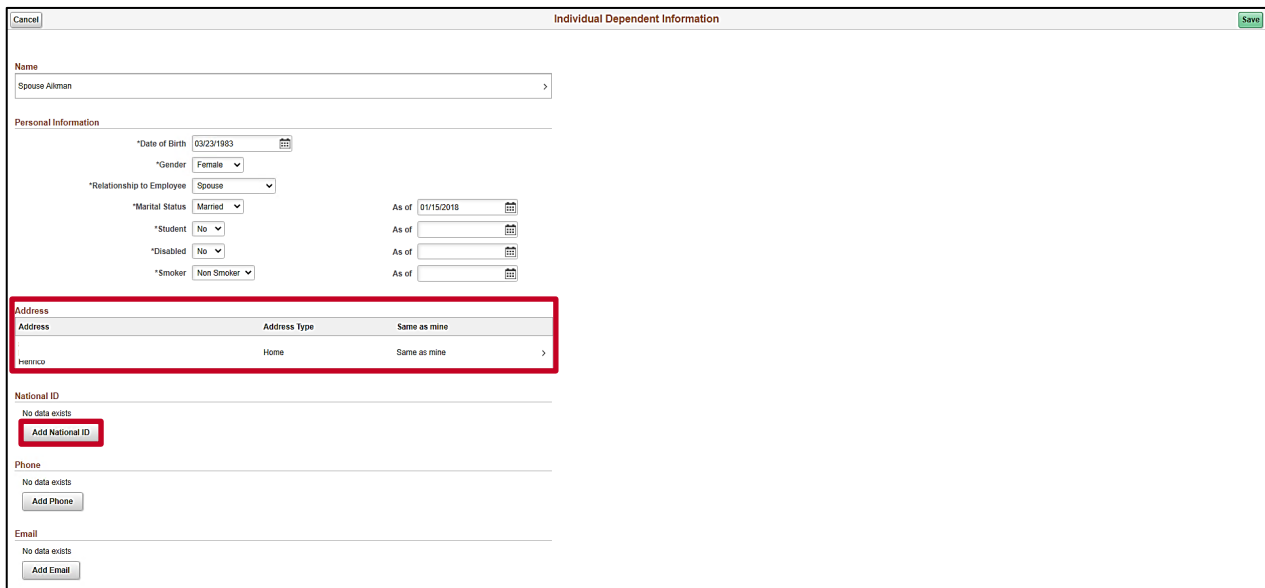The **Individual Dependent Information** page returns with the name populated.

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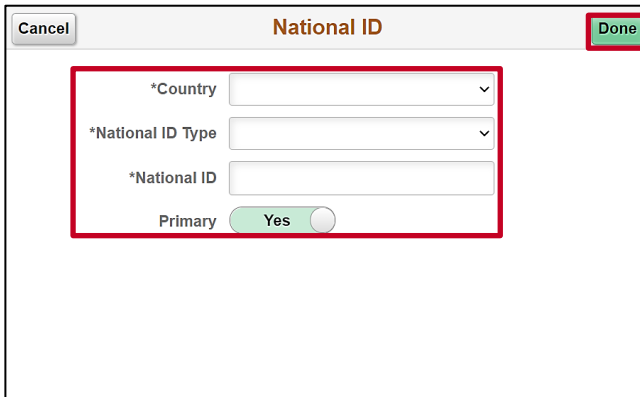
23. If your dependent has the same address as you do, verify that the **Address** section is set to "Same as mine".

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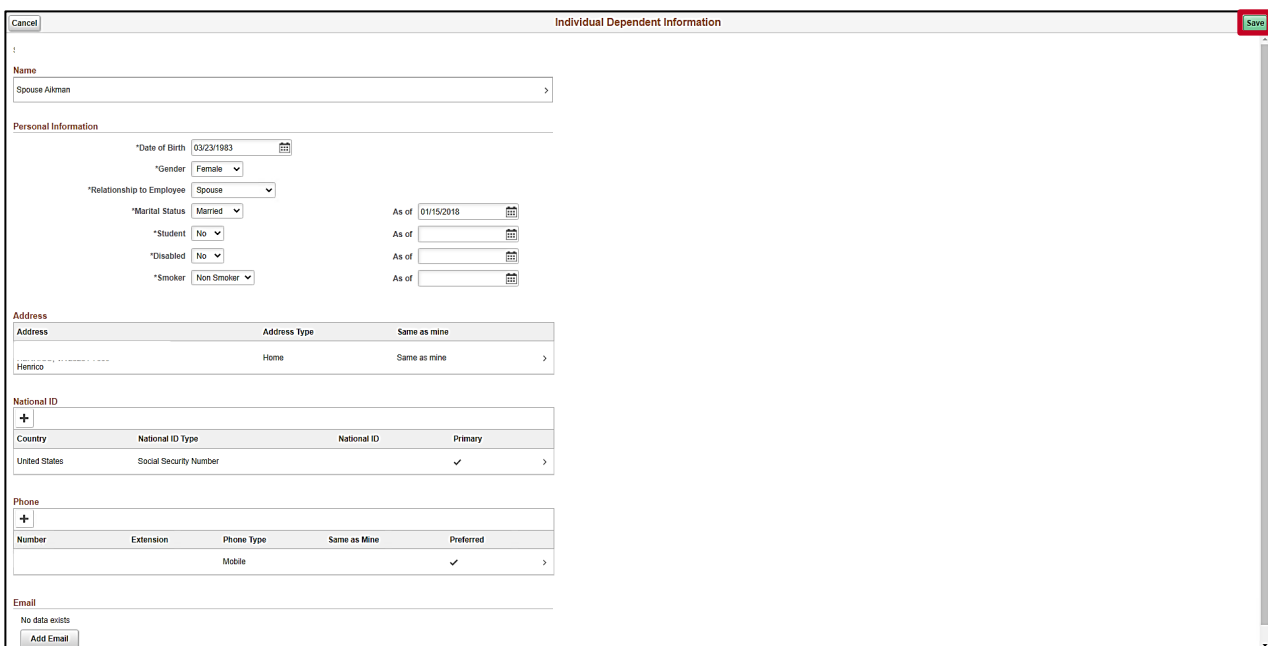
28. Select "Yes" for the **Same as Mine** slider field as applicable. If not, enter the dependent's phone information in the corresponding fields.

    Note: Phone number information is not required for dependents.
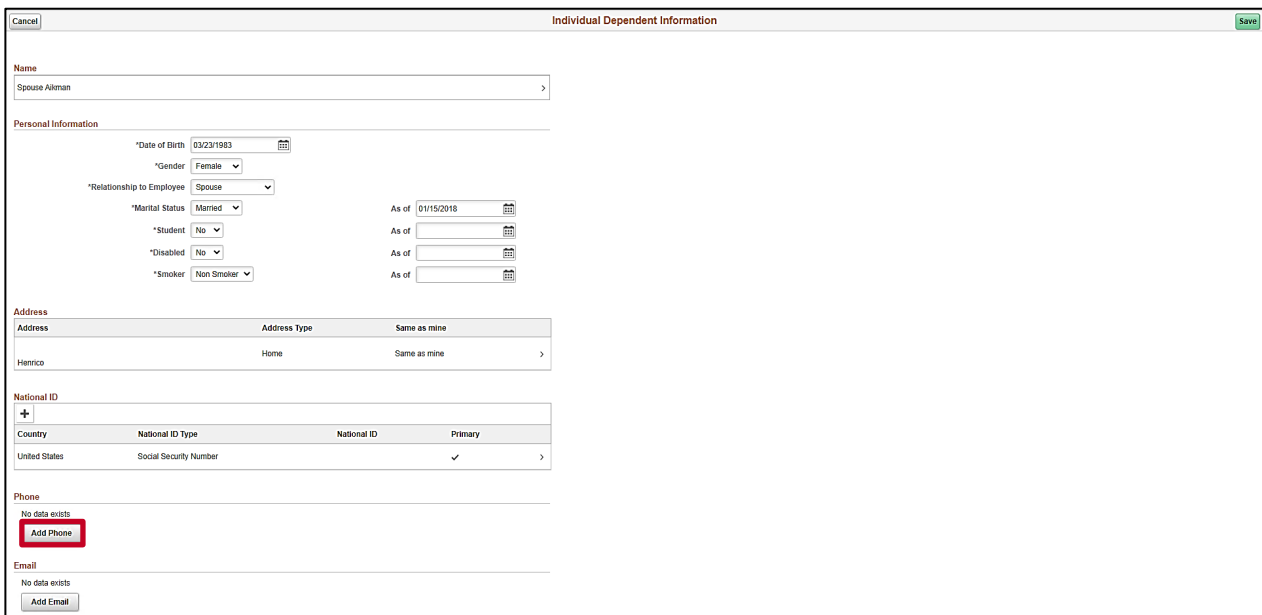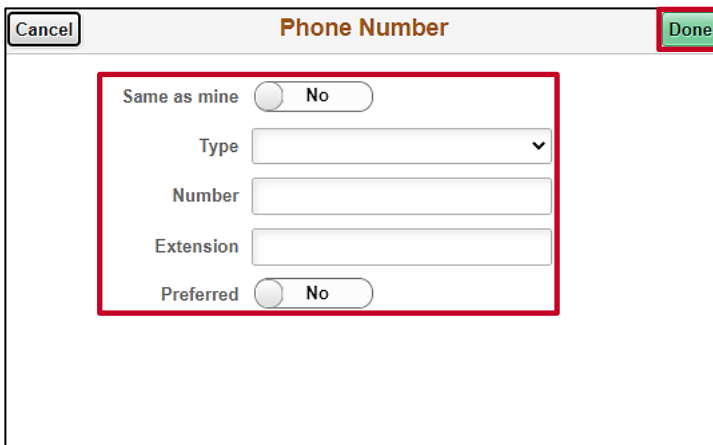
29. Click the **Done** button.

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. 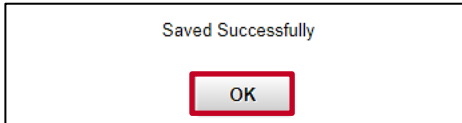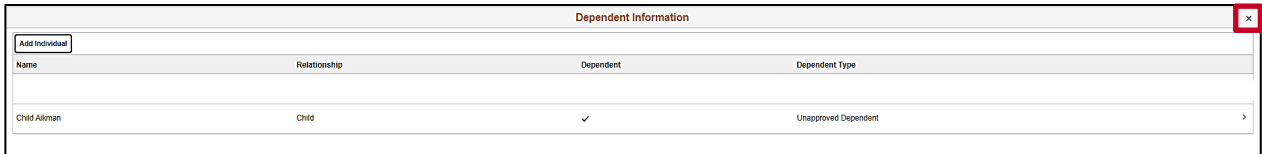**Do not miss your Open Enrollment deadline**. If you **do not** have the documentation, you can still submit your election request. The eligibility documents can be submitted later. Supporting documentation must be submitted **within 60 days** of the Open Enrollment Event Date. See your agency Benefits 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.
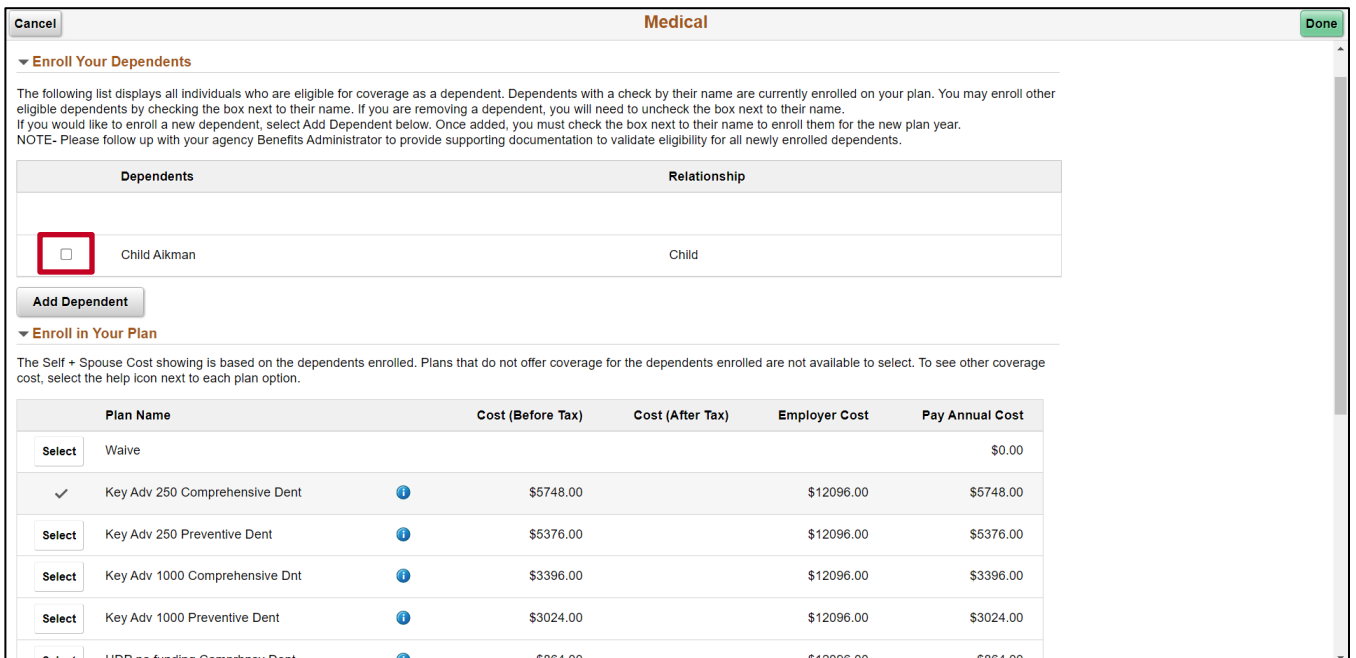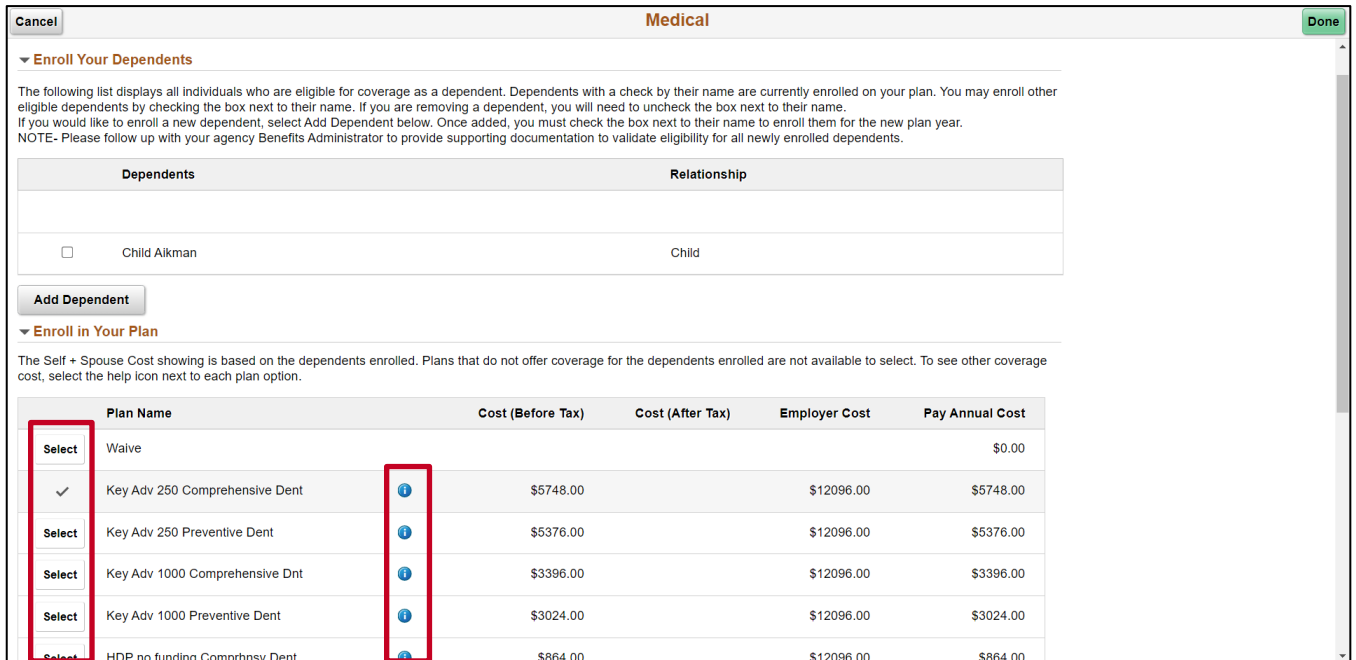
34. Within the **Enroll Your Dependents** section, select the **Enroll** checkbox option for each dependent you want covered for the new plan year.

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

The **Medical** page refreshes.

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
☐	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
Select	Waive					$0.00
✓	Key Adv 250 Comprehensive Dent	ⓘ	$5748.00		$12096.00	$5748.00
Select	Key Adv 250 Preventive Dent	ⓘ	$5376.00		$12096.00	$5376.00
Select	Key Adv 1000 Comprehensive Dnt	ⓘ	$3396.00		$12096.00	$3396.00
Select	Key Adv 1000 Preventive Dent	ⓘ	$3024.00		$12096.00	$3024.00
Select	HDP no funding Comprhnsv Dent	ⓘ	$864.00		$12096.00	$864.00

36.   Click the **Done** button in the upper right-hand corner of the page.
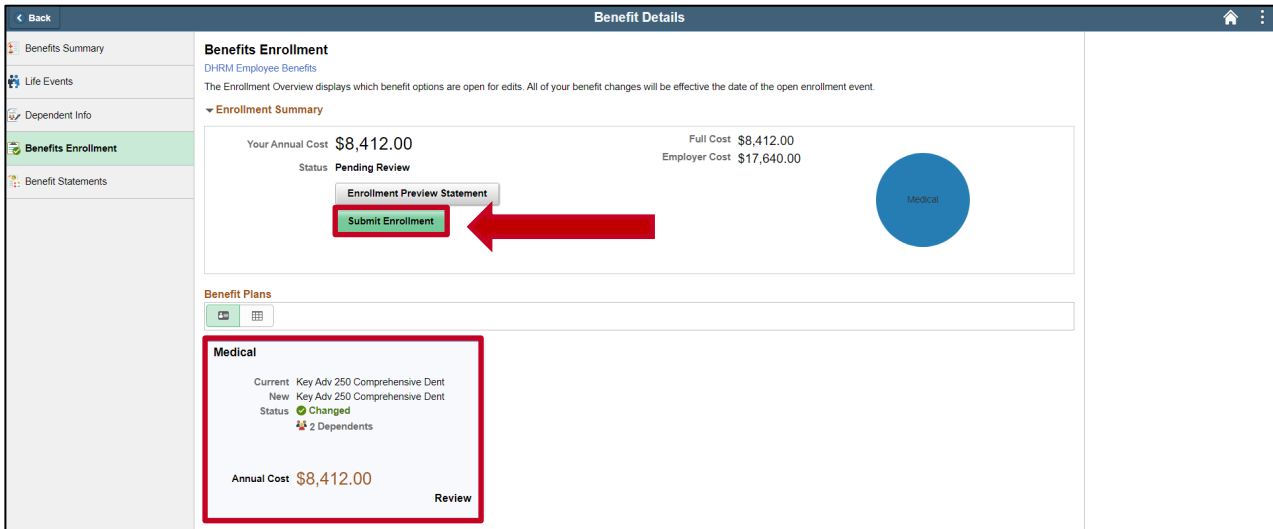
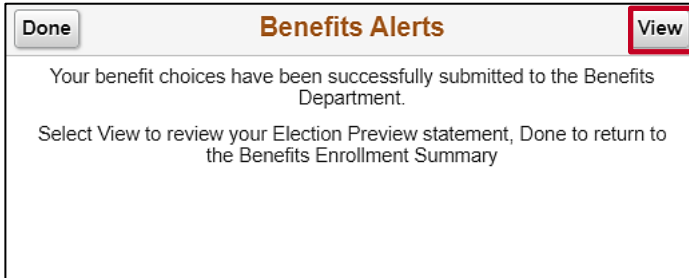The **Benefit Details** page returns.

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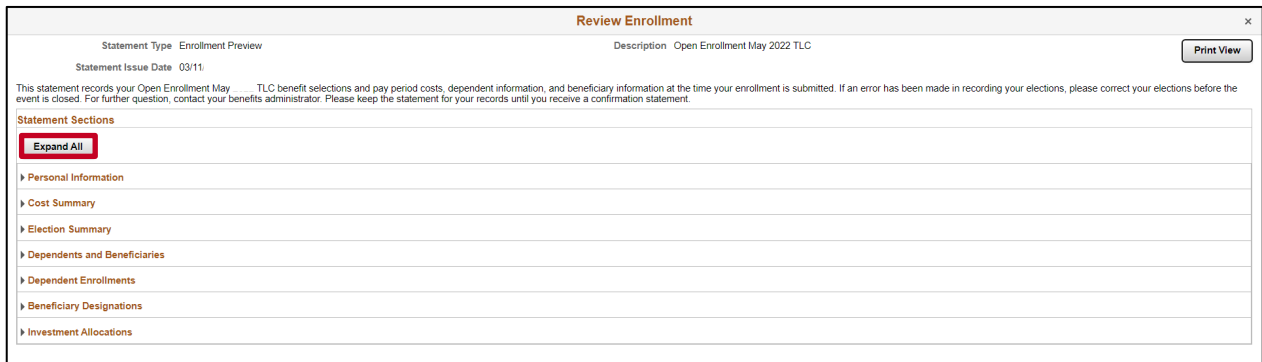
A **Benefits Alerts** message displays in a pop-up window.

Done	**Benefits Alerts**	View
	Your benefit choices have been successfully submitted to the Benefits Department.	
	Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary	

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.
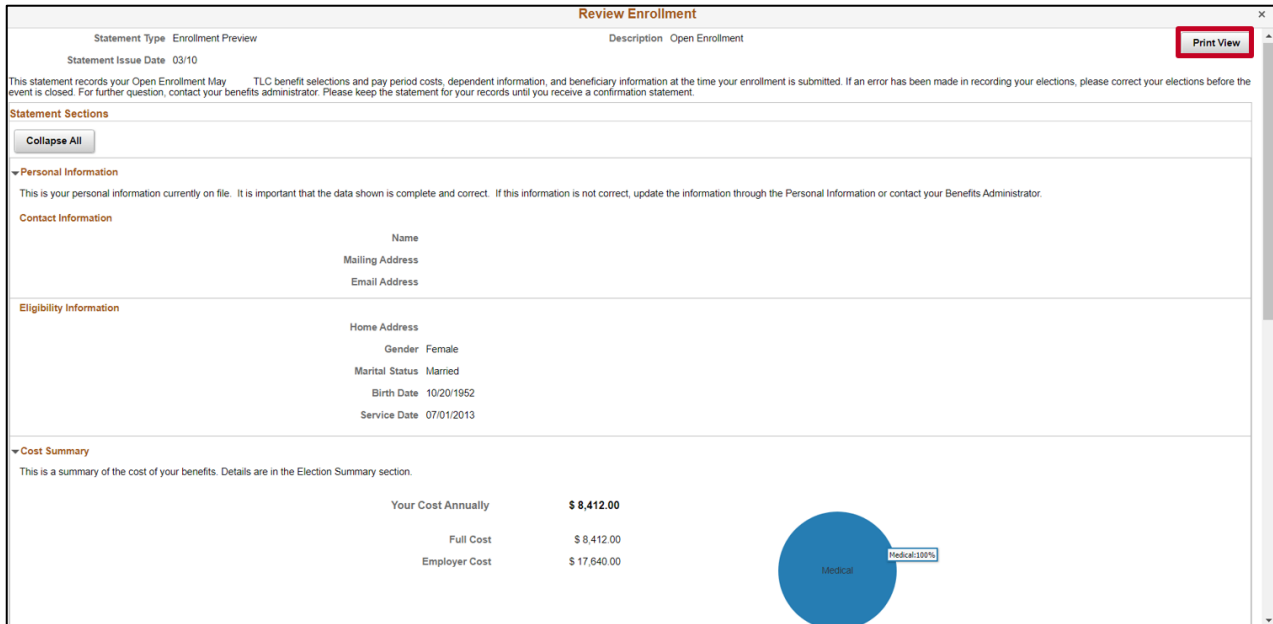
The **Review Enrollment** page displays.

Review Enrollment		×
Statement Type Enrollment Preview	Description Open Enrollment May 2022 TLC	Print View
Statement Issue Date 03/11		

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

Expand All

▶ Personal Information

▶ Cost Summary

▶ Election Summary

▶ Dependents and Beneficiaries

▶ Dependent Enrollments

▶ Beneficiary Designations

▶ Investment Allocations

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

The **Review Enrollment** page refreshes and the detailed information displays.
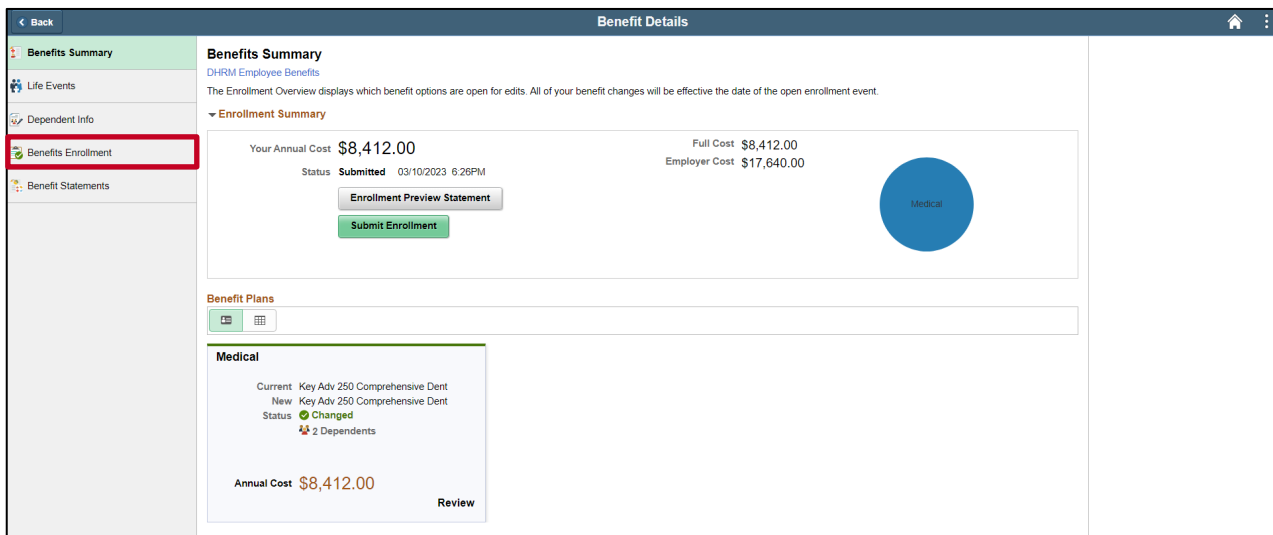
41. Review the enrollment information as needed. Optionally, click the **Print View** button to print the Election Preview Statement.

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

The **Benefit Details** page returns.

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

The **Benefits Enrollment** page displays.

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.