Completing the Open Enrollment Election Form

Open Enrollment for Health Coverage and Flexible Spending
May 1 – May 15, 2020
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 “Identification Number” 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 4: Health Care Coverage

- If you are currently covered and wish to waive (cancel) health coverage effective July 1, 2020, check the first box.

<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 (X)</td>
</tr>
<tr>
<td>No change to my current health plan selection and family members/membership level</td>
</tr>
</tbody>
</table>

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

- **STATEWIDE HEALTH PLANS**
  - Choose a plan only if you are making a change. Otherwise, choose a “no change” option above.
  - **Administered by Anthem Blue Cross Blue Shield**
    - (X) COVA Care (with preventive dental) (ACO)
    - (X) COVA Care - Out of Network (ACC1)
    - (X) COVA Care - Expanded Dental (ACC2)
    - (X) COVA Care - Out of Network and Expanded Dental (ACC3)
    - (X) COVA Care - Expanded Dental + Vision & Hearing (ACC4)
  - **Administered by Aetna**
    - (X) COVA HealthAware (with preventive dental) (CHA)
    - (X) COVA HealthAware + Expanded Dental (CHA2)
    - (X) COVA HealthAware + Expanded Dental & Vision (CHA4)
  - **Administered by Selman & Company**
    - TRICARE Supplement (TRC)
    - DEERS (required)

- **REGIONAL HEALTH PLANS**
  - Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.
    - Kaiser Permanente HMO - available in Northern Virginia, Dental Virginia, and Northern Neck designated zip codes (KP)
  - Administered by Optima
    - Optima Health HMO – available primarily in Hampton Roads zip codes (ORF)
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, 2020, check the second box.

Section 4: Health Care Coverage Election

- I do not wish to participate in health care coverage (W)  Warning: Checking this option will cancel any existing coverage
- No change to my current health plan selection and family membership level
  (If you check either box above proceed to Section 5)

A. Health Plan Selection – Check the box that applies

- No change to my current health care plan
- STATEWIDE HEALTH PLANS
  Choose a plan only if you are making a change. Otherwise, choose a “no change” option above.
  - Administered by Anthem Blue Cross Blue Shield*
    - COVA Care (with preventive dental) (ACCO)
    - COVA Care + Out of Network (ACO1)
    - COVA Care + Expanded Dental (ACO2)
    - COVA Care + Out of Network and Expanded Dental (ACO3)
    - COVA Care + Expanded Dental + Vision & Hearing (ACO4)
    - COVA Care + Out of Network + Expanded Dental + Vision & Hearing (ACO5)
    - COVA HDHP: High Deductible Plan (with preventive dental) (CHD)
    - COVA HDHP: High Deductible Plan + Expanded Dental (CHD1)
  - Administered by Actra*
    - COVA HealthAware (with preventive dental) (CHA)
    - COVA HealthAware + Expanded Dental (CHA2)
    - COVA HealthAware + Expanded Dental & Vision (CHA1)
  - Administered by Selman & Company
    - TRICARE Supplement (TRC)
    - DEERS #
    - Dental (required)

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 (OHP)
If you wish to retain your current health plan selection but will be adding or removing family members effective July 1, 2020, check the box highlighted below.
Section 4: Health Care Coverage (continued)

- If you wish to make a **new** health plan selection for the plan year that begins July 1, 2020, check your plan selection.

<table>
<thead>
<tr>
<th>A. Health Plan Selection – Check the box that applies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEWIDE HEALTH PLANS</strong> Choose a plan only if you are making a change. Otherwise, choose a &quot;no change&quot; option above.</td>
</tr>
<tr>
<td>Administered by Anthem Blue Cross Blue Shield*</td>
</tr>
<tr>
<td>○ COVA Care (with preventive dental) (ACCO)</td>
</tr>
<tr>
<td>○ COVA Care + Out of Network (ACC1)</td>
</tr>
<tr>
<td>○ COVA Care + Expanded Dental (ACC2)</td>
</tr>
<tr>
<td>○ COVA Care + Out of Network and Expanded Dental (ACC3)</td>
</tr>
<tr>
<td>○ COVA Care + Expanded Dental + Vision &amp; Hearing (ACC4)</td>
</tr>
<tr>
<td>○ COVA Care + Out of Network + Expanded Dental + Vision &amp; Hearing (ACC5)</td>
</tr>
<tr>
<td>○ COVA HDHP - High Deductible Plan (with preventive dental) (CHD)</td>
</tr>
<tr>
<td>○ COVA 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>
<tr>
<td>Administered by Aetna*</td>
</tr>
<tr>
<td>○ COVA HealthAware (with preventive dental) (CHA)</td>
</tr>
<tr>
<td>○ COVA HealthAware + Expanded Dental (CHA2)</td>
</tr>
<tr>
<td>○ COVA HealthAware + Expanded Dental &amp; Vision (CHA1)</td>
</tr>
<tr>
<td>Administered by Selman &amp; Company</td>
</tr>
<tr>
<td>○ TRICARE Supplement (TRC)</td>
</tr>
<tr>
<td>DEERS # (required)</td>
</tr>
<tr>
<td>Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.</td>
</tr>
<tr>
<td>○ Kaiser Permanente HMO - available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KP)</td>
</tr>
<tr>
<td>Administered by Optima</td>
</tr>
<tr>
<td>○ Optima Health HMO – available primarily in Hampton Roads zip codes (OHP)</td>
</tr>
</tbody>
</table>
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, 2020, check the first box.

• To cover **no family members** effective July 1, 2020, check the second box. All family members currently covered will be removed from your health plan effective July 1, 2020.

• To **add family members or remove some (but not all) family members** effective July 1, 2020, check the third box and make a list of **the family members you wish to cover as of July 1, 2020** (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, 2020.**

---

**B. Family Members – Check the box that applies**

*Complete this section if you are changing health plan or covered family members.*

- No change to my existing covered family members
- I do not wish to cover any family members
- I wish to cover eligible family members listed below. *(Note: you will be required to submit documentation when adding family members to your coverage.)*

<table>
<thead>
<tr>
<th>RELATIONSHIP CODE**</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Code</td>
<td>Enter Name</td>
<td>Enter Name</td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td>Child Code</td>
<td>Enter Name</td>
<td>Enter Name</td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td>Child Code</td>
<td>Enter Name</td>
<td>Enter Name</td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td>Child Code</td>
<td>Enter Name</td>
<td>Enter Name</td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
</tbody>
</table>

*Relationship Codes: SM-spouse male SF-spouse female S-sor D-daughter SS-stepson SD-stepdaughter OF-other female child OM-other male child*
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.
Section 6: Agency Verification

• 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, 2020. 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

If you use an Election Form for open enrollment instead of using Employee Direct online:

- Election forms returned electronically (DocuSign, fax, email, VCU File Locker) must be received by VCU Human Resources no later than May 15, 2020.
- Election forms returned by postal mail must be postmarked by May 15, 2020.

<table>
<thead>
<tr>
<th>Email</th>
<th>DocuSign</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:openenroll@vcu.edu">openenroll@vcu.edu</a>*</td>
<td>hr.vcu.edu/open-enrollment</td>
<td>VCU Human Resources Box 842511</td>
</tr>
<tr>
<td></td>
<td></td>
<td>600 West Franklin Street Richmond, VA 23284-2511</td>
</tr>
<tr>
<td>Fax</td>
<td>VCU File Locker</td>
<td></td>
</tr>
<tr>
<td>(804) 827-4728</td>
<td><a href="https://filelocker.vcu.edu">https://filelocker.vcu.edu</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Share with user ID “OPENENROLL” or share with email address <a href="mailto:openenroll@vcu.edu">openenroll@vcu.edu</a></td>
<td></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