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.

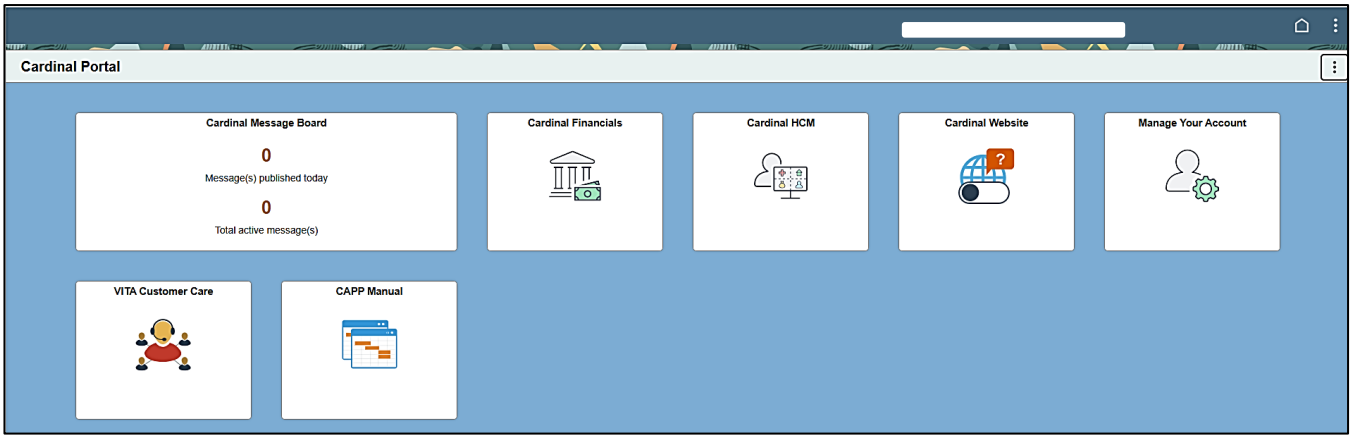
Making Open Enrollment Elections in ESS

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).

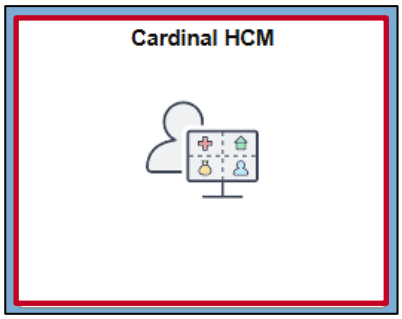
Step	Action
1.	Log into Cardinal (my.cardinal.virginia.gov).
	For more information about Cardinal registration, see the Job Aid titled **Cardinal System Access Guide**. This Job Aid is located on the Cardinal website in **Job Aids** under **Learning**.
The **Cardinal Homepage** displays. 	
2.	Enter the Employee Username and Password in the **Cardinal Username** and **Password** fields. 
3.	Click the **Sign In** button. 

Step	Action

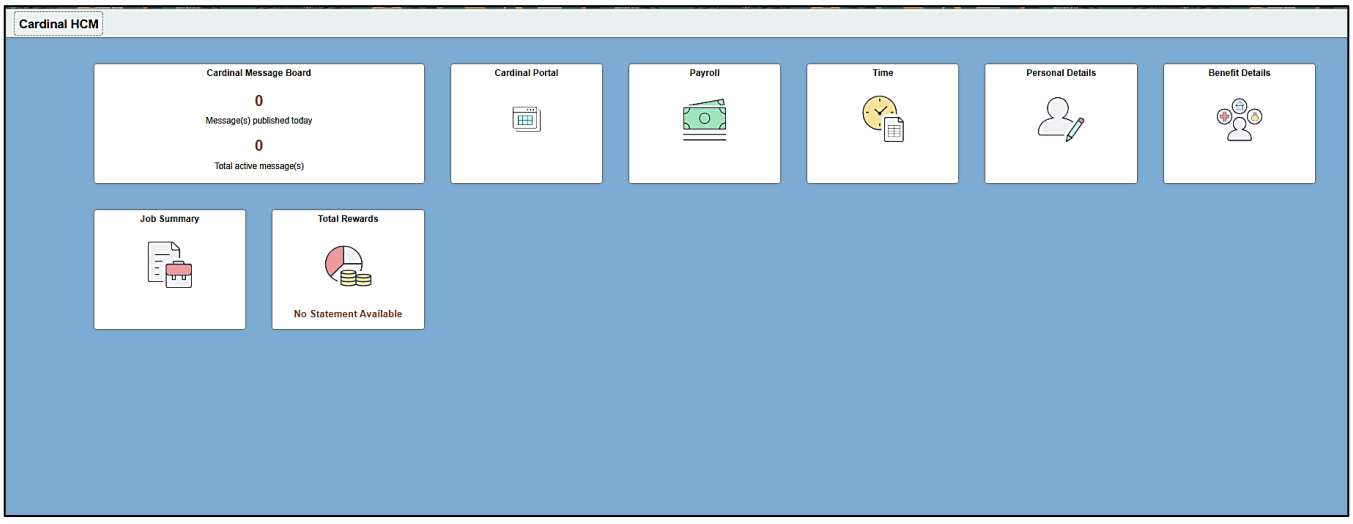
The **Cardinal Portal** page displays.



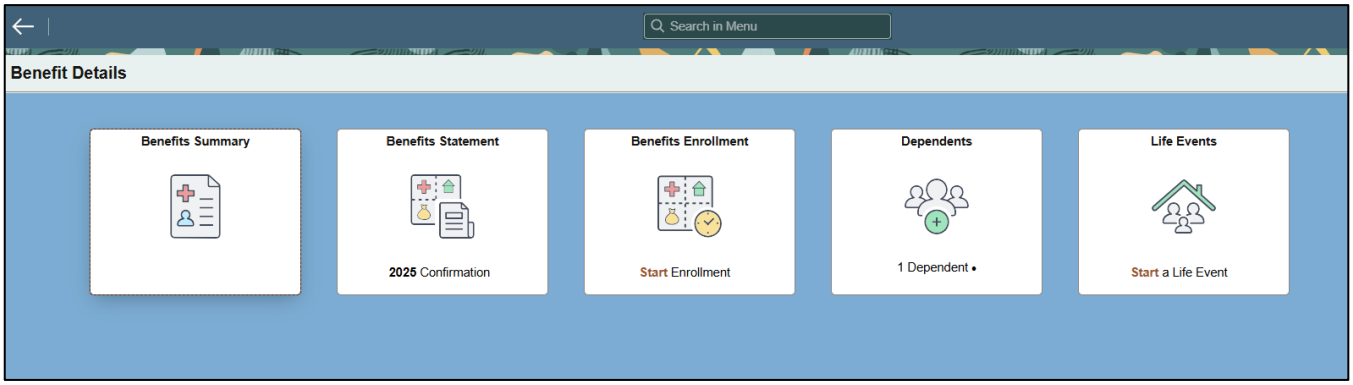
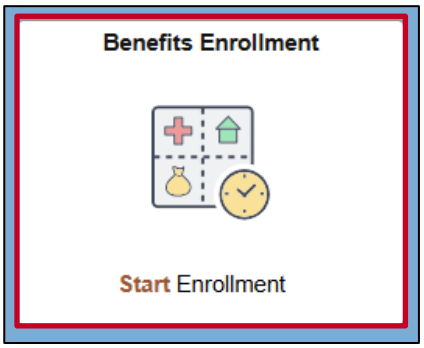
4. Click the **Cardinal HCM** tile.



The **Cardinal HCM Homepage** displays.

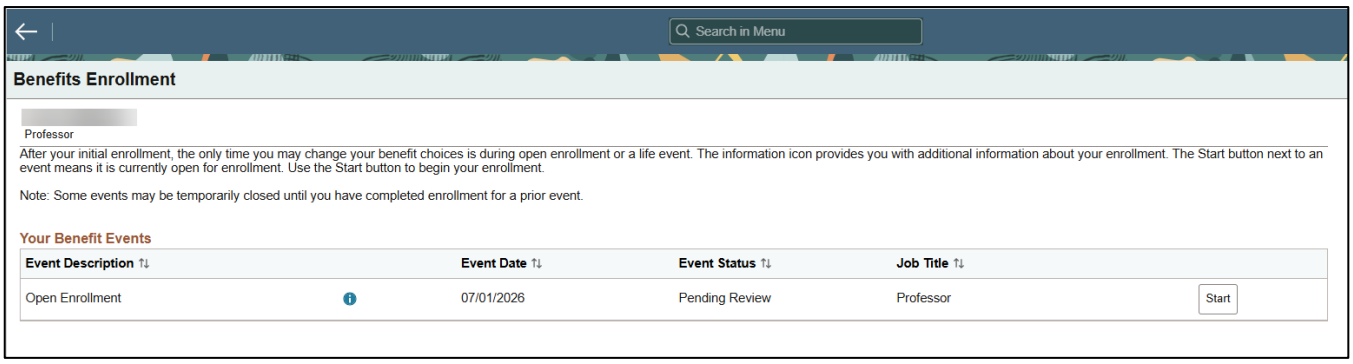


The tiles displayed on the **Cardinal HCM Homepage** for each user will vary based upon individual preferences and security settings.

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

Step	Action

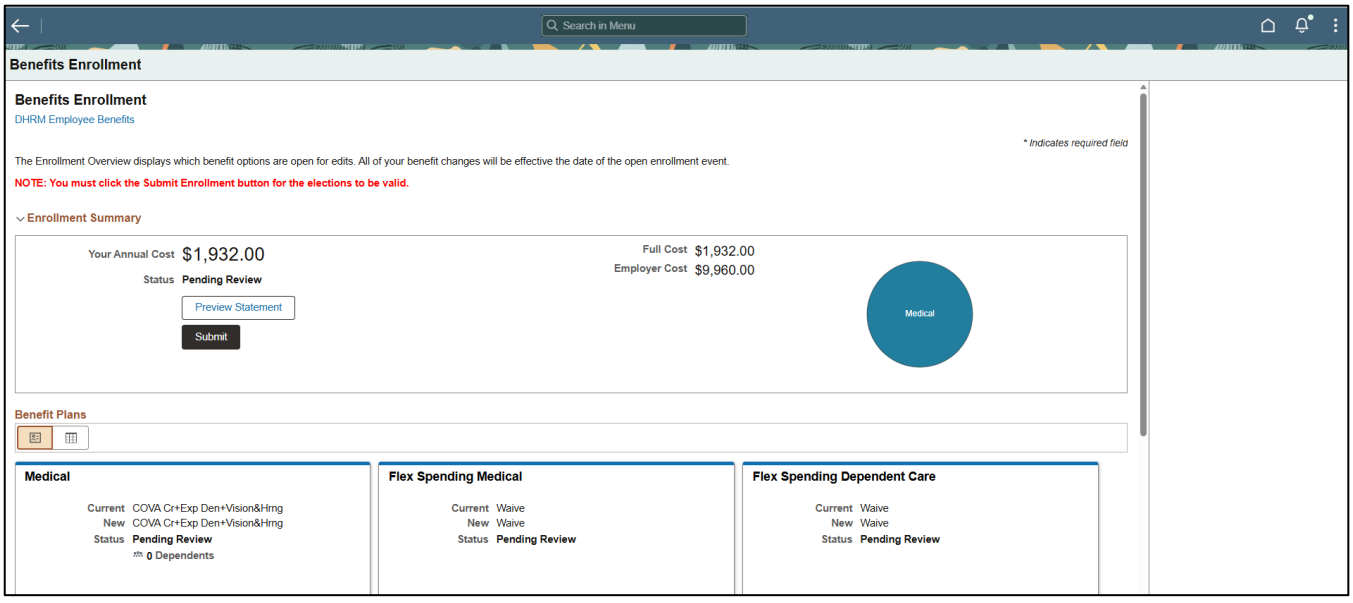
The **Benefits Enrollment** page displays.

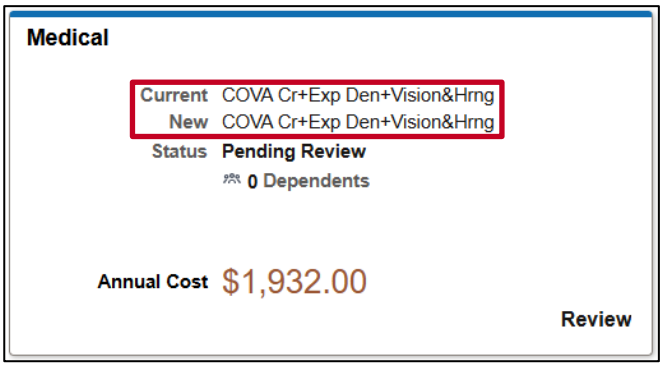


7. Click the **Start** button for the Open Enrollment event.

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.

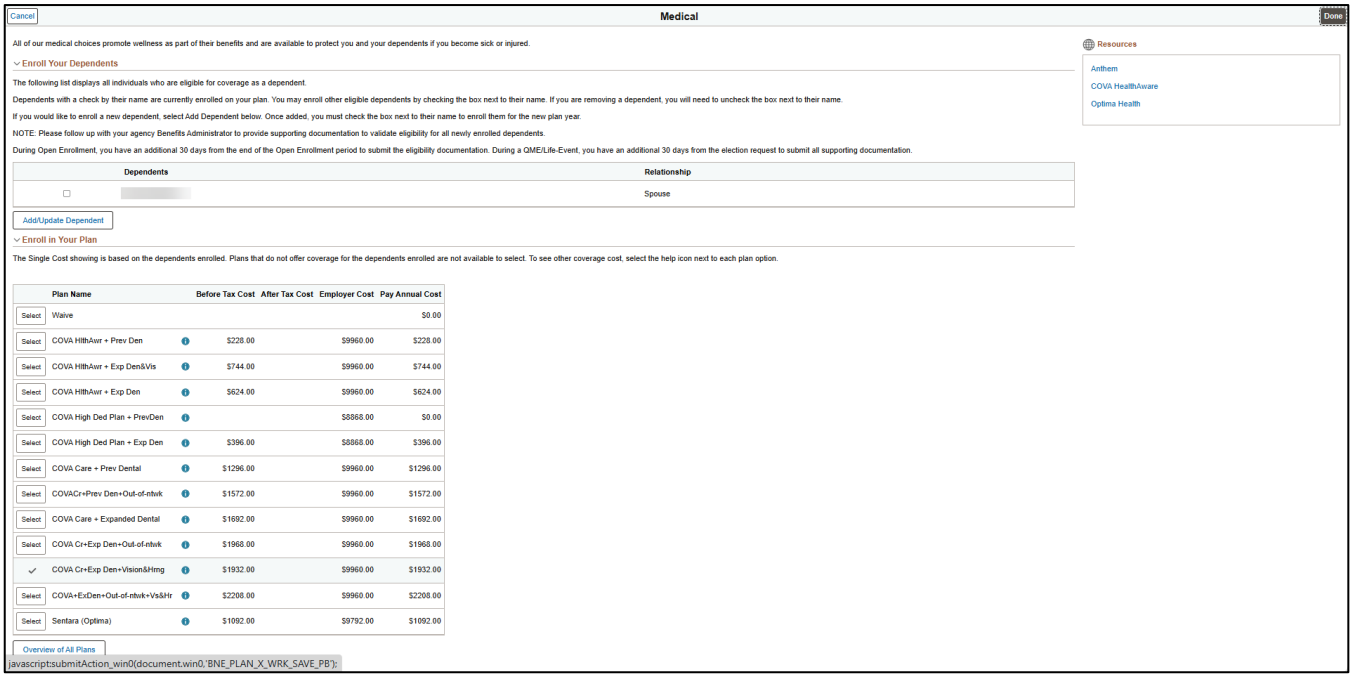
The **Benefits Enrollment** page displays for the Open Enrollment.



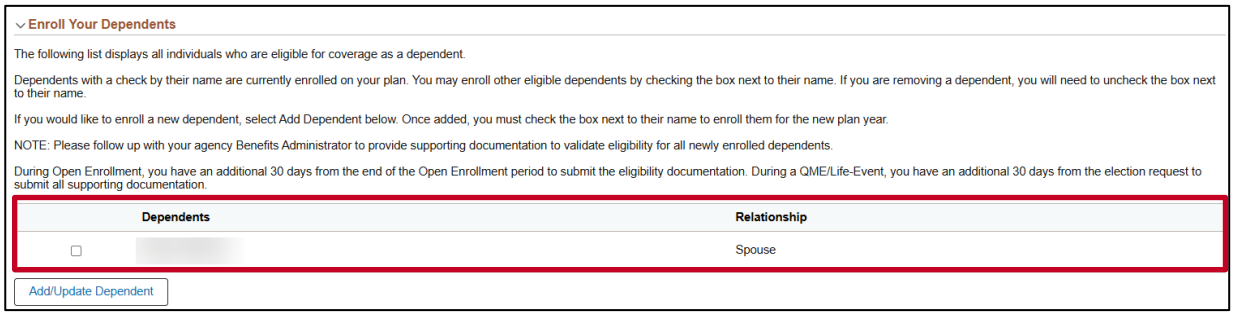
Step	Action
	The Benefit Plans available on this page depend on your benefits eligibility. Retirees will only see the **Medical** tile. The steps within this Job Aid start by detailing the steps for changing your Health Plan (**Medical** tile). Proceed to the applicable step for the plan you need to 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. 

Step	Action

The **Medical** page displays.



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

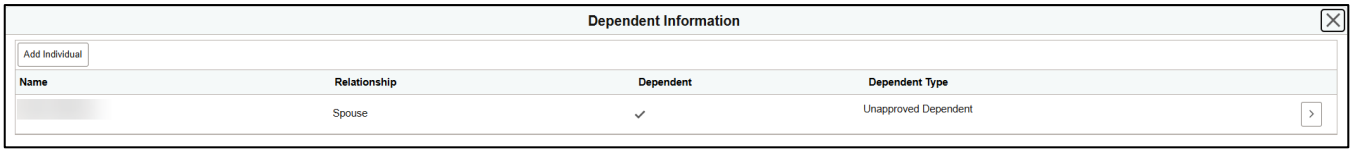


11. If you need to add a dependent to your health plan coverage, click the **Add Dependent** button. If you are not adding a dependent, skip to **Step 34**.

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.

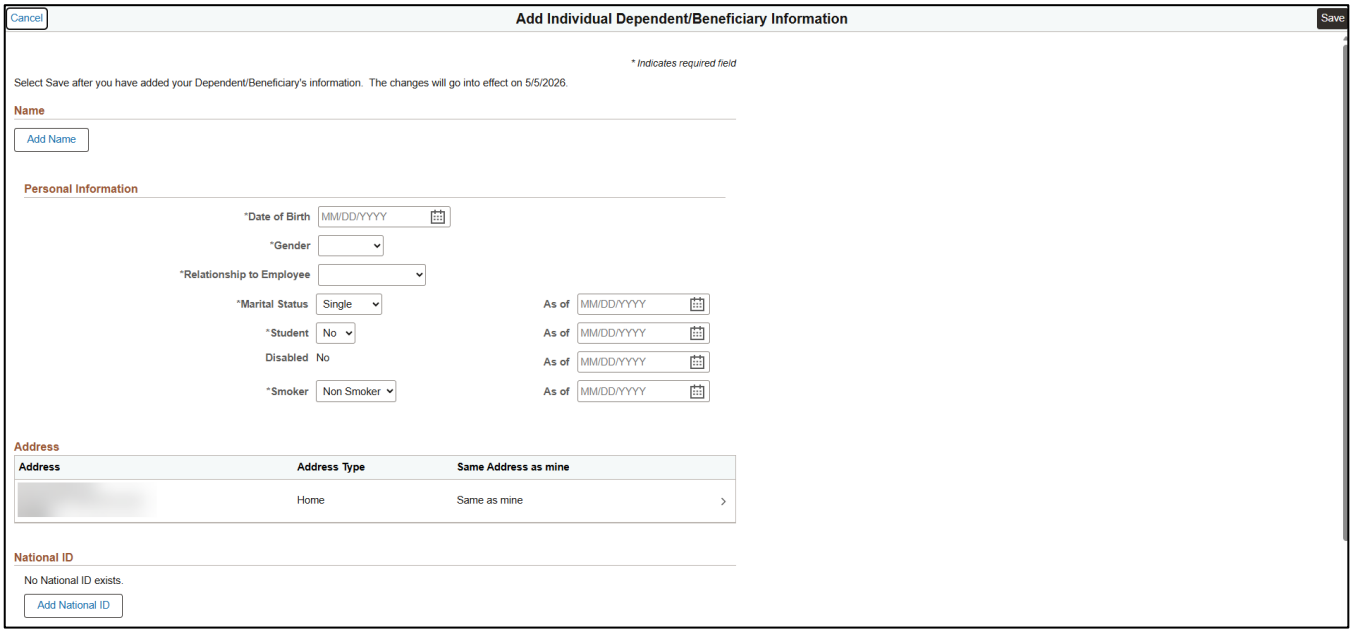
Step	Action

The **Dependent Information** page displays.

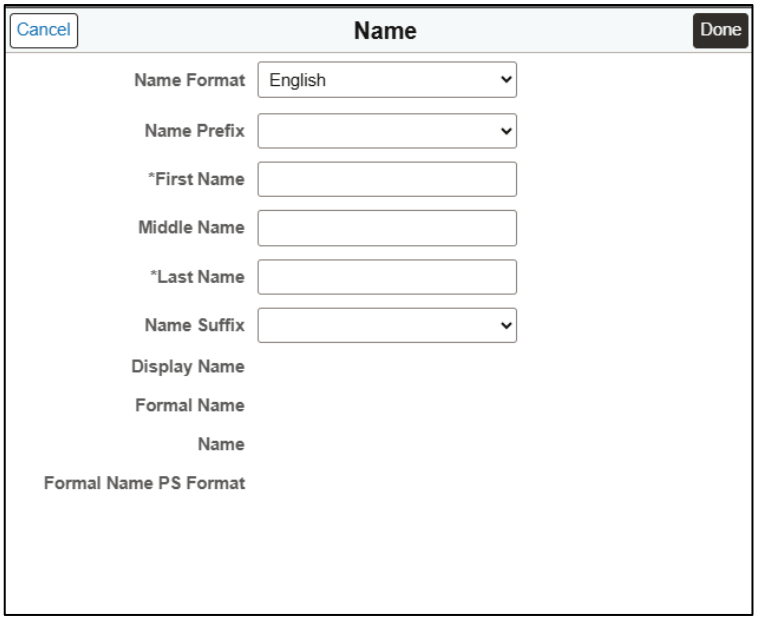
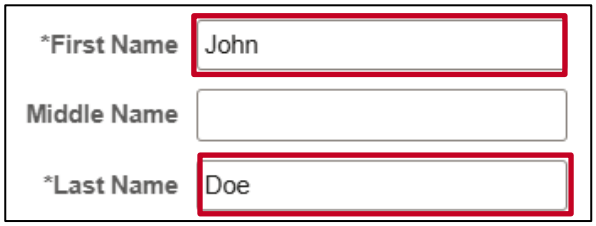
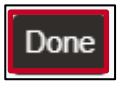


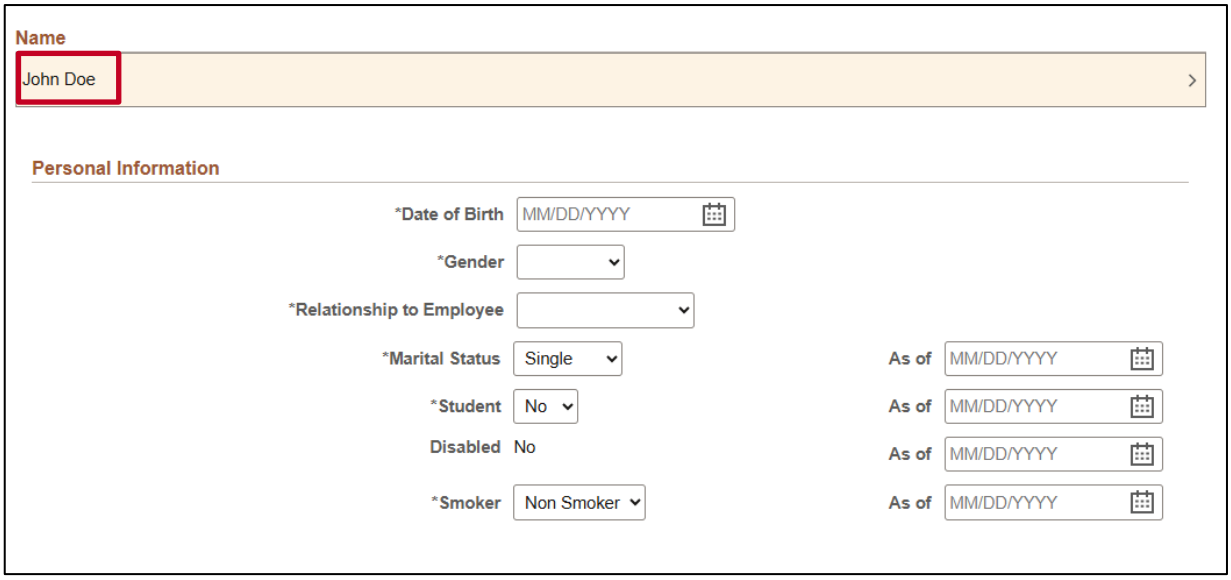
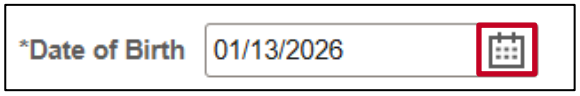
12. Click the **Add Individual** button to add a dependent to your Employee Record.

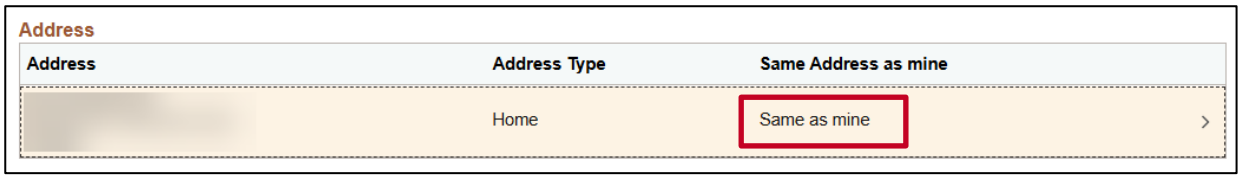
The **Individual Dependent Information** page displays.

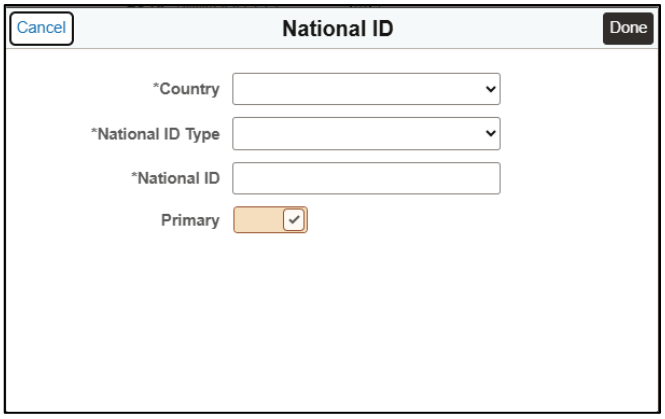
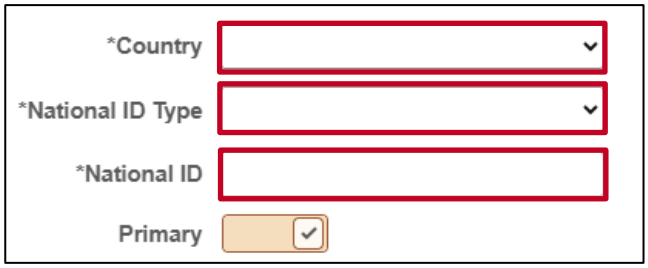


13. Click the **Add Name** button.

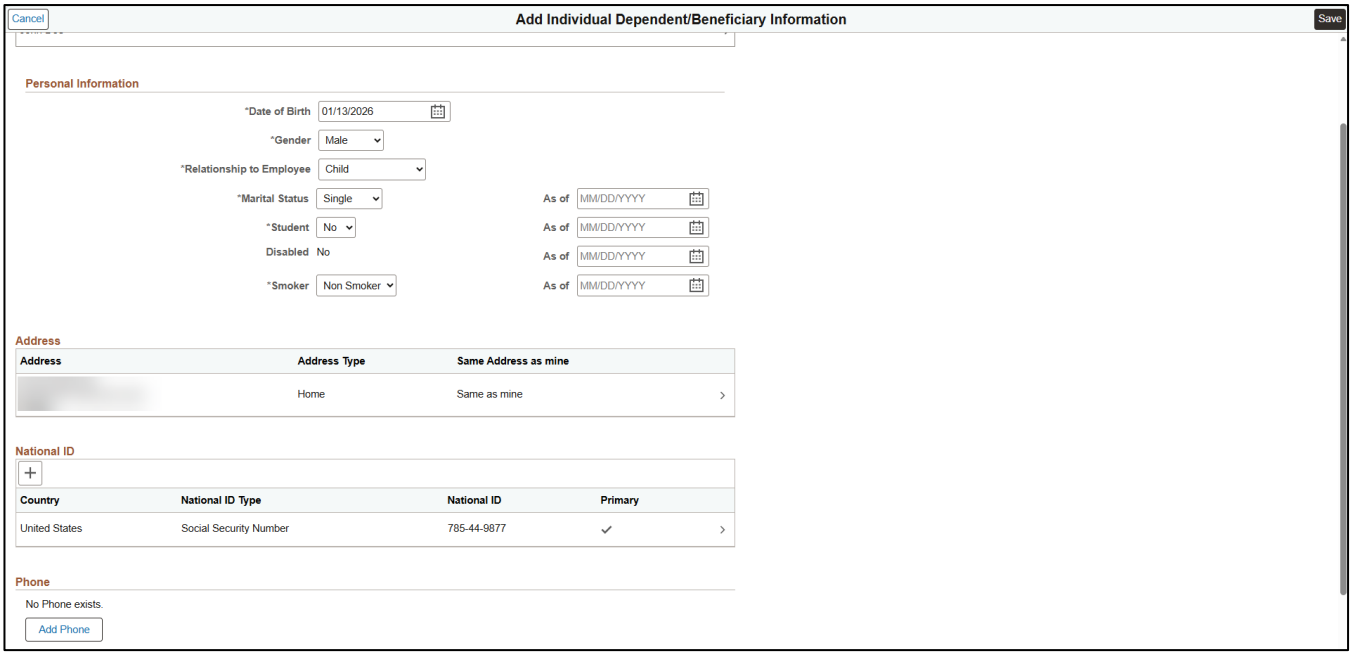
Step	Action
	The **Name** page displays in a pop-up window. 
14.	At a minimum, enter the dependent's first and last name in the corresponding fields. The **Name Prefix**, **Middle Name**, and **Name Suffix** fields are optional but should be entered as applicable. **Note**: Do not use accent marks or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

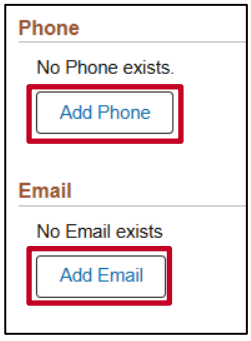
Step	Action
	The **Individual Dependent Information** page redisplays with the name populated. 
16.	Enter your dependent's date of birth in the **Date of Birth** field or select the appropriate date of birth using the **Date of Birth Calendar** icon. 
17.	Select your dependent's gender using the **Gender** dropdown button. 
18.	Select your dependent's relationship to you using the **Relationship to Employee** dropdown button. 
19.	Update your dependent's marital status using the **Marital Status** dropdown button as needed (defaults to "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.  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.  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. 
20.	If your dependent has the same address as you do, verify that the **Address** section is set to “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. 

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. 

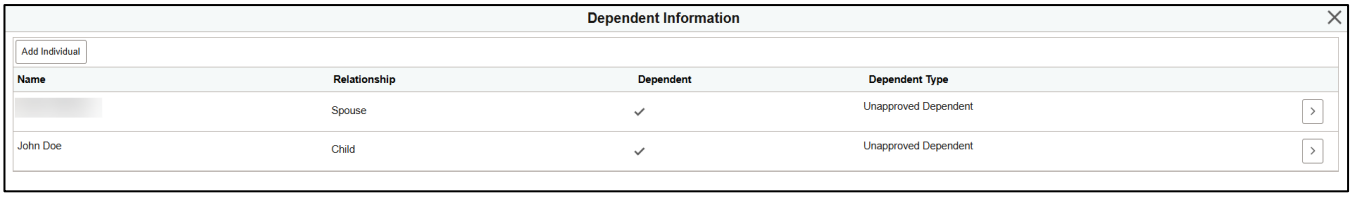
Step	Action
	The **Individual Dependent Information** page redisplays.



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. 

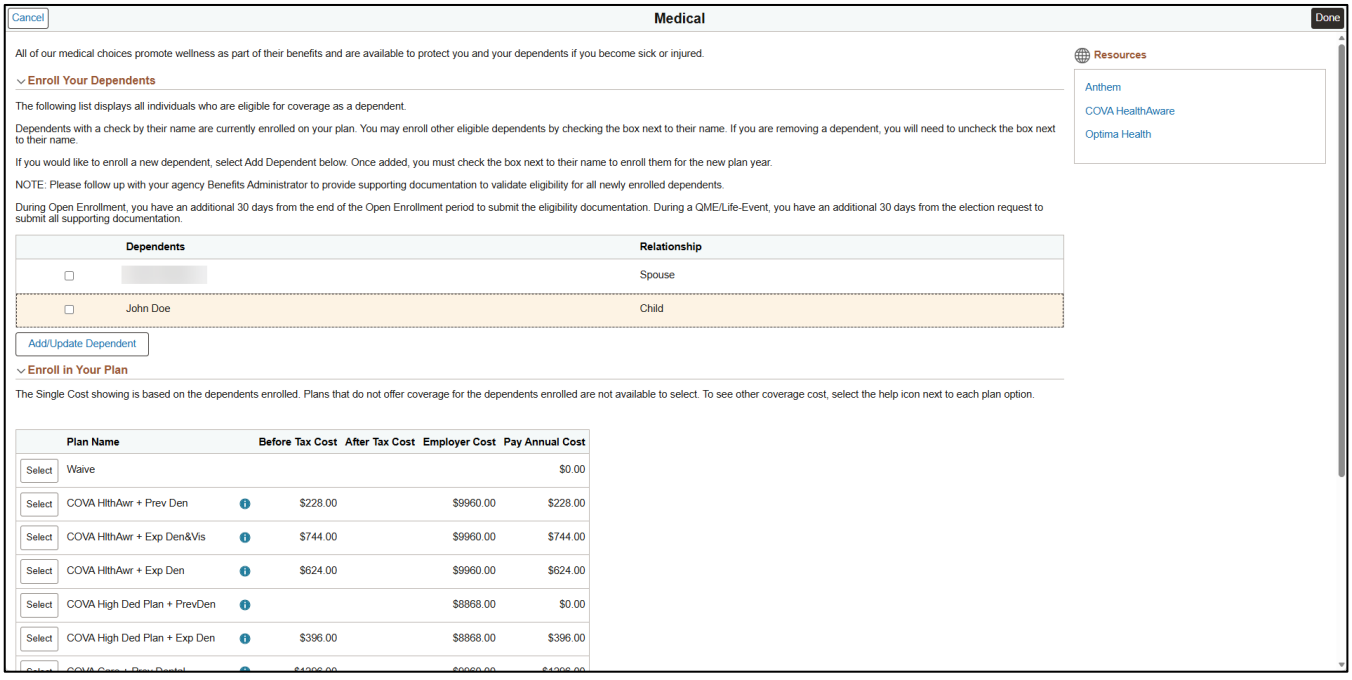
Step	Action

The **Dependent Information** page returns.

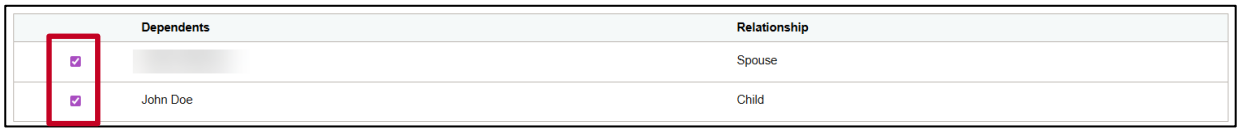


26.	Repeat **Steps 14-30** as required until all dependents are added.
	When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **Do not miss your Open Enrollment deadline**. If you **do not** have the documentation, you can still submit your election 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 redisplays.

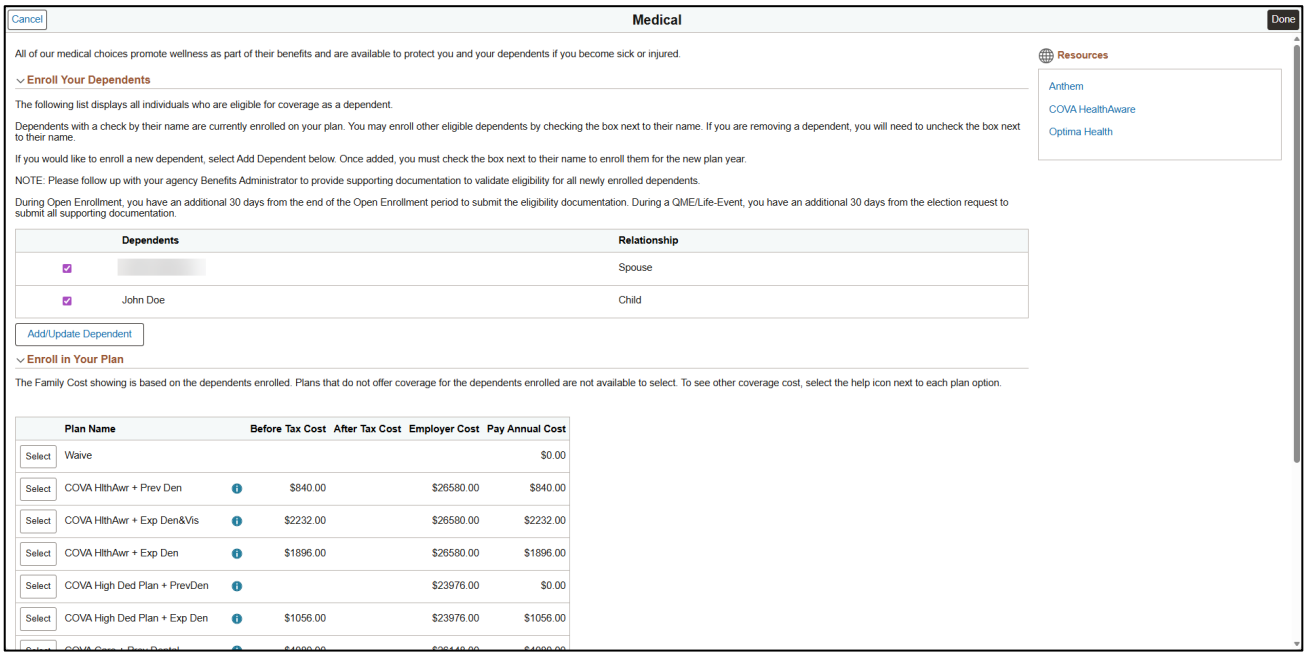


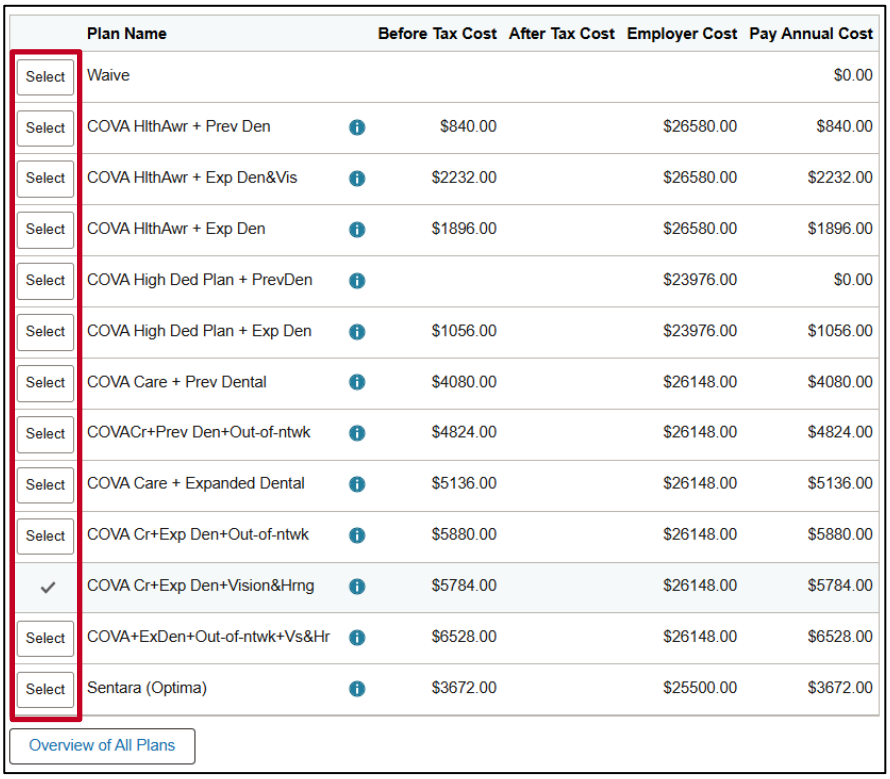
Step	Action
28.	Within the **Enroll Your Dependents** section, select the **Enroll** checkbox option for each dependent you want covered for the new plan year.



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

The **Medical** page refreshes.



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

	Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Annual Cost
Select	Waive				$0.00
Select	COVA HlthAwr + Prev Den	$840.00		$26580.00	$840.00
Select	COVA HlthAwr + Exp Den&Vis	$2232.00		$26580.00	$2232.00
Select	COVA HlthAwr + 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 Care + Prev Dental	$4080.00		$26148.00	$4080.00
Select	COVACr+Prev Den+Out-of-ntwk	$4824.00		$26148.00	$4824.00
Select	COVA Care + Expanded Dental	$5136.00		$26148.00	$5136.00
Select	COVA Cr+Exp Den+Out-of-ntwk	$5880.00		$26148.00	$5880.00
✓	COVA Cr+Exp Den+Vision&Hrng	$5784.00		$26148.00	$5784.00
Select	COVA+ExDen+Out-of-ntwk+Vs&Hr	$6528.00		$26148.00	$6528.00
Select	Sentara (Optima)	$3672.00		$25500.00	$3672.00

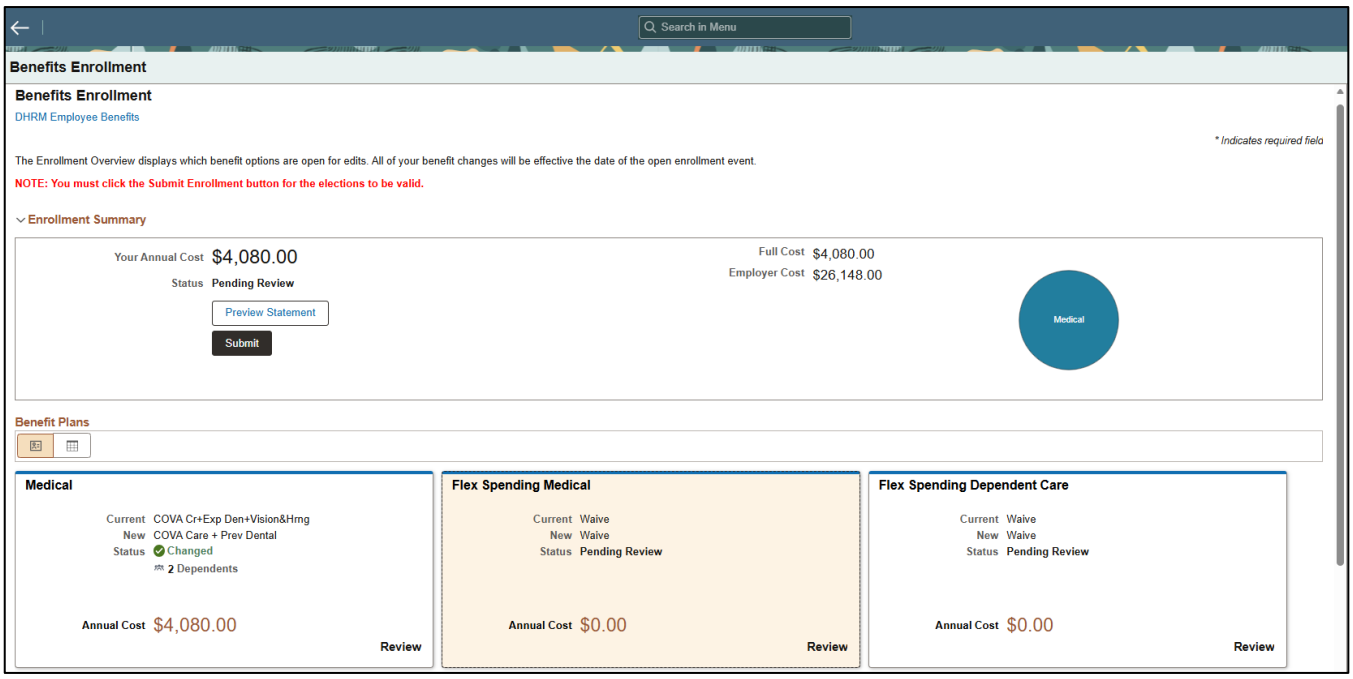
Overview of All Plans

✓	COVA Care + Prev Dental	$4080.00	$26148.00	$4080.00

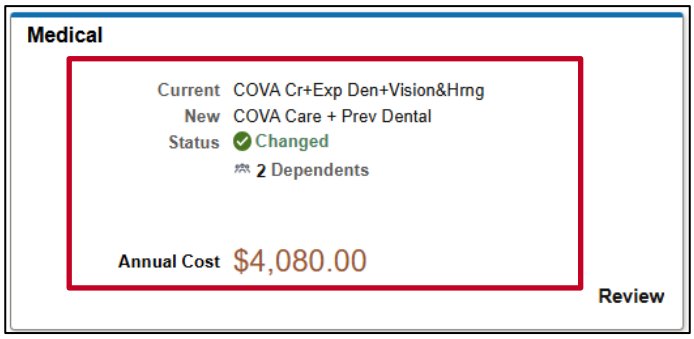
Done

Step	Action

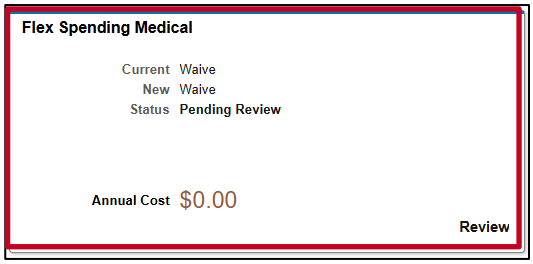
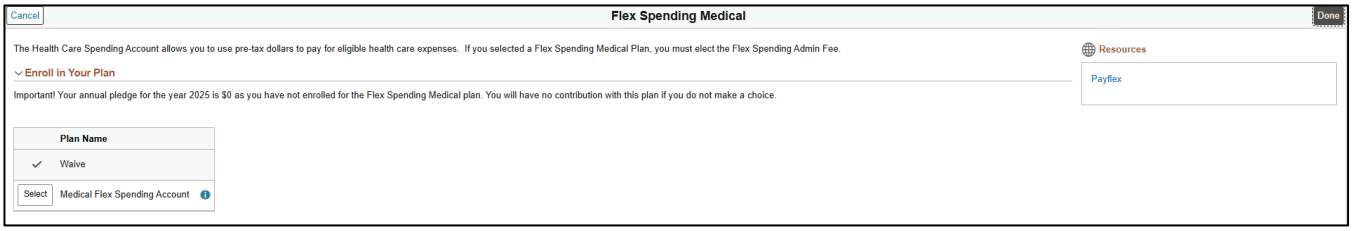
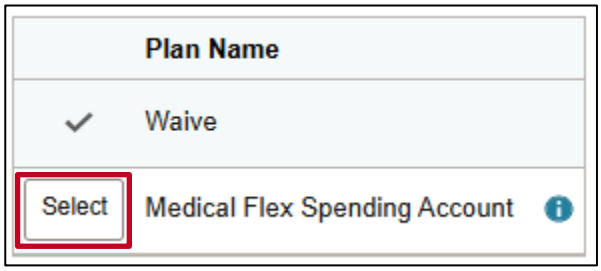
The **Benefits Enrollment** page returns.



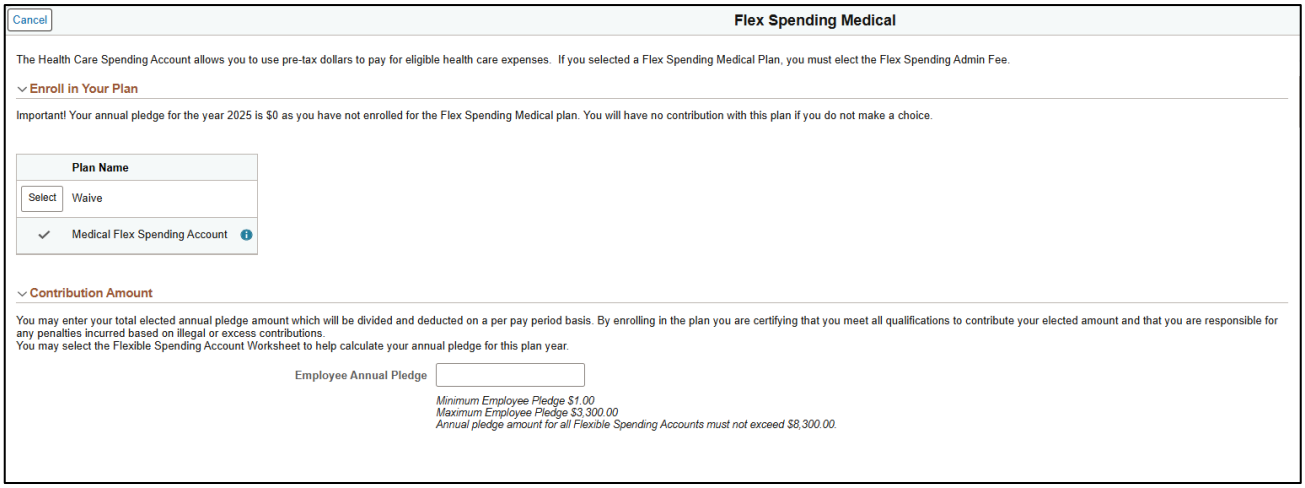
31. Review the updated information in the **Medical** tile.



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 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. 	
33.	Click the **Select** button to elect the **Flex Spending Medical** plan. 

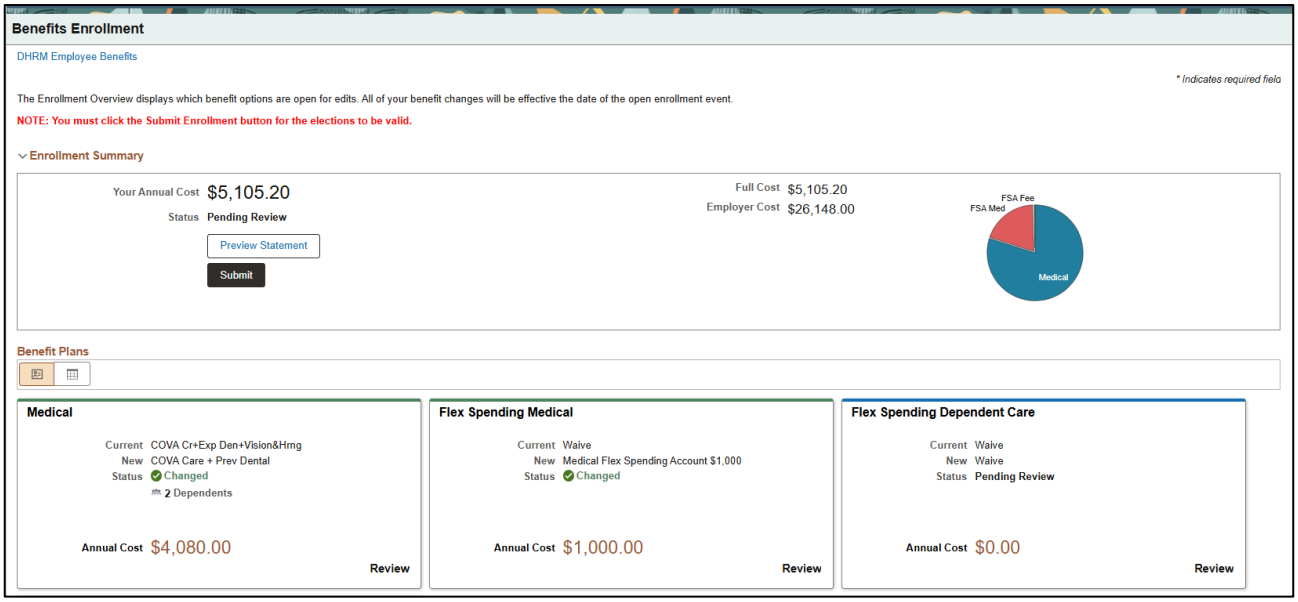
Step	Action
	The **Flex Spending Medical** page refreshes.



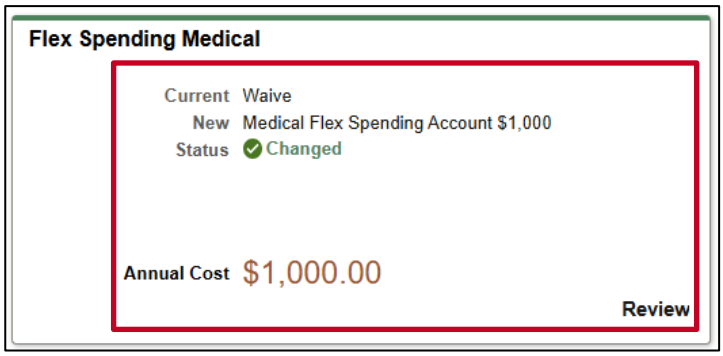
34.	Enter the applicable amount in the **Employee Annual Pledge** field. The amount entered must be the amount you want to come out of your pay for the entire plan year. Enter the amount as a dollar amount without any currency symbols. 
35.	Click the **Done** button in the upper right-hand corner of the page. 

Step	Action

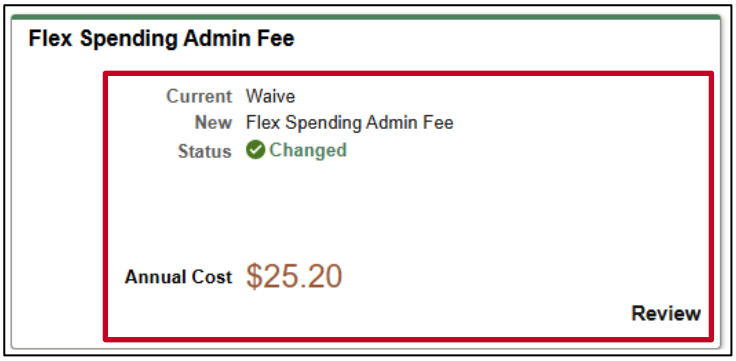
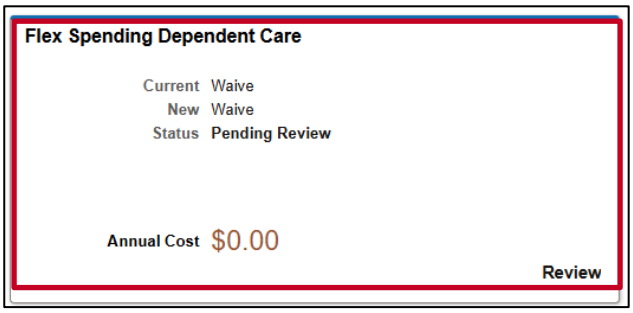
The **Benefits Enrollment** page redisplays.



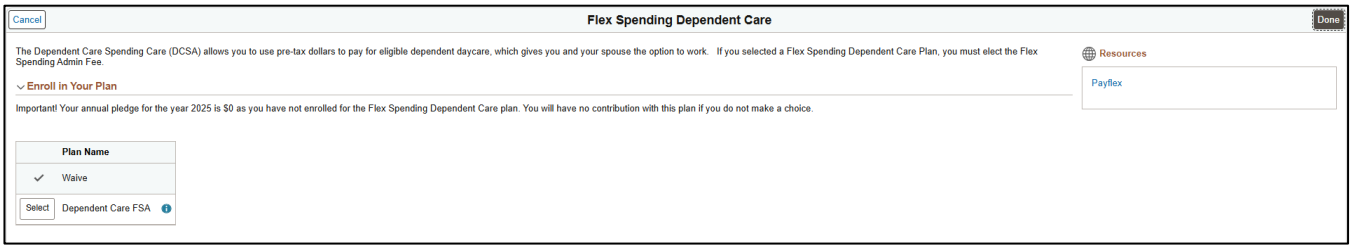
36. Review the updated information in the **Flex Spending Medical** tile.

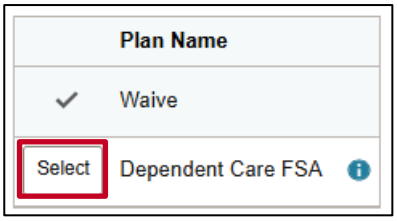
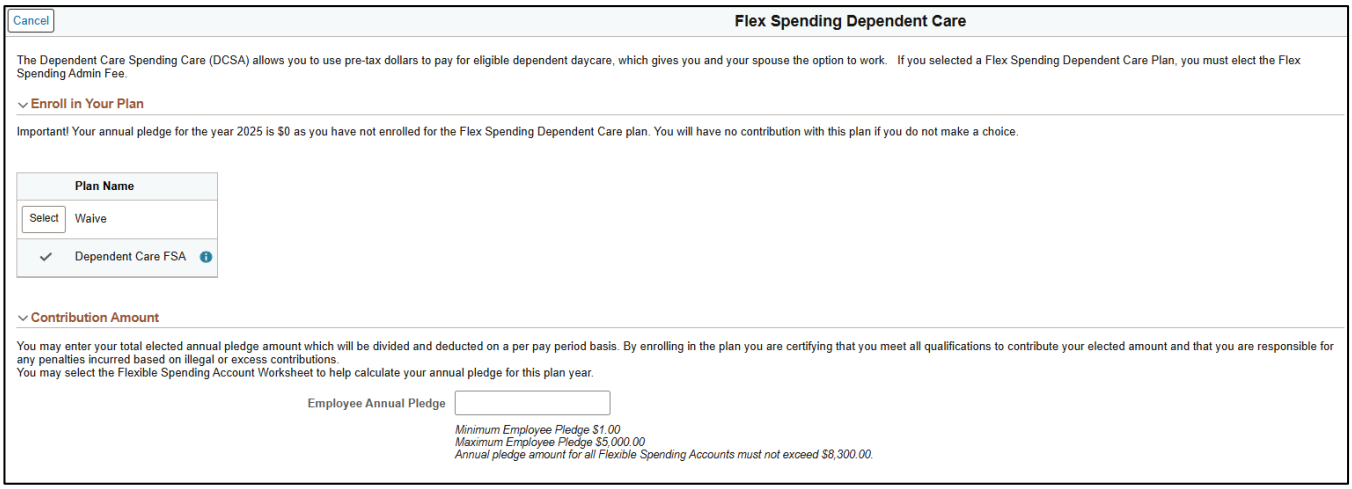


The Flex Spending Medical tile now displays the plan as selected in the **New** field along with the **Annual Cost** for the new plan year. Additionally, the **Flex Spending Medical** tile now has a **Status** of “Changed”.

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).

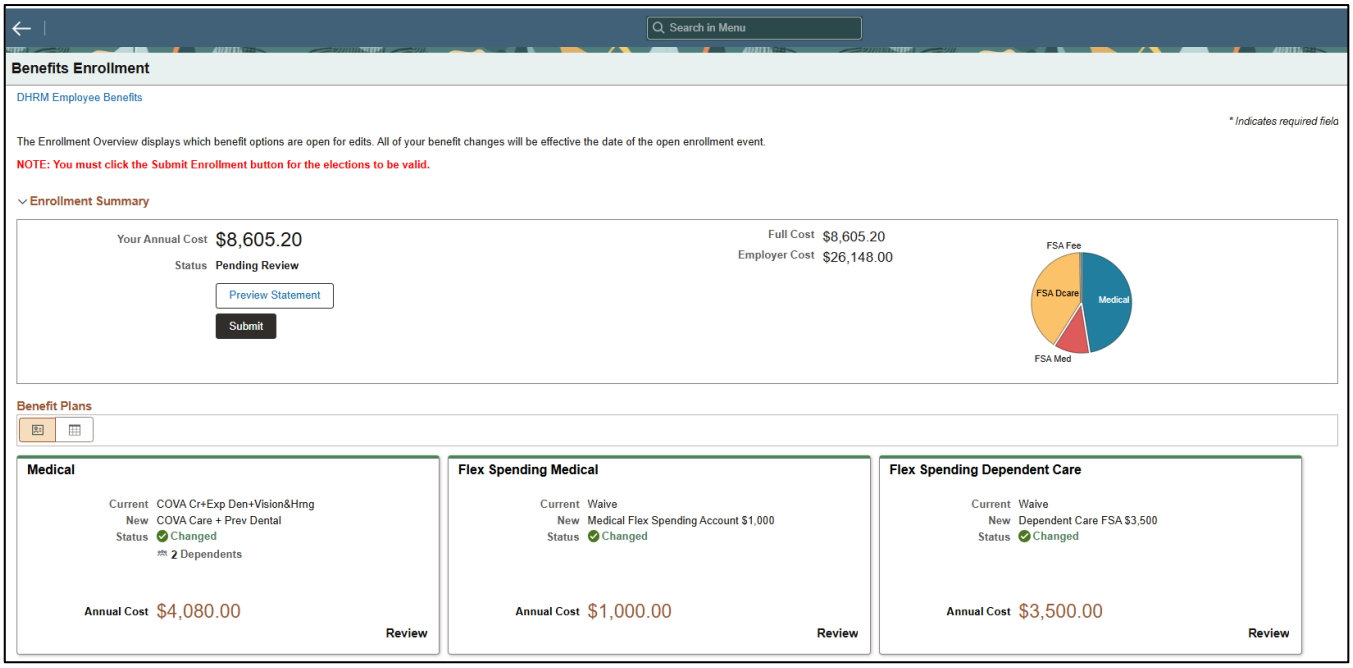
The **Flex Spending Dependent Care** page displays.

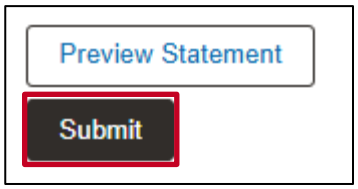


Step	Action
39.	Click the **Select** button to elect the Flex Spending Dependent Care plan. 
	The **Flex Spending Dependent Care** page refreshes. 
40.	Enter the applicable amount in the **Annual Pledge** field. The amount entered must be the amount you want to come out of your pay for the entire plan year. 
41.	Click the **Done** button in the upper right-hand corner of the page. 

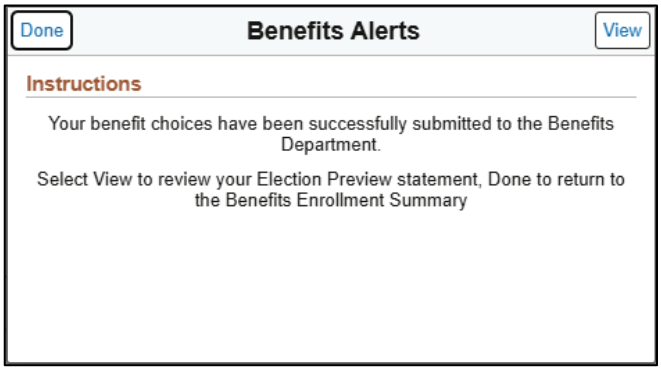
Step	Action

The **Benefits Enrollment** page redisplays.



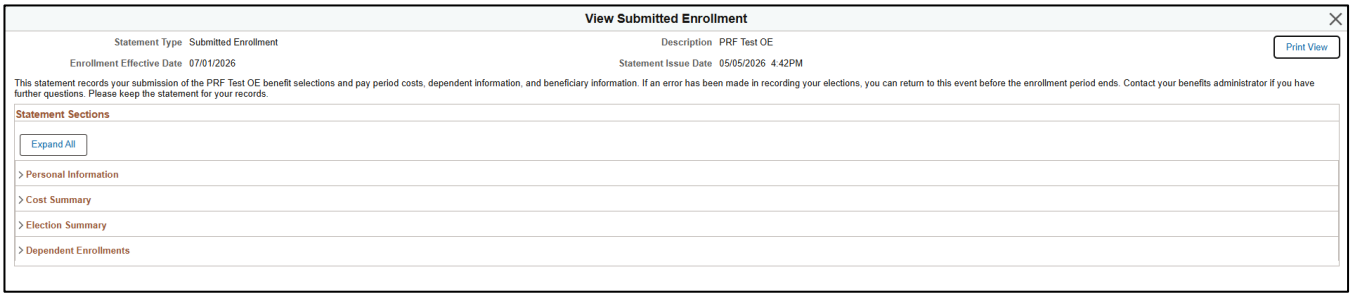
42.	Review your elections and then click the **Submit** button. 
	This step **must** be performed to submit your open enrollment elections.

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



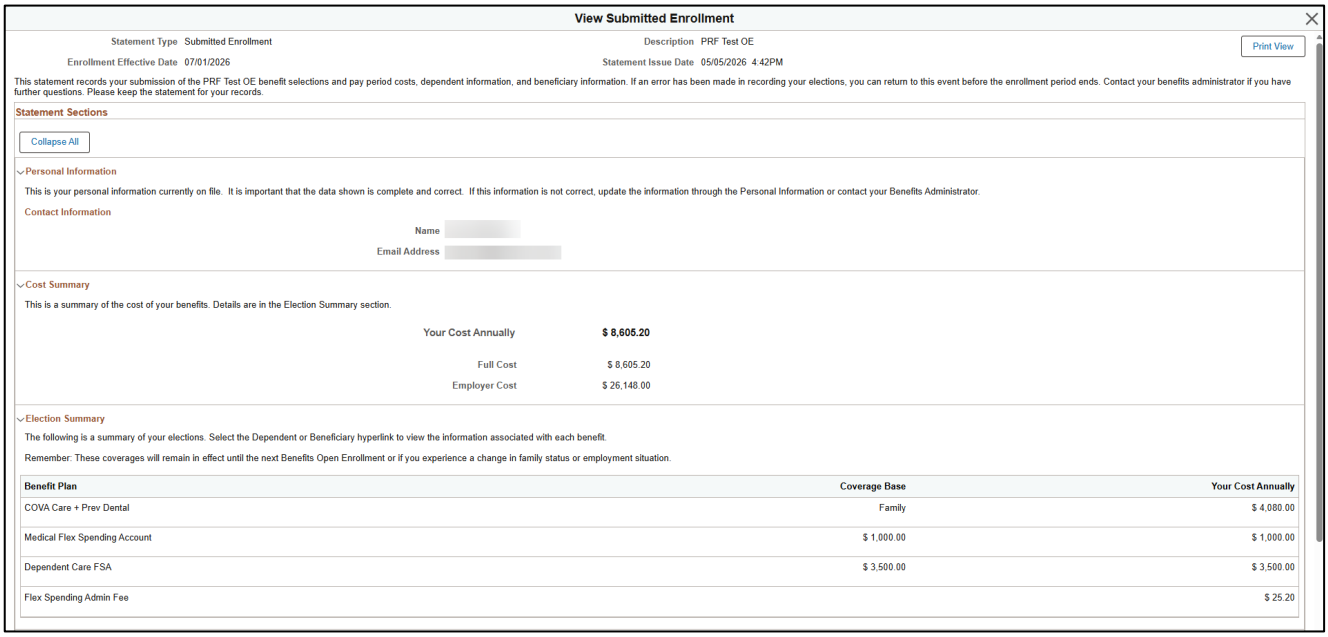
Step	Action
43.	Click the **View** button to review your Election Preview Statement. 
	If you don't want to review your Election Preview Statement, click the **Done** button to complete the open enrollment process.

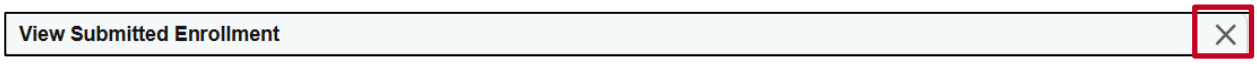
The **View Submitted Enrollment** page displays.



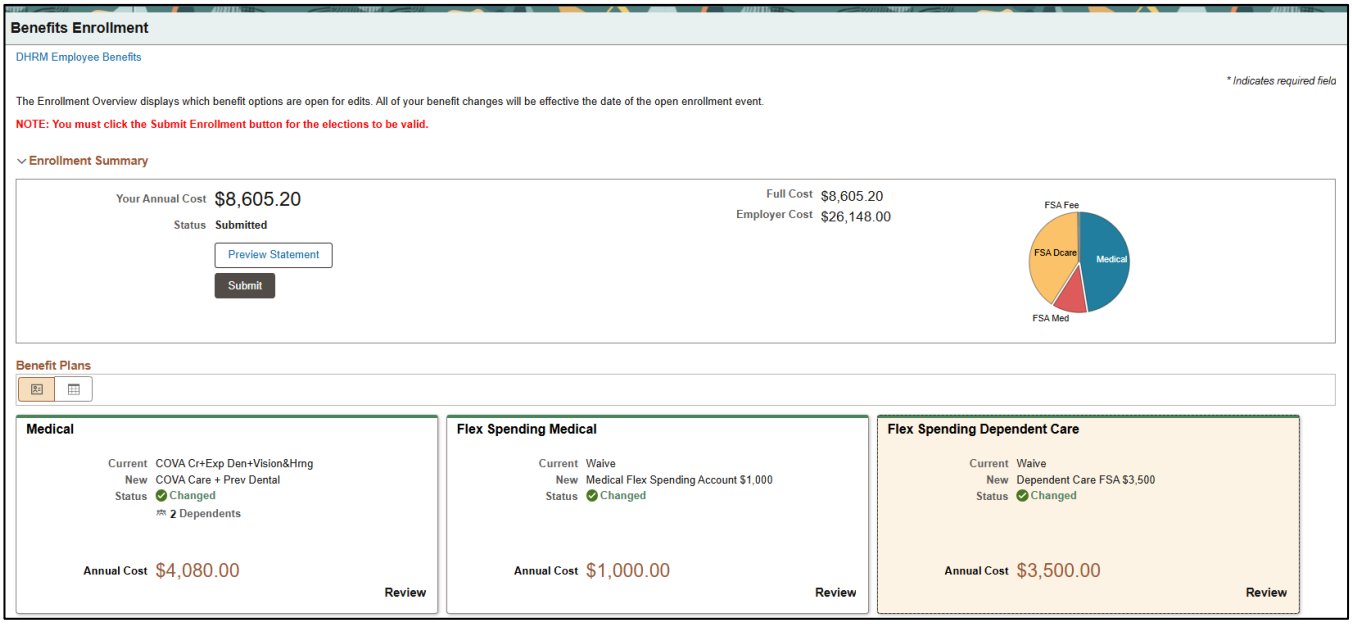
44.	Click the **Expand All** button. 

The page refreshes and the detailed information displays.



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 redisplays.



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.