

#### **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.

#### **Table of Contents**



#### 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.

Cardinal Welcome!	Your Cardinal User ID is :
	A :
	? Heb
Cardinal Applications	Cardinal Messages
Human Capital Management (HCM)	Begin Date Message
	Support
	Cardinal Website
	VITA Customer Care Center
	Manage Your Account
	CAPP Manual

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

The Cardinal Homepage displays.

		Menu 👻	Search in Menu		Q	ଜ	:	0
	Cardinal Homepage 🔻						< >	
		Cordinal Messa O Message(s) publi O Total active me	ge Board hed today ssage(s)	Cardinal Portal	Cardinal Financials			•
00		Approvals	Benefits Administrator	Team Time	Time			
		Payroll	Personal Details	Benefit Details	Total Rewards			
		Job Summary						

**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.

		Benefit Details		â	
Benefits Summary	Health Benefits Only				
🙀 Life Events	Benefits Summary				
Dependent Info		As Of 03/10/2023			
Benefits Enrollment		Refresh			
Benefit Statements	Type of Benefit	Plan Description	Coverage or Participation		
	Medical	Key Adv 250 Comprehensive Dent	Self + Spouse >		

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



#### The **Benefits Enrollment** page displays.

			Benefi	it Details		
Benefits Summary	Health Benefits Only					
🙀 Life Events	Benefits Enrollment		nov show so your hone fit	abeless is during ones or	collegent or a life quant. The info	metter leen providee
Dependent Info	you with additional information to begin your enrollment.	about your enro	bilment. The Start button	next to an event means it	is currently open for enrollment.	Use the Start button
😼 Benefits Enrollment	Note: Some events may be ter	mporarily closed	until you have complete	d enrollment for a prior ev	ent.	
Eenefit Statements	Your Benefit Events					
	Event Description $\diamond$		Event Date 🛇	Event Status 🛇	Job Title 🛇	
	Open Enrollment	0	07/01/2022	Open	Health Benefits Only	Start

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.

< Back	Benefit Details	<b>A</b> :
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.	
👸 Life Events	← Enrollment Summary	
Dependent Info	Your Annual Cost \$5,748.00 Full Cost \$5,748.00	
👼 Benefits Enrollment	Status Pending Review	
Benefit Statements	Enrollment Preview Statement Medical	
	Submit Enrollment	
	Benefit Plans	
	Madial	
	New Key Adv 250 Comprehensive Dent	
	Status Visited	
	Annual Cost <u>\$5,748.00</u> Review	

- 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.

Cancel				Medical			Don
All of our me	dical choices promote wellness as part of thei	r benefits and are a	available to protect you and	your dependents if you b	ecome sick or injured.		
The following eligible depe If you would NOTE- Pleas	I list displays all individuals who are eligible fo idents by checking the box next to their name like to enroll a new dependent, select Add Dep e follow up with your agency Benefits Adminit	r coverage as a de e. If you are removi pendent below. On strator to provide si	pendent. Dependents with ng a dependent, you will ne ce added, you must check t upporting documentation to	a check by their name are ted to uncheck the box ne the box next to their name validate eligibility for all n	e currently enrolled on you ext to their name. to enroll them for the ner ewly enrolled dependents	ur plan. You may enroll other w plan year. s.	
	Dependents			Relationship			
Add Depe	endent						
✓ Enroll in	Your Plan						
The Self + Sp cost, select to	pouse Cost showing is based on the depende he help icon next to each plan option.	nts enrolled. Plans	that do not offer coverage	for the dependents enrolle	ed are not available to sel	ect. To see other coverage	
	Plan Name		Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost	
Select	Waive					\$0.00	
Select	Key Adv 250 Comprehensive Dent	()	\$5748.00		\$12096.00	\$5748.00	
Select	Key Adv 250 Preventive Dent	0	\$5376.00		\$12096.00	\$5376.00	
Select	Key Adv 1000 Comprehensive Dnt	0	\$3396.00		\$12096.00	\$3396.00	
Select	Key Adv 1000 Preventive Dent	0	\$3024.00		\$12096.00	\$3024.00	
Select	HDP no funding Comprhnsv Dent	(1)	\$864.00		\$12096.00	\$864.00	

- 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.

	Dependent Information	$\otimes$
Dependent Information		
No data exists		
Add Individual		

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



## Benefits Job Aid ESS\_How to Make Open Enrollment Elections\_Locality

The Individual Dependent Information page displays.

Cancel		Individual Depend	ent Information	
Name				
Add Name				
Personal Information				
*Date of Birth				
*Gender	~			
*Relationship to Employee	~			
*Marital Status	Single V	As of		
*Student	No 🗸	As of	<b></b>	
*Disabled	No 🗸	As of		
*Smoker	Non Smoker 🗸	As of	<b></b>	
Address				
Address	Address Typ	oe 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.

Cancel	Name	Done
Name Format	English ~	
Name Prefix	~	
*First Name		
Middle Name		
*Last Name		
Name Suffix	~	
Display Name		
Formal Name		
Name		
4		-

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

incel			Individual Depend
Name			
Spouse Alkman			>
Demonst Information			<b>-</b>
"Date of	(Birth		-
 'Gi	iender V		
*Relationship to Emp	sloyee		
*Marital S	štatus Single 🗸	As of	
*Ste	udent No 👻	As of	
*Dis	abled No 🗸	As of	
*Sn	noker Non Smoker 🗸	As of	
Address			_
Address	Address Type	Same as mine	
	Home	Same as mine	>
National ID			
No data exists			
Add National ID			
Phone			
Phone No data exists Add Phone			
Phone No data exists Add Phone			
Phone No data exists Add Phone Email			
Phone No data exists Add Phone Email No data exists			

- 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 Aikman			>	
Personal Information				
"Date of Birth	03/23/1983			
*Gender	Female V			
*Relationship to Employee	Spouse V			
*Marital Status	Married 🗸	As of 01/15/2018		
*Student	No 🗸	As of		
"Disabled	No 🗸	As of		
*Smoker	Non Smoker 🗸	As of		
Address				
Address	Address Type	Same as mine		
	Home	Same as mine		
Henrico				
National ID				
No data exists				
Add National ID				
Dhave				
No data exists				
Add Phone				
Email				
No data exists				
Add Email				

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.

ancel	National ID	Done
	*Country 🗸 🗸	
	*National ID Type	
	*National ID	
	Primary Yes	

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.

Cancel			Individual Dependent Information
Name			
Spouse Aikman			>
Personal Information			
*Date of Bir	th 03/23/1983		
*Gend	ler Female 🗸		
"Relationship to Employ	ee Spouse 🗸		
"Marital State	us Married 🗸	As of 01/15/2018	
*Stude	nt No 🛩	As of	
*Disable	ed No 🗸	As of	
*Smok	er Non Smoker 🗸	As of	
Address			
Address	Address Type	Same as mine	
Henrico	Home	Same as mine	<b>`</b>
National ID			
+			
Country National ID	) Type National	ID Primary	
United States Social Secu	irity Number	*	>
-			
Phone No data evists			
Add Phone			
Email			
No data exists			
Add Email			

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



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

ncel	FIIO		Doi
	Same as mine 📃 No		
	Туре	~	
	Number		
	Extension		
	Preferred No		

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.

Cancel			Individual Dependent Information
1			
Name			_
Spouse Aikman		;	
Personal Information			
"Date of Birth	03/23/1983		
-Gender	Female V		
-Netationship to Employee	Spouse V	An of 01/15/2010	
*Student	No. M	As of the set	
Disabled	No Y	As of the second	
/Smoker	Non Smoker M	As of	
anover		AS 01	
Address			_
Address	Address Type	Same as mine	
Lagrico	Home	Same as mine	
National ID			
+			
Country National ID Ty	pe National I	) Primary	-
United States Social Security	Number	✓ >	
Dhone			
+			
Number Extension	Phone Type Same as Min	e Preferred	
	Mobile	¥ >>	
Email			
No data exists			
Add Email			

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.

		Dependent Information		×
Add Individual				
Name	Relationship	Dependent	Dependent Type	
Child Aitman	Child	~	Unapproved Dependent	>

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 30 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.

ncel				Medical			
Enroll Yo	our Dependents						
e following gible deper /ou would DTE- Pleas	g list displays all individuals who are eligible fo endents by checking the box next to their name like to enroll a new dependent, select Add De se follow up with your agency Benefits Admini-	or coverage as a dep e. If you are removin pendent below. Onc strator to provide su	pendent. Dependents with g a dependent, you will ne e added, you must check pporting documentation to	a check by their name are eed to uncheck the box ne the box next to their name validate eligibility for all n	e currently enrolled on you ext to their name. e to enroll them for the ne newly enrolled dependent	ır plan. You may enroll other v plan year. s.	
	Dependents			Relationship			
	Child Aikman			Child			
	endent						
Add Dept							
Enroll in e Self + S	Your Plan pouse Cost showing is based on the depende	ents enrolled. Plans t	hat do not offer coverage	for the dependents enrolle	ed are not available to sel	ect. To see other coverage	
Enroll in e Self + Sp st, select th	Your Plan pouse Cost showing is based on the depende the help icon next to each plan option.	ents enrolled. Plans t	that do not offer coverage	for the dependents enrolle	ed are not available to sel	ect. To see other coverage	
Enroll in le Self + S st, select t	Your Plan pouse Cost showing is based on the depende the help icon next to each plan option. Plan Name Waive	ents enrolled. Plans t	hat do not offer coverage Cost (Before Tax)	for the dependents enrolle Cost (After Tax)	ed are not available to sel Employer Cost	ect. To see other coverage Pay Annual Cost \$0.00	
Enroll in ie Self + Si st, select t Select	Your Plan     ipouse Cost showing is based on the depende the help icon next to each plan option.     Plan Name     Waive     Key Adv 250 Comprehensive Dent	ents enrolled. Plans t	that do not offer coverage Cost (Before Tax) \$5748.00	for the dependents enrolle Cost (After Tax)	ed are not available to sel Employer Cost \$12096.00	ect. To see other coverage Pay Annual Cost \$0.00 \$5748.00	
Enroll in e Self + Si st, select t Select Select	Your Plan pouse Cost showing is based on the dependence the help icon next to each plan option.  Plan Name Walve Key Adv 250 Comprehensive Dent Key Adv 250 Preventive Dent	ents enrolled. Plans t	that do not offer coverage Cost (Before Tax) \$5748.00 \$5376.00	for the dependents enrolle Cost (After Tax)	ed are not available to set Employer Cost \$12096.00 \$12096.00	Pay Annual Cost           \$0.00           \$5748.00           \$5376.00	
Enroll in ie Self + Si st, select t Select Select Select	Your Plan         pouse Cost showing is based on the dependence of the help icon next to each plan option.         Plan Name         Waive         Key Adv 250 Comprehensive Dent         Key Adv 250 Preventive Dent         Key Adv 250 Comprehensive Dent         Key Adv 250 Comprehensive Dent	ents enrolled. Plans t	that do not offer coverage Cost (Before Tax) \$55748.00 \$55376.00 \$3396.00	for the dependents enrolle Cost (After Tax)	ed are not available to sel Employer Cost \$12096.00 \$12096.00 \$12096.00	ect. To see other coverage Pay Annual Cost \$0.00 \$5748.00 \$55376.00 \$3396.00	
Enroll in le Self + Si st, select t Select Select Select Select	Your Plan Pouse Cost showing is based on the dependence Plan Name Walve Key Adv 250 Comprehensive Dent Key Adv 250 Preventive Dent Key Adv 1000 Comprehensive Dnt Key Adv 1000 Preventive Dent	ents enrolled. Plans t	hat do not offer coverage Cost (Before Tax) \$55748.00 \$5376.00 \$3396.00 \$3024.00	for the dependents enrolle Cost (After Tax)	ed are not available to sel Employer Cost \$12096.00 \$12096.00 \$12096.00 \$12096.00	ect. To see other coverage Pay Annual Cost \$0.00 \$55748.00 \$55376.00 \$3396.00 \$3396.00	



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

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

#### The **Medical** page refreshes.

incel				Medical			
Enroll Y	/our Dependents						
ne followin igible depe you would OTE- Plea	ng list displays all individuals who are eligible fo endents by checking the box next to their name d like to enroll a new dependent, select Add Dep ase follow up with your agency Benefits Adminis	r coverage as a d . If you are remo- bendent below. O strator to provide	lependent. Dependents with ving a dependent, you will ne nce added, you must check supporting documentation to	a check by their name are ed to uncheck the box ne the box next to their name validate eligibility for all n	e currently enrolled on you xt to their name. to enroll them for the ne ewly enrolled dependents	ır plan. You may enroll other v plan year. ;.	
	Dependents			Relationship			
	Child Aikman			Child			
Add Dep	pendent						
Enroll in	n Your Plan						
ne Self + S ost, select 1	Spouse Cost showing is based on the dependent the help icon next to each plan option.	nts enrolled. Plan	s that do not offer coverage	for the dependents enrolle	ed are not available to sel	ect. To see other coverage	
	Plan Name		Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost	
Onland	Walve						
Select	waive					\$0.00	
V	Key Adv 250 Comprehensive Dent	0	\$5748.00		\$12096.00	\$0.00 \$5748.00	
Select Select	Key Adv 250 Comprehensive Dent Key Adv 250 Preventive Dent	<b>i</b>	\$5748.00 \$5376.00		\$12096.00 \$12096.00	\$0.00 \$5748.00 \$5376.00	
Select Select	Key Adv 250 Comprehensive Dent Key Adv 250 Preventive Dent Key Adv 1000 Comprehensive Dnt	6 6	\$5748.00 \$5376.00 \$3396.00		\$12096.00 \$12096.00 \$12096.00	\$0.00 \$5748.00 \$5376.00 \$3396.00	
Select Select Select	Key Adv 250 Comprehensive Dent Key Adv 250 Preventive Dent Key Adv 1000 Comprehensive Dnt Key Adv 1000 Preventive Dent	0 0 0	\$5748.00 \$5376.00 \$3396.00 \$3024.00		\$12096.00 \$12096.00 \$12096.00 \$12096.00	\$0.00 \$5748.00 \$5376.00 \$3396.00 \$33924.00	

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.



# Benefits Job Aid ESS\_How to Make Open Enrollment Elections\_Locality

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

ancel				Medical		
- Enroll Yo	our Dependents					
The following eligible depe f you would NOTE- Pleas	g list displays all individuals who are eligible fo indents by checking the box next to their name like to enroll a new dependent, select Add Dep se follow up with your agency Benefits Adminis	r coverage as a d e. If you are remov pendent below. Or strator to provide s	ependent. Dependents with ing a dependent, you will ne ice added, you must check supporting documentation to	a check by their name are eed to uncheck the box ne the box next to their name validate eligibility for all r	e currently enrolled on you ext to their name. e to enroll them for the new newly enrolled dependents	ur plan. You may enroll other w plan year. 3.
	Dependents			Relationship		
	Child Aikman			Child		
Add Depe Enroll in The Self + S cost, select t	endent Your Plan pouse Cost showing is based on the depende he help icon next to each plan option.	nts enrolled. Plans	s that do not offer coverage	for the dependents enroll	ed are not available to sel	ect. To see other coverage
	Plan Name		Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Annual Cost
Select	Waive					\$0.00
~	Key Adv 250 Comprehensive Dent	0	\$5748.00		\$12096.00	\$5748.00
Select	Key Adv 250 Preventive Dent	0	\$5376.00		\$12096.00	\$5376.00
Select	Key Adv 1000 Comprehensive Dnt	0	\$3396.00		\$12096.00	\$3396.00
Select	Key Adv 1000 Preventive Dent	0	\$3024.00		\$12096.00	\$3024.00
Select	HDP no funding Compress Dept	0	\$864.00		\$12096.00	\$864.00

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



The **Benefit Details** page returns.

< Back	Benefit Details	â :
<ul> <li>Benefits Summary</li> <li>Life Events</li> </ul>	Benefits Enrollment OHRM 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.	
🙀 Dependent Info	Enrollment Summary	
Benefits Enrollment	Your Annual Cost \$8,412.00 Full Cost \$8,412.00 Employer Cost \$17,640.00	
Benefit Statements	Status Pending Keview Enrollment Preview Statement	
	Submit Enrollment	
	Medical Current Key Adv 250 Comprehensive Dent New Key Adv 250 Comprehensive Dent Status © Changed & 2 Dependents Annual Cost \$8,412.00 Review	

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 <u>**must**</u> 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.

	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 ben event is closed. For further question, contact your benefits admini	nefit 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 election istrator. Please keep the statement for your records until you receive a confirmation statement.	ns before the
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.

	Review Enrollment		×
Statement Type Enrollment Preview	Description Open Enrollmen	nt Print View	-
Statement Issue Date 03/10			11
This statement records your Open Enrollment May TLC benefit selections and pay period costs, dep event is closed. For further question, contact your benefits administrator. Please keep the statement for your	endent information, and beneficiary information at the time your our records until you receive a confirmation statement.	enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the	3
Statement Sections			
Collapse All			
This is your personal information currently on file. It is important that the data shown is complete and co	orrect. If this information is not correct, update the information t	hrough the Personal Information or contact your Benefits Administrator.	
Contact Information			
Name			
Mailing Address			
Email Address			
Eligibility Information			1
Home Address			L
Gender Female			
Marital Status Married			
Birth Date 10/20/19	52		
Service Date 07/01/20	13		
← Cost Summary			
This is a summary of the cost of your benefits. Details are in the Election Summary section.			
Your Cost Ann	ually \$ 8,412.00		
Ful	l Cost \$ 8,412.00		
Employe	r Cost \$17,640.00	Medical:100%	
		with model	
			П

- Review the enrollment information as needed. Optionally, click the Print View button to print the 41. **Election Preview Statement.**
- 42. Once complete, click the Close (X) icon to return to the Benefit Details page.

The **Benefit Details** page returns.

C Back	Benefit Details	â :
Benefits Summary	Benefits Summary	
🙀 Life Events	OHRM 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.	
Dependent Info	▼ Enrollment Summary	
蓤 Benefits Enrollment	Your Annual Cost \$8,412.00 Full Cost \$8,412.00 Employer Cost \$17,640.00	
Benefit Statements	Status Submitted 03/10/2023 626PM	
	Submit Enrollment	
	Destfiller	
	Medical	
	Current Key Adv 250 Comprehensive Dent New Key Adv 250 Comprehensive Dent Status @ Changed & 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.

Back				Benefit Details		
Benefits Summary	Health Benefits Only					
👸 Life Events	Benefits Enrollment					
Dependent Info	After your initial enrollment, the o enrollment. The Start button next	nly time you may change to an event means it is cu	your benefit choices is during our open for enrollment. Us	open enrollment or a life event. The se the Start button to begin your en	information icon provides you with additio ollment.	nal information about your
😸 Benefits Enrollment	Your Benefit Events	stany closed until you ha	ve completed enroinnent for a	phorevent.		
Benefit Statements	Event Description $\diamond$		Event Date 🛇	Event Status 🛇	Job Title 🗘	
	Open Enrollment	0	07/01/2022	Submitted	Health Benefits Only	Re-Elect

**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 30 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.