Completing the Open Enrollment Election Form

Open Enrollment for Health Coverage and Flexible Spending

May 1 – May 15, 2019
Not everyone needs an Open Enrollment form

<table>
<thead>
<tr>
<th>I want to.....</th>
<th>Do I need to fill out an open enrollment form?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in flexible spending (FSA)</td>
<td>YES, even if you participated previously</td>
</tr>
<tr>
<td>Change my health plan selection</td>
<td>YES</td>
</tr>
<tr>
<td>Change who is covered on my health plan</td>
<td>YES</td>
</tr>
<tr>
<td>Keep the same health plan with the same people covered, and not participate in flexible spending (FSA)</td>
<td>NO</td>
</tr>
</tbody>
</table>

No form is required to keep your same health plan selection with the same covered family members.
Section I: Personal Information

- Enter your personal information as indicated
- For “Assigned ID” use either your health plan member ID or your Social Security number. Do not use your VCU V-ID number.
- For “State E-mail” and “State Phone” use your VCU contact information
Section 2: Reason for This Election

• Check “Open Enrollment” and make no other selections
Section 3: Flexible Spending Accounts

If you do not wish to participate in flexible spending, check “I do not wish to participate in an FSA,” or

To elect participation, enter a per-pay-period contribution amount for the applicable FSA type(s).

---

Section 3: Flexible Spending Accounts Election – You Must Enroll Every Plan Year

To enroll in or change an FSA, enter the amount you wish deducted each pay period. For assistance in determining your pay period election, complete the FSA worksheet available on the DHHR website at www.dhrm.virginia.gov or from your Benefits Administrator.

I do not wish to participate in an FSA.

There are 24 pay periods in the plan year.

**Health Flexible Spending Account**
For eligible medical expenses incurred by you, your spouse, and eligible dependents. (Minimum is $10 per pay period; Maximum allowable contribution is up to $2,700.)

Amount per pay period (Whole dollar amounts only) =

**Dependent Care Flexible Spending Account**
For eligible dependent care expenses incurred by you, your spouse, and eligible dependents. (Minimum is $10 per pay period; Maximum allowable contribution is up to $5,000 depending on your tax filing status.)

Amount per pay period (Whole dollar amounts only) =
Section 4: Health Care Coverage

• If you are currently covered and wish to waive (cancel) health coverage effective July 1, 2019, check the first box.
Section 4: Health Care Coverage (continued)

• If you wish to retain your current health plan selection and covered family members for the plan year that begins July 1, 2019, check the second box.
If you wish to retain your current health plan selection but will be adding or removing family members effective July 1, 2019, check the box highlighted below.

<table>
<thead>
<tr>
<th>Section 4: Health Care Coverage Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not wish to participate in health care coverage (W)</td>
</tr>
<tr>
<td>No change to my current health plan selection and family members/membership level (If you check either box above proceed to Section 5.)</td>
</tr>
</tbody>
</table>

### A. Health Plan Selection – Check the box that applies

**STATEWIDE HEALTH PLANS**
- Administered by Anthem Blue Cross Blue Shield*
  - COVA HealthAware (with preventive dental) (CHA)
  - COVA HealthAware + Expanded Dental (CHA2)
  - COVA HealthAware + Expanded Dental & Vision (CHA1)
- Administered by Ascend*
  - DEERS Supplement (TRICARE)

**REGIONAL HEALTH PLANS**
- Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.
  - Kaiser Permanente HMO – available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KP)
- Administered by Optima
  - Optima Health HMO – available primarily in Hampton Roads zip codes (CHP)
Section 4: Health Care Coverage (continued)

• If you wish to make a **new health plan selection** for the plan year that begins July 1, 2019, check your plan selection.

<table>
<thead>
<tr>
<th>Health Plan Selection – Check the box that applies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEWIDE HEALTH PLANS</strong></td>
</tr>
<tr>
<td>Administered by Anthem Blue Cross Blue Shield*</td>
</tr>
<tr>
<td>☐ CDWA Care (with preventive dental) (ACC0)</td>
</tr>
<tr>
<td>☐ CDWA Care + Out of Network (ACC1)</td>
</tr>
<tr>
<td>☐ CDWA Care + Expanded Dental (ACC2)</td>
</tr>
<tr>
<td>☐ CDWA Care + Out of Network and Expanded Dental (ACC3)</td>
</tr>
<tr>
<td>☐ CDWA Care + Expanded Dental + Vision &amp; Hearing (ACC4)</td>
</tr>
<tr>
<td>☐ CDWA Care + Out of Network + Expanded Dental + Vision &amp; Hearing (ACC5)</td>
</tr>
<tr>
<td>☐ CDWA HDHP - High Deductible Plan (with preventive dental) (CHD1)</td>
</tr>
<tr>
<td>☐ CDWA HDHP - High Deductible Plan + Expanded Dental (CHD1)</td>
</tr>
<tr>
<td>*Anthem Pharmacy delivered by IngenioRx administers pharmacy benefits. Delta Dental administers dental benefits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGIONAL HEALTH PLANS</th>
<th>REGIONAL HEALTH PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.</td>
<td>Administered by Optima</td>
</tr>
<tr>
<td>☐ Kaiser Permanente HMO - available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KP)</td>
<td>☐ Optima Health HMO – available primarily in Hampton Roads zip codes (OHP)</td>
</tr>
</tbody>
</table>

**Note:**
- CDWA HealthAware (with preventive dental) (CHA)
- CDVA HealthAware + Expanded Dental (CHA2)
- CDVA HealthAware + Expanded Dental & Vision & Hearing (CHA1)
Section 4: Health Care Coverage (continued)

• If you changed your health plan above but want to cover the same family members as last year on your new plan effective July 1, 2019, check the first box.

• To cover **no family members** effective July 1, 2019, check the second box. All family members currently covered will be removed from your health plan effective July 1, 2019.

• To **add family members or remove some (but not all) family members** effective July 1, 2019, check the third box and make a list of **the family members you wish to cover as of July 1, 2019** (including any members you are already covering now that you will keep on your coverage). **Any family member that you do not list but who is currently covered will be removed from your health plan effective July 1, 2019.**
Section 5: Employee Certification

• Carefully review the certification and authorization, then print your name, your assigned ID (health plan ID number) or SSN, sign and date where indicated. Do not enter your VCU V-ID number.
• This section is completed by VCU Human Resources. Please leave this section blank.
Tips and Reminders

• If you are removing a family member from coverage, they should not be listed anywhere on your form. List only family members you wish to cover as of July 1, 2019. Your updated list of covered family members will override any list currently on file.

• If you are listing any family member who is not currently covered, you must supply the required eligibility documents for that family member along with your election form. See the list of required documents at www.hr.vcu.edu/open-enrollment. Your family member cannot be added until the required eligibility documents are received.
Tips and Reminders

• Do not submit an open enrollment election unless you are:
  • Making a change to your health plan selection, or
  • Making a change to your covered family members, or
  • Enrolling flexible spending

• Do not make your open enrollment elections by more than one method. Use either the online system (EmployeeDirect) or submit an enrollment form. Do not use both methods for the same elections.

• If you wish to keep the same health plan selection and covered family members, and do not wish to enroll in flexible spending, you do not need to submit an open enrollment election.
Election Form Due Date

Open enrollment election forms must be received by VCU Human Resources no later than 5:00 p.m. on Wednesday, May 15, 2019:

<table>
<thead>
<tr>
<th>Mail or Hand Delivery</th>
<th>Campus Mail</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCU Human Resources Benefits Administration Box 842511</td>
<td>VCU Human Resources Campus Box 842511</td>
<td>(804) 827-4728</td>
</tr>
<tr>
<td>600 W. Franklin Street Richmond, VA 23284-2511</td>
<td></td>
<td>email</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:openenroll@vcu.edu">openenroll@vcu.edu</a>*</td>
</tr>
</tbody>
</table>

Keep a copy of your form, and your mailing or transmission receipt, for your records.

*Avoid using external Internet email for items that include Social Security numbers. Email within the VCU network is encrypted.
If you are adding family members to health coverage...

- Eligibility documents are **required** for each family member you add or re-add to health coverage during open enrollment. Documents are not required for currently covered family members that are staying on your plan without interruption.

- See the list of required documents at [www.hr.vcu.edu/open-enrollment](http://www.hr.vcu.edu/open-enrollment).

- Submit documents along with your election form.

- If you don’t have the documents by May 15, submit your election form by the open enrollment deadline, and your election will be held for up to an additional 30 days while you obtain the documents.

- If the documents are not received by 30 days after the open enrollment deadline, your election will be declined.
We’re Here to Help!

VCU Human Resources
Benefits Administration
827-1723
openenroll@vcu.edu