



How to Make Open Enrollment Elections Overview

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

The dates shown throughout this Job Aid were taken for the 2026 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.

Navigation Note: Please note that there may be a **Notify** button at the bottom of various pages utilized while completing the process within this Job Aid. This “Notify” functionality is not currently turned on to send email notifications to specific users within Cardinal.



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Revision History

Revision Date	Summary of Changes
9/1/2026	Updated to reflect the Cardinal system upgrades.
5/19/2025	Per OHB, updated the timeframe for employees to submit supporting documentation for their dependents from 60 days to 30 days.
9/4/2024	Baseline.

Making Open Enrollment Elections in ESS

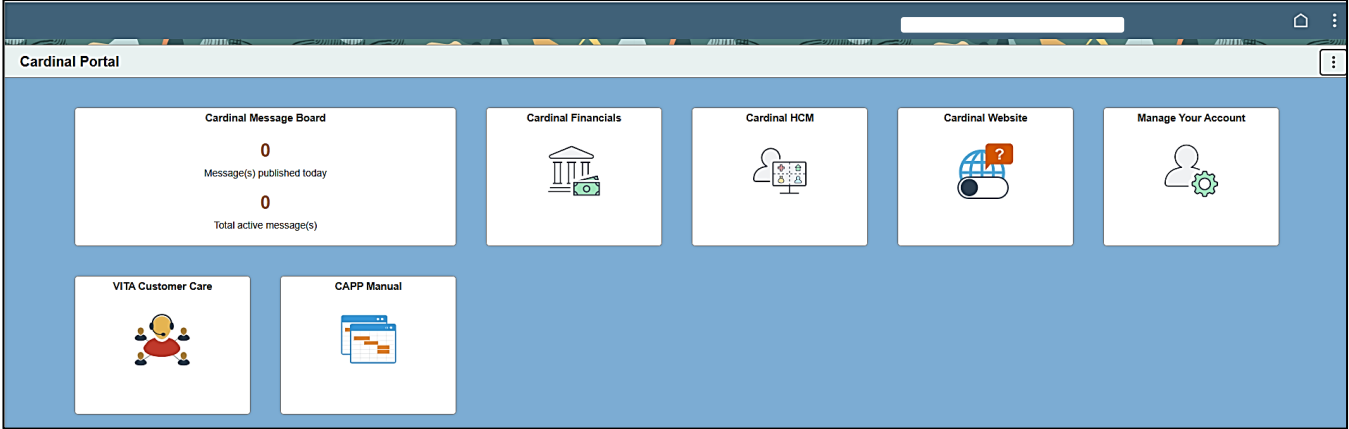
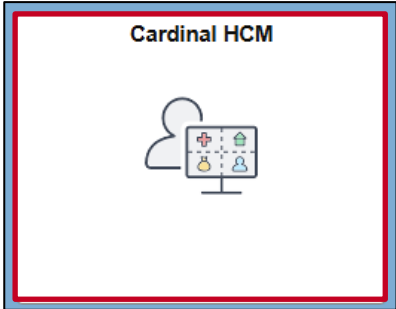
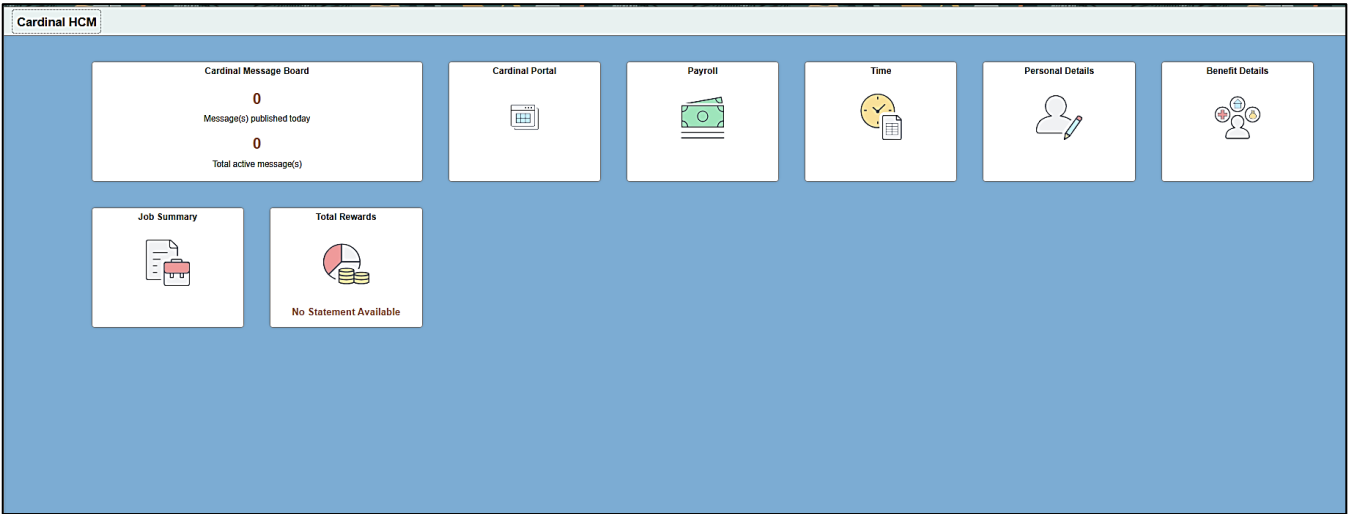
The Open Enrollment process contained in this Job Aid can only be completed during the Open Enrollment (OE) period. Outside of the OE window, employees can only change their benefits through a Life Event (i.e., Birth, Adoption, Divorce, Marriage, etc.) in Employee Self-Service or by contacting their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

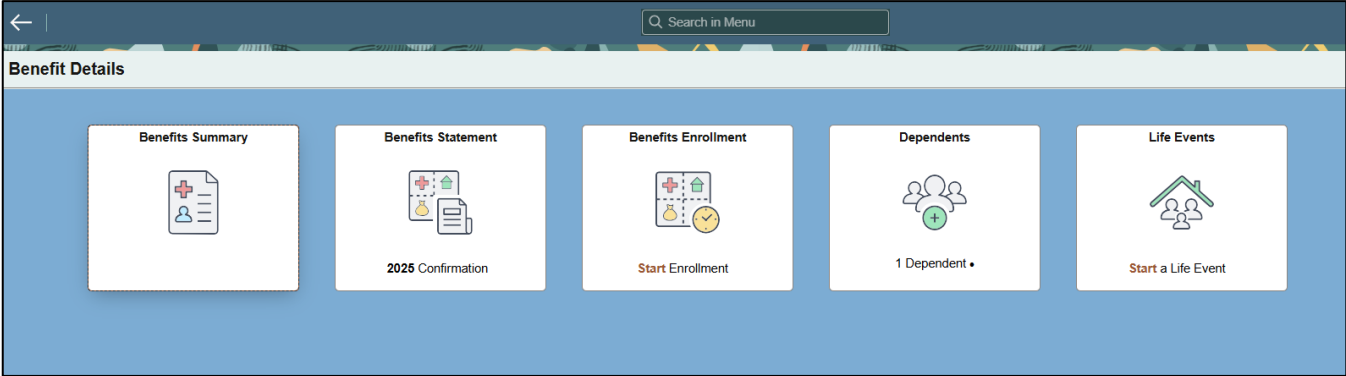
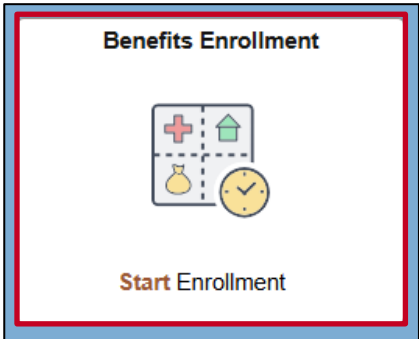
Step	Action
1.	Log into Cardinal (my.cardinal.virginia.gov).
	For more information about Cardinal registration, see the Job Aid titled Cardinal System Access Guide . This Job Aid is located on the Cardinal website in Job Aids under Learning .

The **Cardinal Homepage** displays.



2.	Enter the Employee Username and Password in the Cardinal Username and Password fields.  Cardinal Username   Password 
3.	Click the Sign In button. Sign In

Step	Action
	The Cardinal Portal page displays. 
4.	Click the Cardinal HCM tile. 
	The Cardinal HCM Homepage displays. 
	The tiles displayed on the Cardinal HCM Homepage for each user will vary based upon individual preferences and security settings.

Step	Action
5.	Click the Benefit Details tile. 
The Benefit Details page displays. 	
6.	Click the Benefits Enrollment tile. 



Benefits Job Aid

ESS How to Make Open Enrollment Elections

Step	Action
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The **Benefits Enrollment** page displays.

Benefits Enrollment

Professor

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a life event. The information icon provides you with additional information about your enrollment. The Start button next to an event means it is currently open for enrollment. Use the Start button to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Your Benefit Events

Event Description ↑↓	Event Date ↑↓	Event Status ↑↓	Job Title ↑↓
Open Enrollment	07/01/2026	Pending Review	Professor

Start

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



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.

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 date of the open enrollment event.

NOTE: You must click the Submit Enrollment button for the elections to be valid.

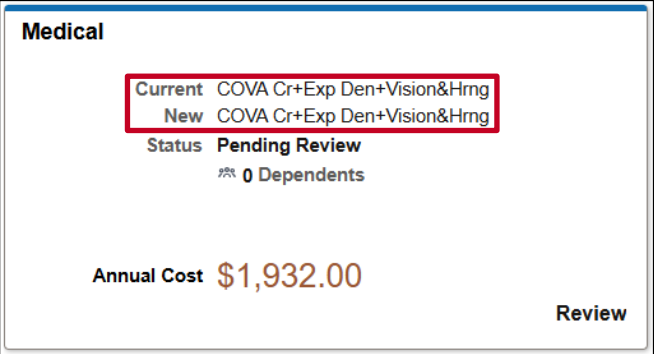
Enrollment Summary

Your Annual Cost \$1,932.00
Status Pending Review
Full Cost \$1,932.00
Employer Cost \$9,960.00

Medical

Benefit Plans

Medical	Flex Spending Medical	Flex Spending Dependent Care
Current COVA Cr+Exp Den+Vision&Hmg New COVA Cr+Exp Den+Vision&Hmg Status Pending Review 0 Dependents	Current Waive New Waive Status Pending Review	Current Waive New Waive Status Pending Review

Step	Action
	The Benefit Plans available on this page depend on your benefits eligibility. Retirees will only see the Medical tile. The steps within this Job Aid start by detailing the steps for changing your Health Plan (Medical tile). Proceed to the applicable step for the plan you need to enroll in based on the following: • Health Plan: Step 10 • Flex Spending Medical: Step 37 • Flex Spending Dependent Care: Step 43
8.	Review your current and new enrollment information on the Medical tile. The new enrollment defaults to the current enrollment. 
9.	Click the Medical tile to begin the enrollment process. 



Benefits Job Aid

ESS How to Make Open Enrollment Elections

Step

Action

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.

During Open Enrollment, you have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation. During a QME/Life-Event, you have an additional 30 days from the election request to submit all supporting documentation.

Dependents

Relationship

☐

Spouse

Add/Update Dependent

▼ Enroll in Your Plan

The Single 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	Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost
Select Waive				\$0.00
Select COVA Hltb+Avr + Prev Den	1	\$228.00	\$9960.00	\$228.00
Select COVA Hltb+Avr + Exp Den&Vis	1	\$744.00	\$9960.00	\$744.00
Select COVA Hltb+Avr + Exp Den	1	\$624.00	\$9960.00	\$624.00
Select COVA High Ded Plan + Prev Den	1		\$8868.00	\$0.00
Select COVA High Ded Plan + Exp Den	1	\$396.00	\$8868.00	\$396.00
Select COVA Care + Prev Dental	1	\$1296.00	\$9960.00	\$1296.00
Select COVACr+Prev Den+Out-of-rsk	1	\$1572.00	\$9960.00	\$1572.00
Select COVA Care + Expanded Dental	1	\$1692.00	\$9960.00	\$1692.00
Select COVA Cr+Exp Den+Out-of-rsk	1	\$1968.00	\$9960.00	\$1968.00
✓ COVA Cr+Exp Den+Vision&Hmg	1	\$1932.00	\$9960.00	\$1932.00
Select COVA+Exp Den+Out-of-rsk+Vsd&Hr	1	\$2208.00	\$9960.00	\$2208.00
Select Sentara (Optima)	1	\$1092.00	\$9782.00	\$1092.00

Overview of All Plans

javascript:submitAction_win0(document.win0, 'BNE_PLAN_X_WRK_SAVE_PB');

10.

Review the existing dependents covered under your health plan within the Enroll Your Dependents section to determine if changes are needed.

▼ 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.

During Open Enrollment, you have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation. During a QME/Life-Event, you have an additional 30 days from the election request to submit all supporting documentation.

Dependents

Relationship

☐

Spouse

Add/Update Dependent

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 34.

Add/Update Dependent

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Only add dependents that will be covered under your health plan. Do not add any beneficiaries into Cardinal. Beneficiaries (for life insurance or retirement) are not tracked in Cardinal. See your Agency Benefits Administrator for any additional questions related to beneficiaries.



Benefits Job Aid

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Step	Action
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The **Dependent Information** page displays.

Name	Relationship	Dependent	Dependent Type
[Blurred]	Spouse	✓	Unapproved Dependent

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



The **Individual Dependent Information** page displays.

Add Individual Dependent/Beneficiary Information

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 5/5/2026.

Name

Add Name

Personal Information

*Date of Birth: MM/DD/YYYY

*Gender: [Dropdown]

*Relationship to Employee: [Dropdown]

*Marital Status: Single [Dropdown]

*Student: No [Dropdown]

Disabled: No

*Smoker: Non Smoker [Dropdown]

As of: MM/DD/YYYY

As of: MM/DD/YYYY

As of: MM/DD/YYYY

As of: MM/DD/YYYY

Address

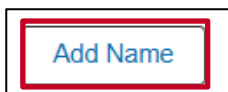
Address	Address Type	Same Address as mine
[Blurred]	Home	Same as mine

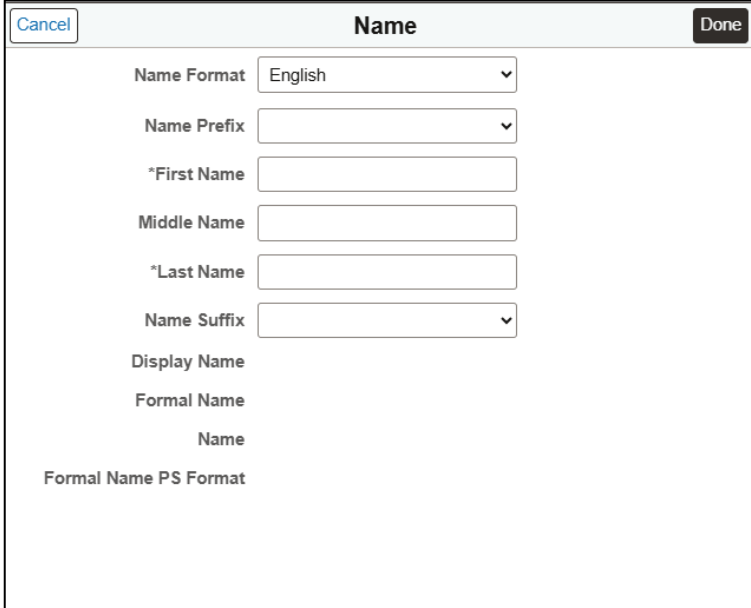
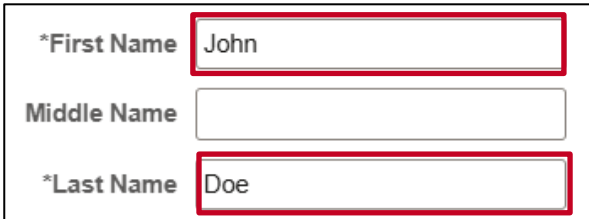
National ID

No National ID exists.

Add National ID

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

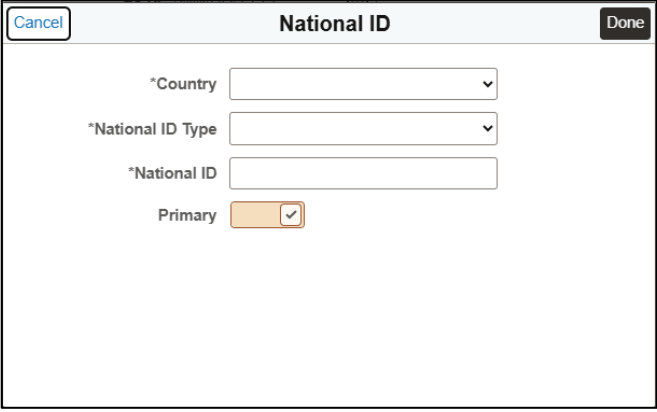
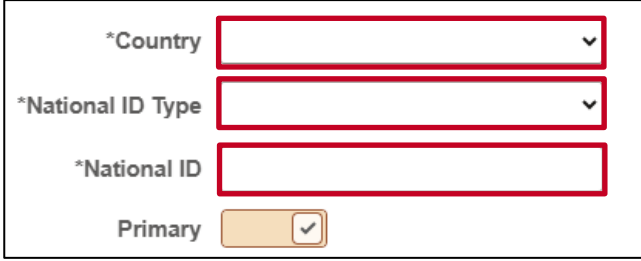


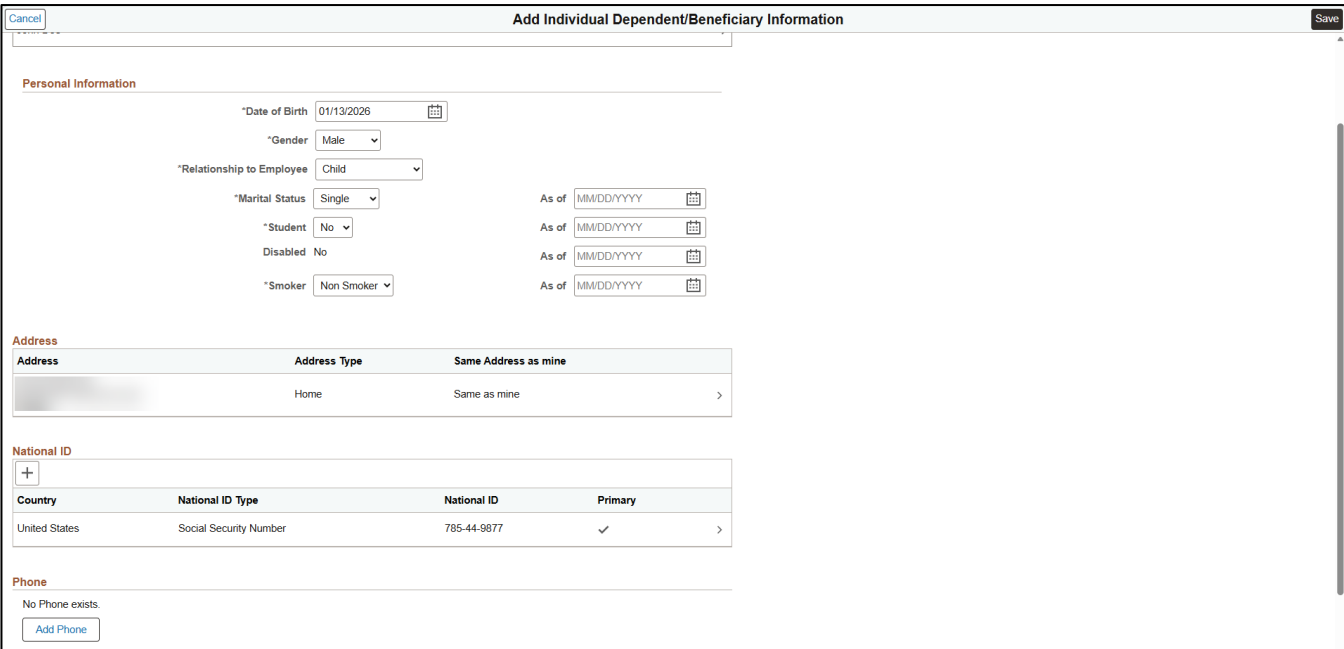
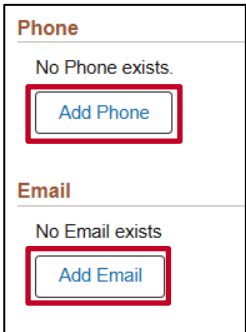
Step	Action
	The Name page displays in a pop-up window. 
14.	At a minimum, enter the dependent's first and last name in the corresponding fields. The Name Prefix, Middle Name, and Name Suffix fields are optional but should be entered as applicable. Note: Do not use accent marks or special characters in the name fields. These are not recognized and can cause errors when uploading to the Vendor. 
3.	Click the Done button. 



Step	Action
	The Individual Dependent Information page redisplay with the name populated. Name John Doe > Personal Information *Date of Birth MM/DD/YYYY *Gender *Relationship to Employee *Marital Status Single *Student No Disabled No *Smoker Non Smoker As of MM/DD/YYYY As of MM/DD/YYYY As of MM/DD/YYYY As of MM/DD/YYYY
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. *Date of Birth 01/13/2026
17.	Select your dependent's gender using the Gender dropdown button. *Gender Male
18.	Select your dependent's relationship to you using the Relationship to Employee dropdown button. *Relationship to Employee Child
19.	Update your dependent's marital status using the Marital Status dropdown button as needed (defaults to "Single"). *Marital Status Single

Step	Action						
	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. *Student No ▾ 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. Disabled No The Smoker field defaults to “Non Smoker”. Do not update this field as Cardinal does not track nor transmit smoker status to the Health Benefits Vendor. *Smoker Non Smoker ▾						
20.	If your dependent has the same address as you do, verify that the Address section is set to “Same as mine”. Address <table><tr><th>Address</th><th>Address Type</th><th>Same Address as mine</th></tr><tr><td></td><td>Home</td><td>Same as mine ></td></tr></table>	Address	Address Type	Same Address as mine		Home	Same as mine >
Address	Address Type	Same Address as mine					
	Home	Same as mine >					
	If your dependent has a different address than you, click on the address row and edit the dependent’s address information accordingly.						
21.	Click the Add National ID button within the National ID section. Add National ID						

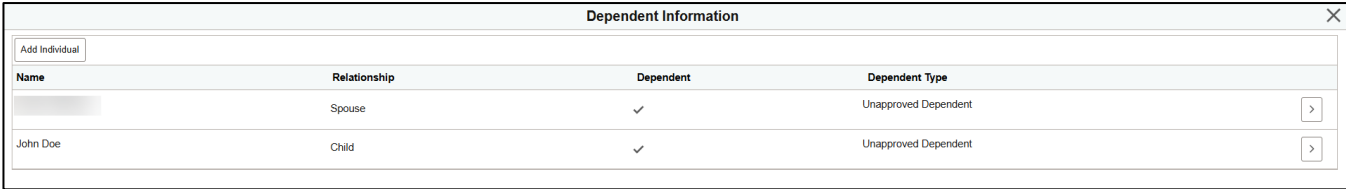
Step	Action
	The National ID page displays in a pop-up window. 
22.	Complete the Country, National ID Type, and National ID (SSN) fields for the dependent. 
	If you don't have an SSN for your dependent, the record will save without a National ID entered. However, your Agency Benefits Administrator will reach out to obtain the SSN in the future.
	"No" can only be selected for the Primary toggle field if there is more than one type of National ID listed for the dependent (e.g., dual citizenship).
23.	Click the Done button. 

Step	Action
	The Individual Dependent Information page redisplay. 
24.	Optionally add phone or email information for the dependent using the Add Phone and Add Email buttons, respectively. These are not required for dependents. 
25.	Click the Save button in the top right-hand corner of the page. 

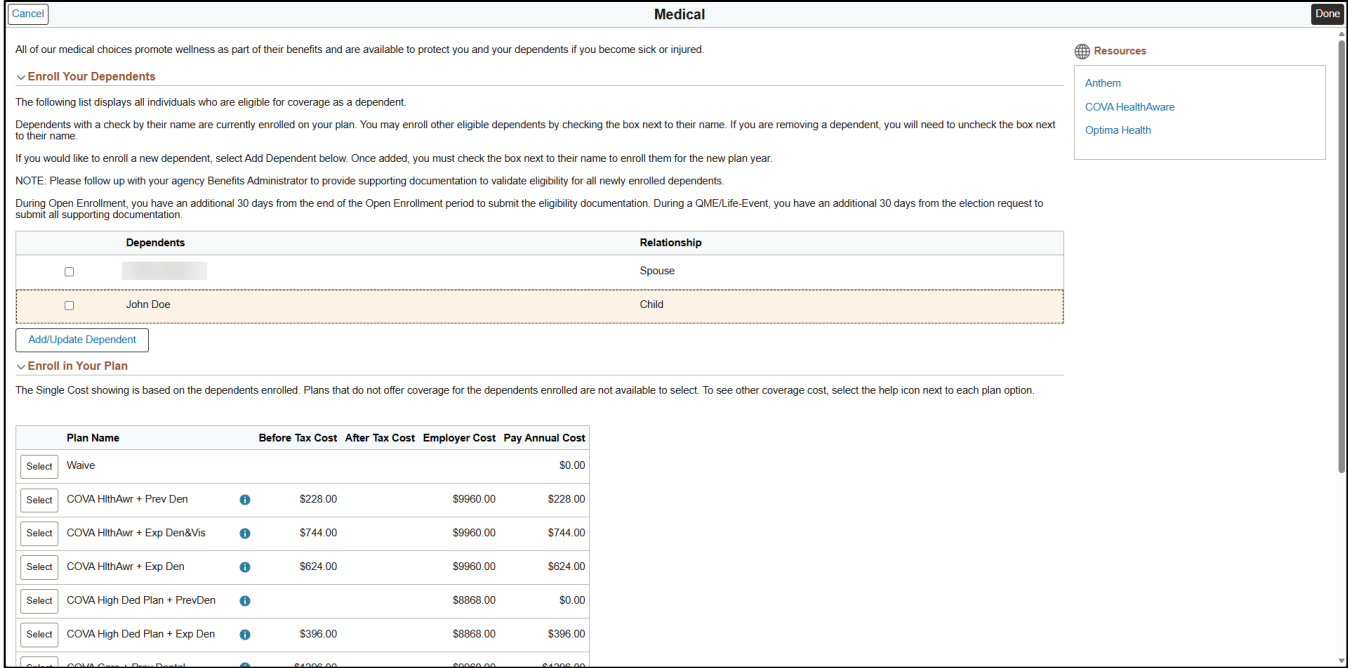


Benefits Job Aid

ESS How to Make Open Enrollment Elections

Step	Action
	The Dependent Information page returns.
	
26.	Repeat Steps 14-30 as required until all dependents are added.
	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.
27.	After all dependents are added, click the Close (X) icon in the upper right-hand corner of the page.
	

The **Medical** page redisplay.



Medical

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.

During Open Enrollment, you have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation. During a QME/Life-Event, you have an additional 30 days from the election request to submit all supporting documentation.

Dependents	Relationship
☐	Spouse
☐	John Doe
☐	Child

Add/Update Dependent

Enroll in Your Plan

The Single 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	Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost
Select Waive				\$0.00
Select COVA HlthAw + Prev Den	\$228.00		\$9960.00	\$228.00
Select COVA HlthAw + Exp Den&Vis	\$744.00		\$9960.00	\$744.00
Select COVA HlthAw + Exp Den	\$624.00		\$9960.00	\$624.00
Select COVA High Ded Plan + PrevDen			\$8868.00	\$0.00
Select COVA High Ded Plan + Exp Den	\$396.00		\$8868.00	\$396.00
Select COVA Geny Den Deduct	\$4396.00		\$9960.00	\$4396.00



Step	Action						
28.	Within the Enroll Your Dependents section, select the Enroll checkbox option for each dependent you want covered for the new plan year. <table border="1"><thead><tr><th>Dependents</th><th>Relationship</th></tr></thead><tbody><tr><td>☒</td><td>Spouse</td></tr><tr><td>☒ John Doe</td><td>Child</td></tr></tbody></table>	Dependents	Relationship	☒	Spouse	☒ John Doe	Child
Dependents	Relationship						
☒	Spouse						
☒ John Doe	Child						
	As you select dependents, the coverage costs below will update accordingly.						

The **Medical** page refreshes.

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.

During Open Enrollment, you have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation. During a QME/Life-Event, you have an additional 30 days from the election request to submit all supporting documentation.

Dependents	Relationship
☒	Spouse
☒ John Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Family 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	Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost
Select Waive				\$0.00
Select COVA HlthAwrr + Prev Den		\$840.00	\$26580.00	\$840.00
Select COVA HlthAwrr + Exp Den&Vis		\$2232.00	\$26580.00	\$2232.00
Select COVA HlthAwrr + Exp Den		\$1896.00	\$26580.00	\$1896.00
Select COVA High Ded Plan + PrevDen			\$23976.00	\$0.00
Select COVA High Ded Plan + Exp Den		\$1056.00	\$23976.00	\$1056.00
Select COVA High Ded Plan + Exp Den		\$1056.00	\$23976.00	\$1056.00

Resources

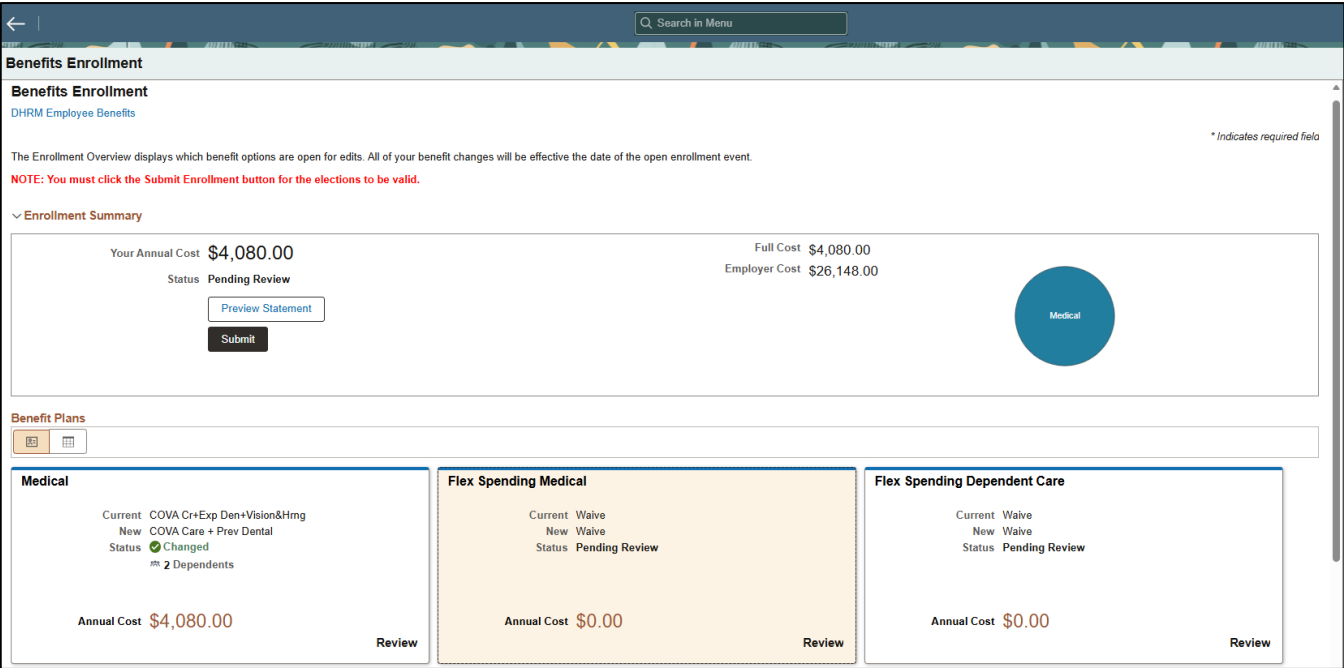
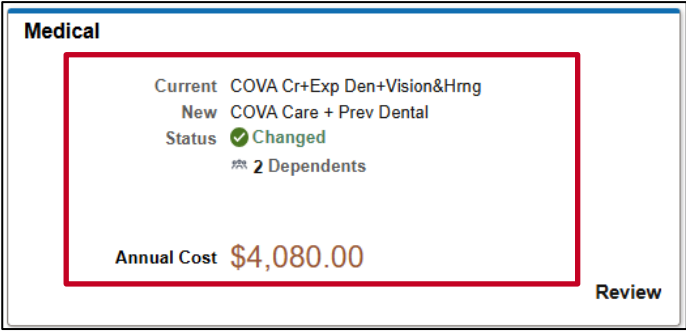
[Anthem](#)
[COVA HealthAware](#)
[Optima Health](#)

Step	Action																																																																																																		
29.	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. <table><thead><tr><th></th><th>Plan Name</th><th></th><th>Before Tax Cost</th><th>After Tax Cost</th><th>Employer Cost</th><th>Pay Annual Cost</th></tr></thead><tbody><tr><td>Select</td><td>Waive</td><td></td><td></td><td></td><td></td><td>\$0.00</td></tr><tr><td>Select</td><td>COVA HlthAwr + Prev Den</td><td>i</td><td>\$840.00</td><td></td><td>\$26580.00</td><td>\$840.00</td></tr><tr><td>Select</td><td>COVA HlthAwr + Exp Den&Vis</td><td>i</td><td>\$2232.00</td><td></td><td>\$26580.00</td><td>\$2232.00</td></tr><tr><td>Select</td><td>COVA HlthAwr + Exp Den</td><td>i</td><td>\$1896.00</td><td></td><td>\$26580.00</td><td>\$1896.00</td></tr><tr><td>Select</td><td>COVA High Ded Plan + PrevDen</td><td>i</td><td></td><td></td><td>\$23976.00</td><td>\$0.00</td></tr><tr><td>Select</td><td>COVA High Ded Plan + Exp Den</td><td>i</td><td>\$1056.00</td><td></td><td>\$23976.00</td><td>\$1056.00</td></tr><tr><td>Select</td><td>COVA Care + Prev Dental</td><td>i</td><td>\$4080.00</td><td></td><td>\$26148.00</td><td>\$4080.00</td></tr><tr><td>Select</td><td>COVACr+Prev Den+Out-of-ntwk</td><td>i</td><td>\$4824.00</td><td></td><td>\$26148.00</td><td>\$4824.00</td></tr><tr><td>Select</td><td>COVA Care + Expanded Dental</td><td>i</td><td>\$5136.00</td><td></td><td>\$26148.00</td><td>\$5136.00</td></tr><tr><td>Select</td><td>COVA Cr+Exp Den+Out-of-ntwk</td><td>i</td><td>\$5880.00</td><td></td><td>\$26148.00</td><td>\$5880.00</td></tr><tr><td>✓</td><td>COVA Cr+Exp Den+Vision&Hrng</td><td>i</td><td>\$5784.00</td><td></td><td>\$26148.00</td><td>\$5784.00</td></tr><tr><td>Select</td><td>COVA+ExDen+Out-of-ntwk+Vs&Hr</td><td>i</td><td>\$6528.00</td><td></td><td>\$26148.00</td><td>\$6528.00</td></tr><tr><td>Select</td><td>Sentara (Optima)</td><td>i</td><td>\$3672.00</td><td></td><td>\$25500.00</td><td>\$3672.00</td></tr></tbody></table> Overview of All Plans		Plan Name		Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost	Select	Waive					\$0.00	Select	COVA HlthAwr + Prev Den	i	\$840.00		\$26580.00	\$840.00	Select	COVA HlthAwr + Exp Den&Vis	i	\$2232.00		\$26580.00	\$2232.00	Select	COVA HlthAwr + Exp Den	i	\$1896.00		\$26580.00	\$1896.00	Select	COVA High Ded Plan + PrevDen	i			\$23976.00	\$0.00	Select	COVA High Ded Plan + Exp Den	i	\$1056.00		\$23976.00	\$1056.00	Select	COVA Care + Prev Dental	i	\$4080.00		\$26148.00	\$4080.00	Select	COVACr+Prev Den+Out-of-ntwk	i	\$4824.00		\$26148.00	\$4824.00	Select	COVA Care + Expanded Dental	i	\$5136.00		\$26148.00	\$5136.00	Select	COVA Cr+Exp Den+Out-of-ntwk	i	\$5880.00		\$26148.00	\$5880.00	✓	COVA Cr+Exp Den+Vision&Hrng	i	\$5784.00		\$26148.00	\$5784.00	Select	COVA+ExDen+Out-of-ntwk+Vs&Hr	i	\$6528.00		\$26148.00	\$6528.00	Select	Sentara (Optima)	i	\$3672.00		\$25500.00	\$3672.00
	Plan Name		Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost																																																																																													
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Select	COVA Care + Prev Dental	i	\$4080.00		\$26148.00	\$4080.00																																																																																													
Select	COVACr+Prev Den+Out-of-ntwk	i	\$4824.00		\$26148.00	\$4824.00																																																																																													
Select	COVA Care + Expanded Dental	i	\$5136.00		\$26148.00	\$5136.00																																																																																													
Select	COVA Cr+Exp Den+Out-of-ntwk	i	\$5880.00		\$26148.00	\$5880.00																																																																																													
✓	COVA Cr+Exp Den+Vision&Hrng	i	\$5784.00		\$26148.00	\$5784.00																																																																																													
Select	COVA+ExDen+Out-of-ntwk+Vs&Hr	i	\$6528.00		\$26148.00	\$6528.00																																																																																													
Select	Sentara (Optima)	i	\$3672.00		\$25500.00	\$3672.00																																																																																													
i	Optionally click the blue Information icon for any of the plans to view additional information. There are also links in the Resources section of the page that can be used to view additional information.																																																																																																		
The Medical page refreshes and a checkmark displays for the selected plan. <table><tbody><tr><td>✓</td><td>COVA Care + Prev Dental</td><td>i</td><td>\$4080.00</td><td></td><td>\$26148.00</td><td>\$4080.00</td></tr></tbody></table>		✓	COVA Care + Prev Dental	i	\$4080.00		\$26148.00	\$4080.00																																																																																											
✓	COVA Care + Prev Dental	i	\$4080.00		\$26148.00	\$4080.00																																																																																													
30.	Click the Done button in the upper right-hand corner of the page. Done																																																																																																		



Benefits Job Aid

ESS How to Make Open Enrollment Elections

Step	Action
	The Benefits Enrollment page returns. 
31.	Review the updated information in the Medical tile. 
	The Medical tile now displays the coverage selected in the New field and the number of dependents enrolled along with the Annual Cost for the new plan year. Additionally, the Medical tile now has a Status of “Changed”.



Step	Action
32.	Click the Flex Spending Medical tile. Flex Spending Medical Current Waive New Waive Status Pending Review Annual Cost \$0.00 Review
	Flex Spending accounts must re-elected each year (it is currently waived in this example but will be elected for this plan year).
The Flex Spending Medical page displays. Cancel Flex Spending Medical Done 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. ▼ Enroll in Your Plan Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending Medical plan. You will have no contribution with this plan if you do not make a choice. Resources Payflex Plan Name ✓ Waive Select Medical Flex Spending Account ⓘ	
33.	Click the Select button to elect the Flex Spending Medical plan. Plan Name ✓ Waive Select Medical Flex Spending Account ⓘ



Step	Action
	The Flex Spending Medical page refreshes. 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. ▼ Enroll in Your Plan Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending Medical plan. You will have no contribution with this plan if you do not make a choice. Plan Name Select Waive ✓ Medical Flex Spending Account ⓘ ▼ Contribution Amount You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year. Employee Annual Pledge Minimum Employee Pledge \$1.00 Maximum Employee Pledge \$3,300.00 Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.
34.	Enter the applicable amount in the Employee Annual Pledge field. The amount entered must be the amount you want to come out of your pay for the entire plan year. Enter the amount as a dollar amount without any currency symbols. Employee Annual Pledge
35.	Click the Done button in the upper right-hand corner of the page. Done



Benefits Job Aid

ESS How to Make Open Enrollment Elections

Step	Action
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The **Benefits Enrollment** page redisplay.

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 date of the open enrollment event.

NOTE: You must click the **Submit Enrollment** button for the elections to be valid.

▼ Enrollment Summary

Your Annual Cost **\$5,105.20**

Status **Pending Review**

[Preview Statement](#)

[Submit](#)

Full Cost **\$5,105.20**

Employer Cost **\$26,148.00**

FSA Fee

FSA Med

Medical

Benefit Plans

Medical

Current COVA Cr+Exp Den+Vision&Hmg

New COVA Care + Prev Dental

Status **Changed**

2 Dependents

Annual Cost **\$4,080.00**

[Review](#)

Flex Spending Medical

Current Waive

New Medical Flex Spending Account \$1,000

Status **Changed**

Annual Cost **\$1,000.00**

[Review](#)

Flex Spending Dependent Care

Current Waive

New Waive

Status **Pending Review**

Annual Cost **\$0.00**

[Review](#)

36. Review the updated information in the **Flex Spending Medical** tile.

Flex Spending Medical

Current Waive

New Medical Flex Spending Account \$1,000

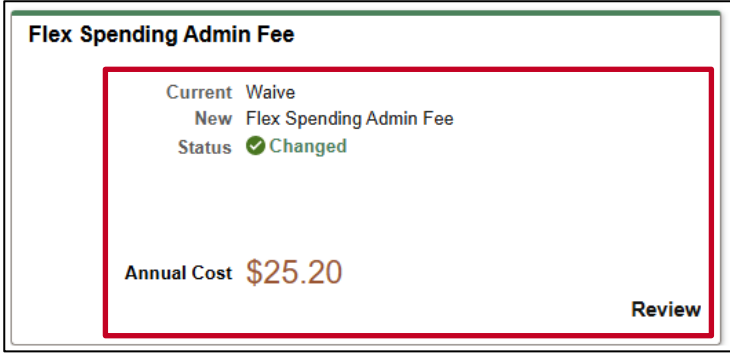
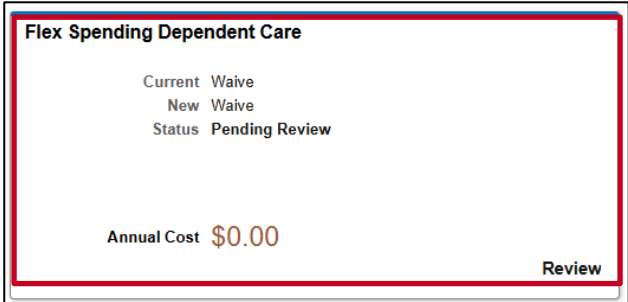
Status **Changed**

Annual Cost **\$1,000.00**

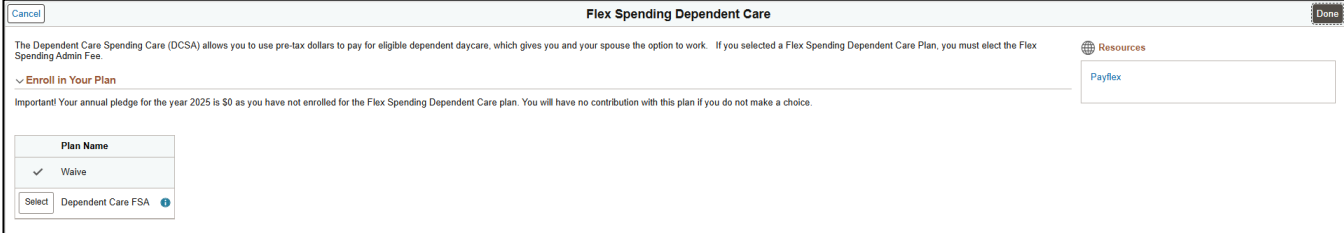
[Review](#)



The Flex Spending Medical tile now displays the plan as selected in the **New** field along with the **Annual Cost** for the new plan year. Additionally, the **Flex Spending Medical** tile now has a **Status** of “Changed”.

Step	Action
37.	Review the Flex Spending Admin Fee tile. Once either a Flex Spending Medical or Flex Spending Dependent Care plan is enrolled in, the system automatically enrolls you in the Flex Spending Admin Fee and this cannot be updated. If you are not enrolling in a Flex Spending Dependent Care plan, skip to Step 47. 
38.	Click the Flex Spending Dependent Care tile. 
	Flex Spending accounts must re-elected each year (it is currently waived in this example but will be elected for this plan year).

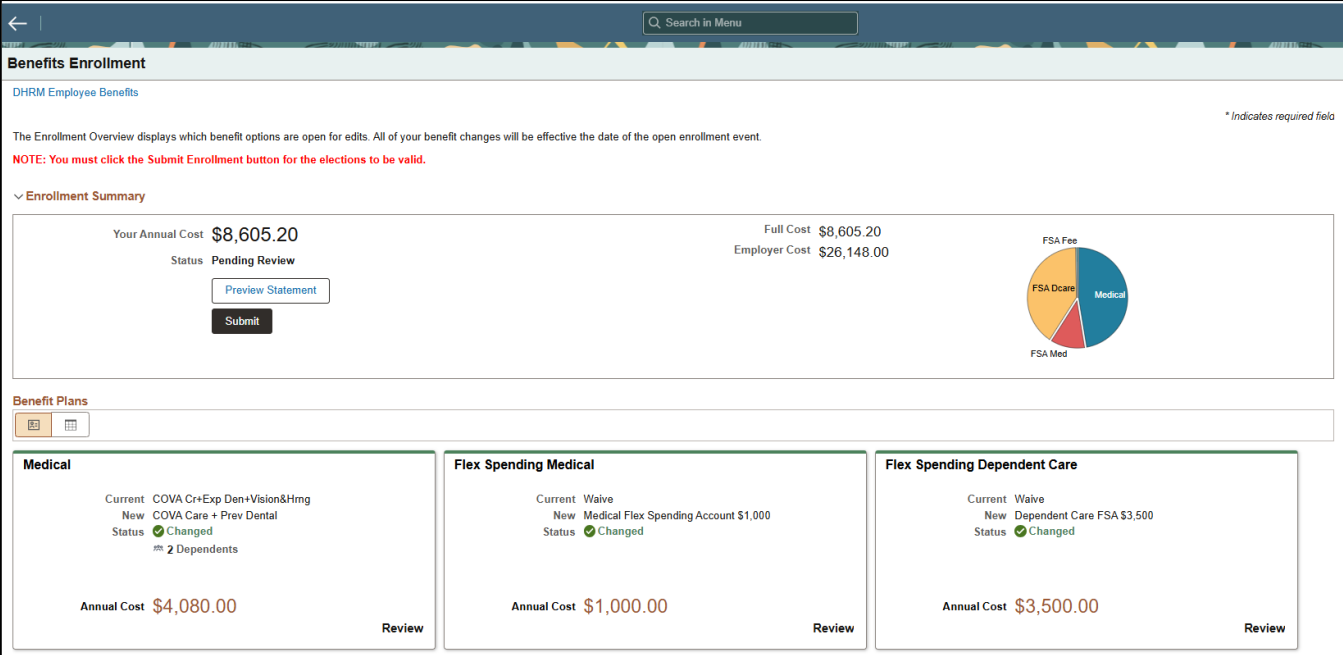
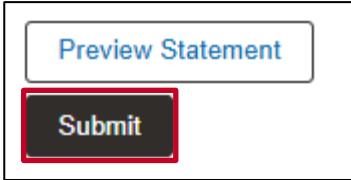
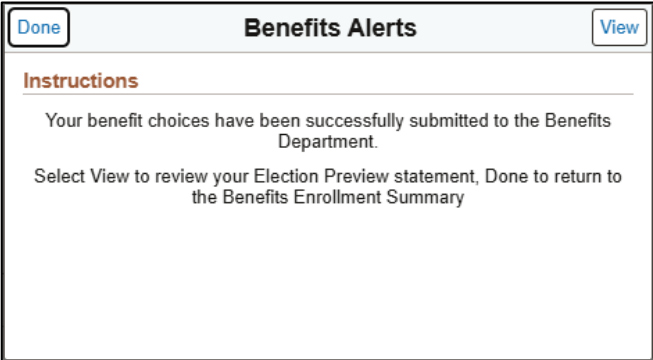
The **Flex Spending Dependent Care** page displays.





ESS How to Make Open Enrollment Elections

Step	Action
39.	Click the Select button to elect the Flex Spending Dependent Care plan. Plan Name ✓ Waive Select Dependent Care FSA ⓘ
The Flex Spending Dependent Care page refreshes. Cancel Flex Spending Dependent Care The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. If you selected a Flex Spending Dependent Care Plan, you must elect the Flex Spending Admin Fee. ▼ Enroll in Your Plan Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending Dependent Care plan. You will have no contribution with this plan if you do not make a choice. Plan Name Select Waive ✓ Dependent Care FSA ⓘ ▼ Contribution Amount You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year. Employee Annual Pledge Minimum Employee Pledge \$1.00 Maximum Employee Pledge \$5,000.00 Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.	
40.	Enter the applicable amount in the Annual Pledge field. The amount entered must be the amount you want to come out of your pay for the entire plan year. Employee Annual Pledge
41.	Click the Done button in the upper right-hand corner of the page. Done

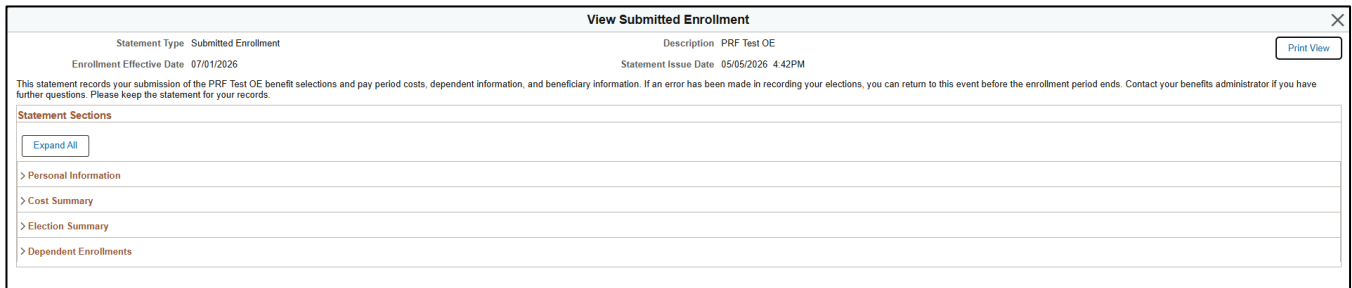
Step	Action
	The Benefits Enrollment page redisplay. 
42.	Review your elections and then click the Submit button. 
	This step <u>must</u> be performed to submit your open enrollment elections.
	A Benefits Alerts message displays in a pop-up window. 



ESS How to Make Open Enrollment Elections

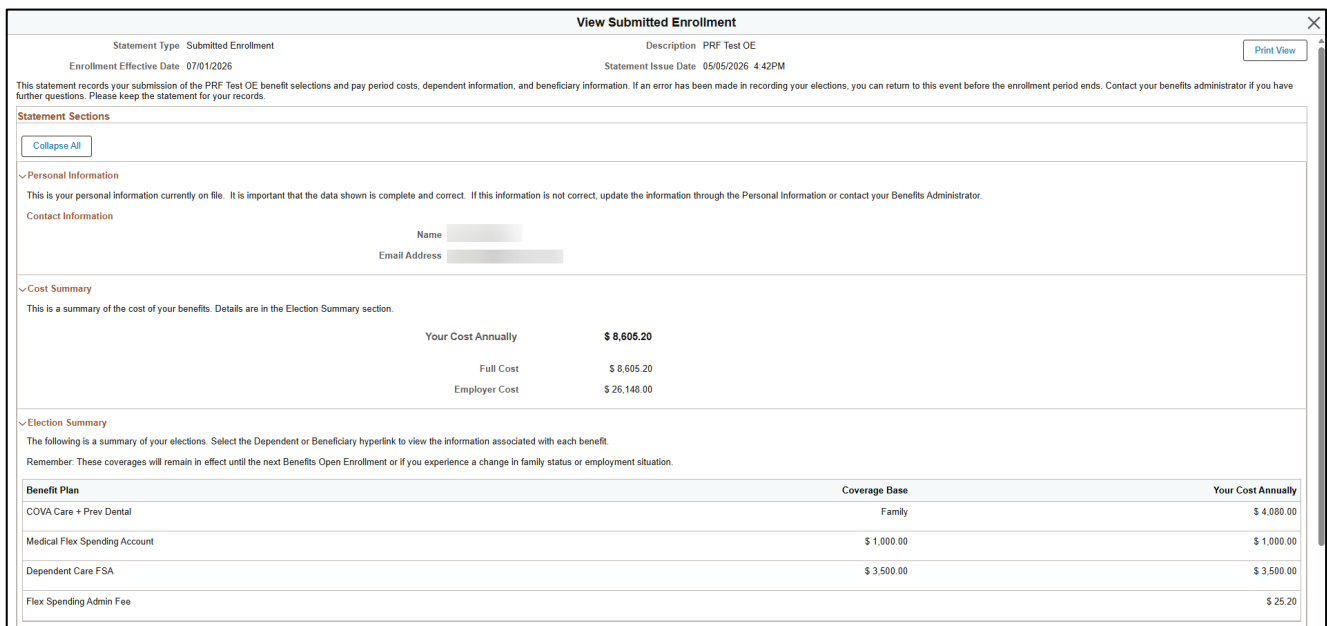
Step	Action
43.	Click the View button to review your Election Preview Statement. 
	If you don't want to review your Election Preview Statement, click the Done button to complete the open enrollment process.

The **View Submitted Enrollment** page displays.



44.	Click the Expand All button. 
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The page refreshes and the detailed information displays.

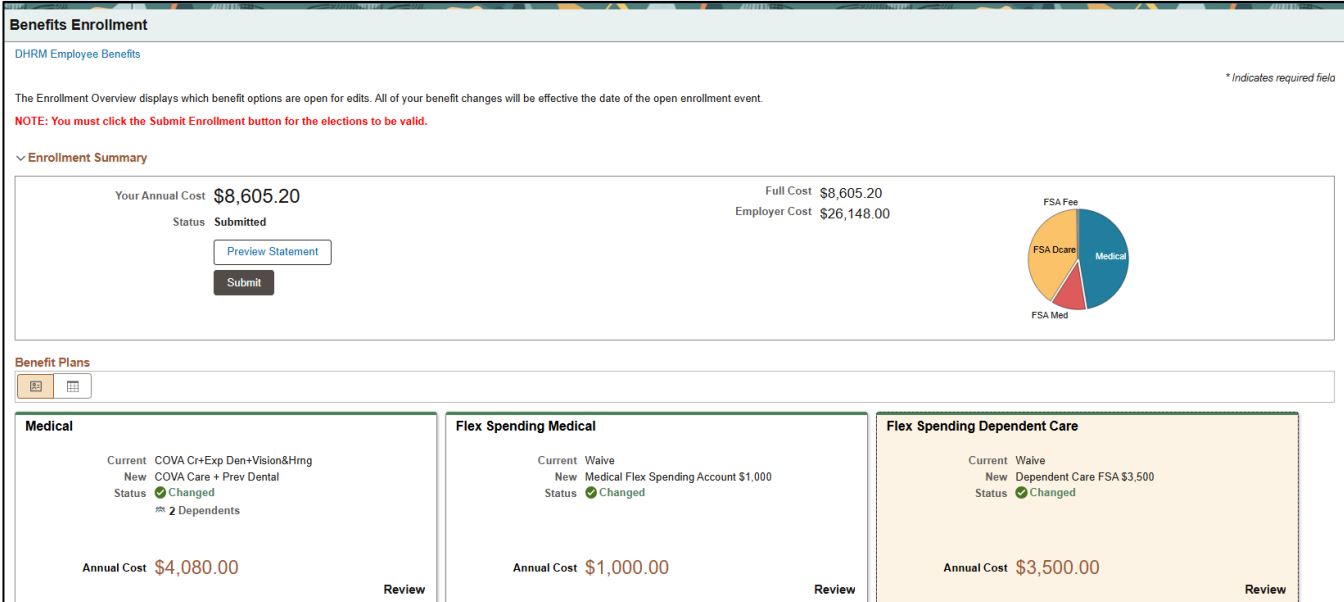


Benefit Plan	Coverage Base	Your Cost Annually
COVA Care + Prev Dental	Family	\$ 4,080.00
Medical Flex Spending Account	\$ 1,000.00	\$ 1,000.00
Dependent Care FSA	\$ 3,500.00	\$ 3,500.00
Flex Spending Admin Fee		\$ 25.20



Step	Action
45.	Review the enrollment information as needed. Optionally, click the Print View button to open the Election Preview Statement in a new browser tab as a printable PDF. 
46.	Once complete, click the Close (X) icon to return to the Benefit Details page. 

The **Benefits Enrollment** page redisplay.



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 date of the open enrollment event.

NOTE: You must click the **Submit Enrollment** button for the elections to be valid.

▼ Enrollment Summary

Your Annual Cost **\$8,605.20**

Status **Submitted**

Full Cost **\$8,605.20**

Employer Cost **\$26,148.00**

[Preview Statement](#)

Submit

Benefit Plans

Medical

Current COVA Cr+Exp Den+Vision&Hmg

New COVA Care + Prev Dental

Status **Changed**

2 Dependents

Annual Cost **\$4,080.00**

Review

Flex Spending Medical

Current Waive

New Medical Flex Spending Account \$1,000

Status **Changed**

Annual Cost **\$1,000.00**

Review

Flex Spending Dependent Care

Current Waive

New Dependent Care FSA \$3,500

Status **Changed**

Annual Cost **\$3,500.00**

Review



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.