

2024 Open Enrollment for Health Benefits and Flexible Spending Accounts

When Is Open Enrollment?

Open enrollment begins on May 1, 2024 and ends on May 15, 2024

Online elections using the state's Cardinal system (<https://my.cardinal.virginia.gov/>) may be completed until 11:59 p.m. EST on May 15, 2024.

Election forms sent by DocuSign, email, or VCU File Locker must be received by VCU Human Resources no later than May 15, 2024. Election forms sent by mail must be postmarked no later than May 15, 2024.

VCU is not authorized to grant exceptions to the state deadline.



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What can you do during Open Enrollment?

Change your health plan selection

Add or drop optional coverage (e.g. expanded dental, vision)

Waive health coverage for the next plan year

Enroll in health coverage effective July 1, 2024 from waived status

Add or remove eligible family members

Remember: Documents proving eligibility are required whenever you **add** someone to your plan.

Enroll in flexible spending for the 2024-2025 plan year

Earn a Premium Reward effective July 1, 2024

Open enrollment is optional...

Not everyone needs to submit an open enrollment election

I want to...	Do I still need to make an Open Enrollment election?
Participate in flexible spending accounts (FSA) for the July 2024 – June 2025 plan year	YES, even if you had a previous FSA
Change my health plan selection	YES
Change who is covered on my health plan	YES
Keep the same health plan with the same people covered, and not participate in the flexible spending accounts (FSA)	NO

No election is required if you want to keep your same health plan selection with the same covered family members, and do not want to participate in flexible spending (FSA).

Open Enrollment Highlights

Medical FSA - maximum increases from \$3050 to \$3,200 for medical account

Premiums change

Minimal rate increase in employee premiums for most plan options.

Emergency Room Copay Increase for COVA Care

\$150 to \$300

Hearing Aid Benefit for Children (All Plans)

Hearing Aids and related services available for children age 18 and younger.

New or updated health assessment required to earn or continue premium rewards

Review Spotlight for full list of changes



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Important Reminders

Register in Cardinal **EARLY**

Gather documentation needed to add dependents

Hit the Submit Button in Cardinal

Review Confirmation Statement

For complete information...

Read the
Spotlight Newsletter
mailed to your home
and posted at
www.hr.vcu.edu/open-enrollment



Flexible Spending Accounts (FSA)

All 2023-2024 plan year flexible spending accounts **end June 30, 2024 and are not renewed**. Final payroll deduction July 1, 2024 (for pay period June 10 – June 24). Employees have until September, 2024 to resolve FSA claims for the coverage period (July 1, 2023 – June 30, 2024).

To have a July, 2024 – June, 2025 FSA, you must enroll during open enrollment. First payroll deduction July 16, 2024.

If you do not enroll during open enrollment, you will not have another opportunity to enroll unless you experience a qualifying mid-year event that allows flexible spending enrollment.

Flexible Spending Account Types

Medical FSA (also known as Health FSA): Reimburses eligible out-of-pocket medical/health expenses for you and your qualifying relatives. The qualifying relatives do not have to be covered on your health plan for you to use FSA funds to pay their eligible expenses.

Dependent Care FSA: Reimburses eligible dependent care expenses (e.g. day care for children under 13, adult day care) for your qualifying relatives while you work. Cannot be used for medical/health expenses.

Flexible Spending Accounts (FSA)

Contribution maximum increases from \$3,050 to \$3,200 for medical account

\$5,000 maximum for dependent care account

Election must be an **annual pledge for the plan year** (July, 2024 – June 2025).

Pay period amounts cannot be elected.

Flexible Spending Accounts (FSA)

Your annual pledge is deducted from your paycheck in even amounts through the end of the plan year. There are 24 pay periods in the plan year.

Monthly participation fee of \$2.10 deducted from your paycheck

Unused funds are forfeited at end of plan year (June 30, 2025).

Unspent FSA funds from the July, 2023 – June, 2024 FSA plan year **do not** roll over into new 2024-2025 FSAs.

Flexible Spending Accounts (FSA)

New and previous Health Care FSA participants receive a new Inspira Financial MasterCard debit card for 2024-2025 plan year.

Dependent Care FSA participants file for reimbursement using claim forms or the Inspira Financial app.

Flexible Spending Accounts (FSA)

Current participants have until September, 2024 to submit claims to Inspira Financial for health expenses incurred on or prior to June 30, 2024. Paper FSA claim forms must be used for 2023-2024 plan year health FSA claims submitted after July 1, 2024.

If you have an FSA for only part of the upcoming plan year, you may file FSA claims with Inspira Financial for up to 3 months after your coverage period ends.

Flexible Spending Accounts (FSA)

All part-time and full-time salaried faculty, University and Academic Professionals, classified staff, and postdoctoral employees are eligible for flexible spending

No health plan participation is required

If you participate in the COVA HealthAware health plan, your HRA (health reimbursement arrangement) pays for out-of-pocket medical, behavioral health, and prescription expenses before your FSA. The HRA does not pay for dental or vision.

For complete Flexible Spending information.....

Review the
**2024-2025 Flexible
Spending Sourcebook** at
www.hr.vcu.edu/open-enrollment



Projecting Eligible FSA Expenses

Use the tools at

<https://inspirafinancial.com/individual/health-benefits/health-care-fsa> and
<https://inspirafinancial.com/individual/health-benefits/dependent-care-fsa>

and the

FSA Worksheets

at

www.hr.vcu.edu/open-enrollment

The image shows two worksheets side-by-side. The left one is titled 'Health Care FSA Worksheet' and the right one is 'Dependent Care Worksheet'. Both have instructions and tables for estimating expenses.

Health Care FSA Worksheet
Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year. IRS contribution limits for Health Care FSA are based on the plan year (July 1 - June 30), not the calendar year.

UNINSURED MEDICAL EXPENSES	
Health insurance deductibles	\$ _____
Coinsurance or co-payments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____
Total (IRS contribution limit: Up to \$3,200)	\$ _____
Divide (by the number of paychecks you will receive during your coverage period)	+ _____
This is your pay period contribution	\$ _____

Dependent Care Worksheet
Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES	
Day care services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After-school care	\$ _____
Summer day camps	\$ _____
Total (IRS contribution limit: Up to \$5,000, depending on how your taxes are filed)	\$ _____
Divide (by the number of paychecks you will receive during your coverage period)	+ _____
This is your pay period contribution	\$ _____



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2024 Open Enrollment – Health Plans Offered

COVA HealthAware (Aetna)

www.covahealthaware.com

COVA Care (Anthem)

www.anthem.com/cova

COVA High Deductible Health Plan (Anthem)

www.anthem.com/cova

Kaiser Permanente HMO (NoVA, MD, DC, Fredericksburg only)

my.kp.org/commonwealthofvirginia

Sentara Health Vantage HMO (Hampton Roads only)

www.sentarahealth.com/cova

TRICARE Supplement Plan

www.dhrm.virginia.gov/healthcoverage/tricare



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To compare health plans....

Benefits at a Glance summary at www.hr.vcu.edu/open-enrollment

2024 BENEFITS AT A GLANCE
PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

Health Plans	COVA HealthAware		COVA Care		COVA HDHP		Kaiser Permanente HMO		Sentara Health Plans HMO	
	You Receive	You Pay	You Receive	You Pay	You Receive	You Pay	You Receive	You Pay	You Receive	You Pay
Health Reimbursement Arrangement (HRA) <i>Employer deposit to your HRA for July 1, 2024</i>	\$600 employee \$600 enrolled spouse		Not available		Not available		None	None	\$200	\$400
In-Network Benefits									\$2,000 / \$4,000	
Deductible - per plan year	\$1,500 \$3,000	\$300 \$600	Not available	\$1,500 / \$3,000	Not available	\$5,000 / \$10,000	\$1,500 / \$1,000		Tier 1: \$10 / Tier 2: \$30	
Out-of-pocket expense limit - per plan year	Two or more persons \$1,000 / \$6,000								MOJive 866-648-3638	
• One person / Two or more persons									Tier 1: \$20 / Tier 2: \$50	
• Doctor's visits (in person and telemedicine)	20% after deductible	\$25		20% after deductible	\$25	20% after deductible	\$0	www.hp.org 1-800-777-7904	\$0	
• Primary care physician	\$0	www.tetahcp.com / tetah		\$0	Sydney Health app and www.loshhealth.com	20% after deductible	\$40		\$40	
• Telehealth physician visit	20% after deductible	\$40		20% after deductible	\$25 PCP / \$40 specialist	20% after deductible	\$40		\$40	
• Specialist	20% after deductible	\$100 per stay / \$125 per visit		20% after deductible	\$175 per visit	20% after deductible	\$100 per admission / \$75 per visit		\$100 per admission / \$200 per visit	
• Urgent Care	20% after deductible	\$300 per visit (waived if admitted)		20% after deductible	\$175 per visit (waived if admitted)	20% after deductible	\$90 per service		Non-Emergency - 20% after deductible Emergency - \$200	
• Hospital services	20% after deductible	\$0 lab, pathology, x-rays, radiology, diagnostic tests		20% after deductible	\$40 copay per office visit	20% after deductible	\$40 copay per office visit		\$40 copay per office visit	
• Inpatient / Outpatient	20% after deductible	\$25 PCP / \$40 specialist		20% after deductible	\$25 PCP / \$40 specialist	20% after deductible	\$25 PCP / \$40 specialist		\$100 copay for pre-authorized injectable/infused Medications	
Emergency room visits	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Ambulance travel	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Outpatient diagnostic laboratory and x-rays	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Infection services (includes IV or injected chemotherapy)	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Outpatient therapy visits	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Occupational and speech therapy	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Physical therapy and other related services, including manual intervention & spinal manipulation	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Chiropractic services (Usual plan year limit per member)	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Autism spectrum disorder treatment and related services	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Behavioral health	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Medical and non-medical professional visits	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Inpatient residential treatment	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
• Intensive outpatient treatment (IOP)	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Employee Assistance Program (EAP)	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Up to 4 visits per incident	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Prescription drugs - mandatory generic	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Retail Pharmacy	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	
Home Delivery Pharmacy	20% after deductible	20% after deductible		20% after deductible	20% after deductible	20% after deductible	20% after deductible		20% after deductible	

*Occupational and Physical therapy are limited to a maximum combined benefit of 30 visits per plan year. Speech therapy is limited to a maximum of 30 visits per plan year.
 **90-day supply for Specialty Tier 1, \$20
 **90-day supply for Specialty Tier 2, \$50



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To compare health plan premiums...

Monthly Premiums

at

www.hr.vcu.edu/open-enrollment

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

Proposed 2024 - 2025 Employee Monthly Premiums

dhrm

MONTHLY PREMIUMS

Salaried employees working 30 hours or more a week pay the "Employee Pays" amount.
Salaried employees working less than 30 hours a week pay the "Total Premium" amount.

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.


HEALTH CARE PLANS		2023-2024 MONTHLY PREMIUMS			PROPOSED 2024-2025 MONTHLY PREMIUMS		
		You Only	Employer Pays	Total Premium	You Only	Employer Pays	Total Premium
COVA Care	+	Employee Pays	\$97	\$224	\$306	\$103	\$236
		State Pays	\$738	\$1,320	\$1,535	\$783	\$1,404
		Total Premium	\$835	\$1,544	\$2,411	\$886	\$1,640
COVA Care	+	Employee Pays	\$117	\$260	\$359	\$124	\$279
		State Pays	\$738	\$1,320	\$1,035	\$783	\$1,404
		Total Premium	\$855	\$1,580	\$2,294	\$907	\$1,679
COVA Care	+	Employee Pays	\$130	\$285	\$395	\$136	\$279
		State Pays	\$738	\$1,320	\$1,035	\$783	\$1,404
		Total Premium	\$868	\$1,605	\$2,330	\$919	\$1,700
COVA Care	+	Employee Pays	\$150	\$321	\$448	\$157	\$335
		State Pays	\$738	\$1,320	\$1,535	\$783	\$1,404
		Total Premium	\$888	\$1,641	\$2,383	\$940	\$1,739
COVA Care	+	Employee Pays	\$150	\$321	\$448	\$156	\$333
		State Pays	\$738	\$1,320	\$1,535	\$783	\$1,404
		Total Premium	\$888	\$1,641	\$2,383	\$939	\$1,737
COVA Care	+	Employee Pays	\$170	\$357	\$500	\$177	\$372
		State Pays	\$738	\$1,320	\$1,535	\$783	\$1,404
		Total Premium	\$908	\$1,677	\$2,435	\$960	\$1,776
COVA HealthAware	+	Employee Pays	\$17	\$53	\$71	\$17	\$53
		State Pays	\$723	\$1,320	\$1,032	\$768	\$1,404
		Total Premium	\$740	\$1,373	\$1,806	\$785	\$1,457
COVA HealthAware	+	Employee Pays	\$49	\$112	\$140	\$50	\$113
		State Pays	\$723	\$1,320	\$1,032	\$768	\$1,404
		Total Premium	\$772	\$1,432	\$2,072	\$818	\$1,517
COVA HealthAware	+	Employee Pays	\$60	\$133	\$170	\$60	\$133
		State Pays	\$723	\$1,320	\$1,032	\$768	\$1,404
		Total Premium	\$783	\$1,453	\$2,102	\$828	\$1,537
COVA HDHP	+	Employee Pays	\$0	\$0	\$0	\$0	\$0
		State Pays	\$626	\$1,166	\$1,704	\$665	\$1,239
		Total Premium	\$626	\$1,166	\$1,704	\$665	\$1,239
COVA HDHP	+	Employee Pays	\$33	\$60	\$88	\$33	\$60
		State Pays	\$626	\$1,166	\$1,704	\$665	\$1,239
		Total Premium	\$659	\$1,226	\$1,792	\$698	\$1,299
Kaiser Permanente HMO <i>(available primarily in Northern Virginia)</i>		Employee Pays	\$80	\$190	\$272	\$86	\$202
		State Pays	\$737	\$1,311	\$1,916	\$783	\$1,395
		Total Premium	\$817	\$1,501	\$2,188	\$869	\$1,597
Sentara Health Plans (HMO) <i>(includes Health/ Vision Share)</i>		Employee Pays	\$80	\$190	\$272	\$86	\$202
		State Pays	\$733	\$1,315	\$1,907	\$783	\$1,395
		Total Premium	\$813	\$1,505	\$2,179	\$869	\$1,597
TRICARE Voluntary Supplement**		Employee Pays	\$61	\$120	\$161	\$61	\$120
		Total Premium	\$61	\$120	\$161	\$61	\$120

* New York residents contact the Office of Health Benefits for TRICARE premium amount
** If an employee covers multiple children without a spouse the rate is \$120



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For help choosing a plan...



Meet ALEX, your benefits counselor!

ALEX walks you through your benefits and helps you make decisions.

ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment.

ALEX Decision Tool

At www.start.myalex.com/cova/

Uses your data to compare basic COVA plans and project your out-of-pocket expenses for the upcoming plan year

Important Dental Coverage Reminders

Only preventive dental is included with COVA HealthAware, COVA Care and COVA HDHP basic plans. Routine dental services (such as fillings, extractions, and root canals) are **not** included in the basic plans.

If you need more than preventive coverage, remember to add **Expanded Dental** to your plan during open enrollment (if you are not already carrying it).

Delta Dental is the dental benefits administrator for all COVA plans (COVA Care, COVA HealthAware, COVA HDHP).

FAMIS Eligibility for Children

Reminder

Children of state employees are now eligible for FAMIS (Virginia's affordable health insurance program for children) if the family income falls within the program's limits. Children of state employees were previously ineligible.

Call FAMIS state employee line for assistance

Telephone number: 1-855-242-8282 option 8

Important: Do not remove your children from coverage during open enrollment unless you are certain they will be covered by FAMIS as of July 1st. You will not be able to re-enroll them unless you experience a qualifying event. FAMIS denial **is not** a qualifying event.

Premium Rewards

Earn a discount on your COVA HealthAware or COVA Care premium!

Annual premium savings:

Employee or Spouse - \$204 (\$17/month)

Employee and Spouse - \$408 (\$34/month)

Premium Rewards Requirements

Complete a new or updated Personal Health Assessment on or after May 1, 2024 through your health plan portal:

COVA Care participants log in at www.anthem.com/cova

COVA HealthAware participants log in at www.aetna.com

Health Assessments completed prior to May 1, 2024 do not count toward 2024-2025 premium rewards.

Health assessments completed by May 15, 2024 qualify for premium rewards effective July 2024.

Health assessments completed after May 15, 2024 qualify to receive premium rewards beginning 6-8 weeks later.

Premium Rewards Requirements

If you and/or your spouse have a premium reward in force right now, the reward will end with your July 3, 2024 paycheck premium deduction (second half of June premium).

New or updated health assessments are required to qualify for premium rewards for the new plan year (July, 2024 – June, 2025).

Employees and/or spouses enrolling for the first time during Open Enrollment may have to wait until July 1, 2024 to complete a Health Assessment

Premium Rewards

Premium Rewards will go into effect July, 2024 if new or updated health assessments are completed between May 1, 2024 and May 15, 2024. Premium Rewards effective July 2024 apply to premium deductions from your paycheck beginning on the July 16, 2024 pay date.

If you do not complete the health assessment between May 1, 2024 and May 15, 2024:

You can complete a health assessment at any time during the plan year to qualify for premium rewards 6-8 weeks later.

Premium Rewards

How to Complete the Health Assessment

COVA Care Participants

Log in at www.anthem.com/cova

Select *My Health Dashboard* from the top navigation menu

Select *Programs*

Under *Additional Programs*, select “Learn More” on the *My Health Check-in* tile

Click “Start your assessment” or “take it again” if you have previously completed an assessment

You may also access the assessment through the Sydney Health app on your mobile device under “My Health Dashboard” and “Featured Programs,” or contact Anthem at 1-800-552-2682 to complete a health assessment by telephone.

Premium Rewards

How to Complete the Health Assessment

COVA HealthAware Participants

Log in as a member at www.aetna.com

Scroll down until you see “Member Resources” on the right side of the page and click on “Well-being Resources” in this section to open your Member Engagement Platform.

Once the Member Engagement Platform opens, hover over “Health” in the menu at the top and then click on “Health Assessment”.

You may also access the assessment by using the Aetna Health app on your mobile device. After logging in to the app, select the *Improve* tab. If you are accessing the tab for the first time, select *Get Started*. If you are accessing the tab after the first time, select *Health Survey*.

Premium Rewards

Need help?

Use the guides and FAQ at www.hr.vcu.edu/open-enrollment

Keep a copy of your completion confirmation from Anthem or Aetna

Check your pay stub and check Cardinal ESS on the date your Premium Reward is expected to become effective. If you don't see the expected reduction in premium on your paycheck, or the premium reward reflected in Cardinal ESS, request VCU HR support from <https://go.vcu.edu/hrsupport>.

Important: VCU does not approve or deny premium rewards, but we can check the reward status in your state health plan record beginning July 1, 2024. Only rewards approved by the state health plan result in lower billing to your VCU paycheck. VCU cannot see your health assessment record or data.



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Premium Rewards

Health Assessment Privacy

The state health plan administrators have safeguards in place to ensure that your personal information is protected.

Your personal health information from the health assessment is not shared with VCU.

Based on the information in your assessment, your health plan may invite you to participate in health-related programs or incentives. Participation is voluntary.

Making Your Open Enrollment Elections

Use the
**Open Enrollment
Checklist**

at

www.hr.vcu.edu/open-enrollment

and then...



Human Resources

Your 2024 Open Enrollment Checklist Open Enrollment is May 1 – May 15, 2024

General instructions

Open enrollment elections can be made online using the state's Cardinal ESS system at my.cardinal.virginia.gov or by using the *State Health Benefits Program Enrollment Form for Employees* found at www.hr.vcu.edu/open-enrollment. If you use the online Cardinal ESS system, your election must be completed by 11:59 p.m. on May 15, 2024. If you use the election form and return it electronically (by DocuSign, HR Support Request, fax, or VCU File Locker), your form must be received by VCU Human Resources **no later than May 15, 2024**. If you use the election form and return it by postal mail, it must be postmarked no later than May 15, 2024. If you intend to deliver a paper election form to VCU Human Resources in person, it must be received by 5:00 p.m. on May 15, 2024 in order to be honored.

- ^a **Don't wait until the last minute** – submit your elections as soon as you make your choices.
- ^a Keep a copy of your Cardinal ESS confirmation, election form, fax transmission confirmation, email transmission, and/or postmarked envelope as proof of your timely submission. Please submit your election by **one method only**.

Adding or re-adding eligible family members:

If you are adding (or re-adding) eligible family members, who are **not currently covered**, to your health plan during open enrollment, you must submit the required documents to VCU Human Resources to prove the dependents are eligible – even if you have covered them in the past. If you do not have the documents available in time for the open enrollment election deadline, make your elections online or using the election form **in time to meet the deadline**, and your election will be held for 60 days or until the required documents are received by VCU Human Resources. After 60 days, in the absence of the required dependent eligibility documents your election to **cover the family member will be declined**. The list of required dependent eligibility documents is available at www.hr.vcu.edu/open-enrollment. If you add dependents in Cardinal ESS, they will appear to be enrolled, however no coverage will be provided to the dependents unless and until the required dependent eligibility documents are submitted and approved. If you are adding family members who are currently covered in the state health benefits program through another state agency, the employee carrying that coverage must make an open enrollment election to waive coverage or remove family members covered through their state agency. Each person can have only one health plan membership in the State Health Benefits Program.

A note about security:

For your own security, please do not use external internet email for materials that include social security numbers. Email within the VCU network is encrypted by policy.

A step-by-step checklist

1. Register for Cardinal ESS (Employee Self Service) if you have not already done so

- Cardinal** (state benefits system) is the fastest and most secure method for making and confirming open enrollment elections. To register for Cardinal access, see the instructions at <https://hr.vcu.edu/current-employees/benefits/cardinal>. You will need your 11-digit Cardinal employee ID to register. Your Cardinal ID number is available in your employee profile in myVCU at <https://my.vcu.edu>. Employees currently enrolled in COVA health plans can also locate their Cardinal ID as follows:
 - ^a For Anthem participants: Your Cardinal ID is the seven numerals in your health plan member ID number (on your COVA) health plan card, with two leading and trailing zeroes added. For example, if your health plan member ID is FV1234567XU then your Cardinal ID is 00123456700.



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Making Your Open Enrollment Elections

Link for Cardinal registration instructions: <https://hr.vcu.edu/current-employees/benefits/cardinal/>

OPTION 1:

Make your elections online using **Cardinal** (state system)
<https://my.cardinal.virginia.gov/>

System closes at 11:59 p.m. on May 15, 2024.

See instructions at www.hr.vcu.edu/open-enrollment

Be sure to register with your Cardinal ID found in your my.vcu.edu portal (in your profile) and your vcu.edu email address.



Cardinal

Notice and Warning
This system is the property of the Commonwealth of Virginia. By accessing and using this computer system, you are consenting to system monitoring for law enforcement and other purposes. All activity on this system is monitored. Evidence of unauthorized access, unauthorized use, misuse or abuse of this system or the information contained in this system shall be promptly reported to appropriate agency management, security personnel and federal, state, and local law enforcement officials for investigation and criminal prosecution. You will also be subject to all criminal and civil penalties allowed by the law.

Cardinal Username

Password

Sign In

[Forgot Username](#) [Forgot Password](#)
[User Registration](#) [Sign-on Help](#)

Making Your Open Enrollment Elections

State Health Benefits Program Enrollment Form For Employees
Review each section and carefully PRINT your enrollment information. For state health benefits eligibility information, visit the DHRM website at www.dhrm.virginia.gov or contact your Benefits Administrator.

Section 1: Personal Information
Name: Last Name, First Name, Middle Initial, Day, Month, Year, Identification Number, Employee ID or Social Security Number
Gender: Male Female
Important! Be sure to verify the correct format of your address at <http://zip4.usps.com/zip4/welcome.jsp>.
Street Address, P.O. Box, State, Zip + 4
City, Personal E-mail, Mobile
State E-mail, Personal Phone, Mobile
State Phone

Section 2: Reason For This Enrollment or Election Change Request
Check the box that applies.
 Open Enrollment
 Initial Enrollment for Newly Eligible Employee
 Qualifying Mid-Year Event (Life Event)/Documentation to Support the Event
Check the type of event below, and attach the appropriate supporting documentation as indicated. Date of Event: MONTH/DAY/YEAR
Events consistent with adding family members to coverage:
 Marriage (certified marriage certificate)
 Birth or Adoption (birth certificate/hospital announcement or adoption agreement)
 Judgment, Decree, or Order to Add Child (court order)
 Loss of eligibility Under Governmental Plan (government documentation)
 Loss of eligibility Under Medicare or Medicaid (government documentation)
 Spouse or Child Lost Eligibility Under Their Employer Plan (employer documentation)
Events consistent with removing family members from coverage:
 Divorce (divorce decree)
 Death of Spouse (documentation validating death)
 Death of Child (documentation validating death)
 Child Covered Under Plan Lost Eligibility (documentation to support)
 Judgment, Decree or Order to Remove Child (court order)
 Loss of eligibility Under Medicare or Medicaid (government documentation)
 Spouse or Child Gained Eligibility Under Their Employer Plan (employer documentation)
Other events:
 Employment Change Full-time to Part-time Part-time to Full-time
 Unpaid Leave Began
 Unpaid Leave Ended
 Dependent Care Cost or Coverage Change (documentation from dependent care provider)
 HFPA Special Enrollment Due to Loss of Other Coverage (HFPA certificate)
 Move Affecting Eligibility for Health Care Plan (agency validates move)
 Other Employers Open Enrollment or Plan Change (employer documentation)
 Enrollment in a Marketplace Exchange Health Plan (documentation of the Marketplace coverage enrollment and the effective date of coverage)

Section 3: Flexible Spending Accounts Election - You Must Enroll Every Plan Year
To enroll in or change an FSA, enter the annual amount you wish deducted. For assistance in determining your annual election amount, complete the FSA worksheet available on the DHRM website at www.dhrm.virginia.gov or from your Benefits Administrator.
 I do not wish to participate in an FSA.
HEALTH FLEXIBLE SPENDING ACCOUNT
For eligible medical expenses incurred by you, your spouse and eligible dependents. (Maximum allowable contribution is up to \$3,200.)
Annual amount = _____
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
For eligible dependent care expenses incurred by you, your spouse and eligible dependents. (Maximum allowable contribution is up to \$5,000 depending on your tax filing status.)
Annual amount = _____

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OPTION 2:

Complete the *Employee Election Form* at www.hr.vcu.edu/open-enrollment

Use only the form dated 2024 in the lower left corner! **Do not use forms from previous years.**

Use the DocuSign version to have your election form routed to VCU HR electronically, or
Use the printable form to return your election by fax, mail, VCU File Locker, or with an HR Support Request at <https://go.vcu.edu/hrsupport>.

VCU HR must **receive** form by May 15, 2024. Exception: If you return the form by postal mail, it must be postmarked no later than May 15, 2024.

Election Form Due Date

If you use an Election Form for open enrollment instead of using Cardinal ESS online:

Election forms returned electronically (DocuSign, email, VCU File Locker) must be **received** by VCU Human Resources no later than May 15, 2024.

Election forms returned by postal mail must be postmarked no later than May 15, 2024.

HR Support Request	VCU File Locker	Mail
https://go.vcu.edu/hrsupport	https://filelocker.vcu.edu Share with user ID "OPENENROLL" or share with email address openenroll@vcu.edu	VCU Human Resources Box 842511 600 West Franklin Street Richmond, VA 23284-2511
DocuSign		
hr.vcu.edu/open-enrollment		Campus Mail is not postmarked and is not recommended for open enrollment elections.

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.*

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

If you choose to hand deliver an election form to VCU Human Resources, it must be received by 5:00 p.m. on May 15, 2024.



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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.

Submit eligibility documents to VCU HR after you make your election online, or along with your election form if you use the paper form. If you don't have the documents by May 15, ensure your election is received by the open enrollment deadline, and your election will be held for up to an additional 60 days while you obtain the documents.

If the documents are not received by 60 days after your election, your request to add family members may be declined.

If you take no action during open enrollment.....

Your health plan selection and membership, if any, remain the same for the upcoming plan year that begins July 1, 2024. Any applicable changes in premium and benefits apply automatically.

If you currently waive health coverage, your coverage will remain waived.

You will not be enrolled in flexible spending for the upcoming plan year.

Any current flexible spending account(s) will end in June, 2024 (last payroll deduction July 1, 2024).

Any current Premium Rewards will end with July 1, 2024 paycheck premium deduction unless and until you requalify.

Important Steps

Carefully read all pages of your ***Spotlight*** **Newsletter.**

Use the **VCU Open Enrollment Checklist.**

Visit plan websites

Be sure your doctors are in the provider network for the health plan you choose.

Check the coverage for your prescription drugs.

Final Answer Due May 15!

Even if you're on vacation or leave!

Even if you're on a disability claim!

Even if you're a forgetful person!

Even if your computer or fax machine broke!

Even if the dog ate your form!

Don't wait until the end...the state does not authorize VCU to grant extensions! Make your elections as soon as you finalize your choices.



WE ARE THE UNCOMMON.

When Do Open Enrollment Changes Become Effective?

Open enrollment elections become effective on July 1, 2024

Changes are reflected in payroll deductions beginning on the July 16, 2024 pay date

We're Here to Help!

VCU Human Resources
Benefits Administration

<https://go.vcu.edu/hrsupport>
openenroll@vcu.edu

*Our ability to respond to telephone inquiries is limited during open enrollment.
Please use the HR support ticketing system or email for the best service.*



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