

How to View the Benefits Summary

The purpose of this Job Aid is to walk through the process on how to review the information on the **Benefits Summary** page in Employee Self-Service.

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Employee Self-Service Job Aid

ESS_How to View the Benefits Summary

Revision History

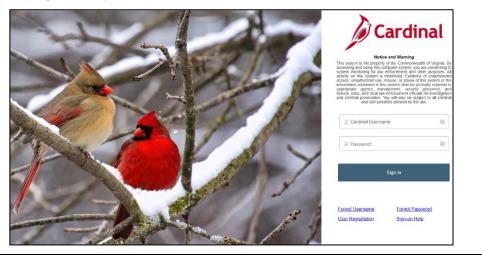
Revision Date	Summary of Changes
2/19/2025	Baseline



Viewing the Benefits Summary

Step	Action
1.	Log into Cardinal (my.cardinal.virginia.gov).
j	For more information about Cardinal registration, see the Job Aid titled Cardinal Registration Quick Start 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** field.





Step	Action	1						
The Po	rtal Wel	come page	displays.					
		Cardinal Welcom	əl				ED	
		Cardinal Applications	_	Cardinal Messages Begin Date	_	Message	? Help	
		Human Capital Management (HCN)	Support Cardinal Website		шеззиде		
				VITA Customer Care Center Manage Your Account CAPP Manual				
4.	Click th	ne Human C	apital Man	agement link				
	Human	Capital Mana	gement (HCM	I)				
The Ca	rdinal H	omepage d	isplays.					
	Cardinal Homep	age 🔻	Mer	su 👻 Search in Menu		٩		
				essage Board O	Cardinal Portal	Cardinal Financials		
				published today 0 e message(s)		11		
			Approvals	Benefits Administrator	Team Time	Time		
0			₽	÷n i	$(\underline{\heartsuit})$	~		
Ň			Payroll	Personal Details	Benefit Details	Total Rewards		
			• 3 •		4 % † fi			
			Last Pay Date 05/16/2023 Job Summary			Total Compensation Statement		
			1					
A					age for each	n user will va	ry based up	oon individual
	prefere	ences and se	ecurity settin	igs.				
5.	Click th	ne Benefit D	etails tile.					
		Benefit Details	7					
		2						
		+ 1						



Step	Action				
The Be	nefits Details pag	e displays with the	Benefits Summar	y tab displayed by defau	llt.
	Cardinal Homepage		Benefit De	tails	
	Benefits Summary	JOHN DOE Transport Opertns Manager I			
	🙌 Life Events	Benefits Summary			
	Dependent/Beneficiary Info	-	As Of 09/15/2021		
	Benefits Enrollment	-	Refresh		
	Benefit Statements	Type of Benefit	Plan Description	Coverage or Participation	
		Medical	COVA Care + Expanded Dental	Single	>
		Imputed Life	Imputed Life Insurance Income	Salary X 2	>
		403(b)	403(b) Plan No Employer Match	5% Before Tax	>
		Section 457	457 Plan 24 pay period EE	\$40 Before Tax	>
		Flex Spending Medical	Medical Flex Spending Account	\$1,000 Pledge	
		Flex Spending Dependent Care	Dependent Care FSA	\$2,000 Pledge	
7.	As Of 09/15/202 Refrest		needed.		
8.	each of the types		Click the correspon	he row provides additiona nding Expand icon (>) fo	
	Type of Benefit	Plan Descriptio	n	Coverage or Participation	
	Medical	COVA Care + E	xpanded Dental	Single	>
	Imputed Life	Imputed Life Ins	urance Income	Salary X 2	>
	403(b)	403(b) Plan No	Employer Match	5% Before Tax	>
	Section 457	457 Plan 24 pay	period EE	\$40 Before Tax	>
	Flex Spending Medical	Medical Flex Sp	ending Account	\$1,000 Pledge	
	Flex Spending Dependent Car	e Dependent Care	FSA	\$2,000 Pledge	



Step	Action	
The Me	dical page displays with	details of the Medical Benefit Plan you are enrolled in.
	< Back	Medical
	Benefits Summary	Medical
	Life Events	JOHN DOE To view your benefits as of another date, enter the date and select Go.
	Dependent/Beneficiary Info	b9/15/2021 Go
	Benefits Enrollment	Medical Plan Name COVA Care + Expanded Dental
	Benefit Statements	Ptan Provider Anthem Blue Cross Blue Sheild Coverage Single
		Group Number 12000000
		Covered Dependents
		No dependent/beneficiary enroliments were found.
9.	Review the enrollment ir	nformation as needed.
i	coverage can be review	will open the Vendor Webpage and additional information about the ed. If the employee had dependents covered in their medical plan, for review in the Covered Dependents section.
10.	Click the Benefits Sum additional benefit inform	mary list item to return to the Benefits Summary page and review ation as needed.
	Benefits Summary	
	🙀 Life Events	
	Dependent/Beneficiary Info	
	Benefits Enrollment	
	Benefit Statements	



	Action				
e	nefits Summary p	age displays.			
	< Cardinal Homepage		Benefit Details	6	
	Benefits Summary	JOHN DOE Transport Opertns Manager I			
	n Life Events	Benefits Summary			
	Dependent/Beneficiary Info		As Of 09/15/2021		
	🛞 Benefits Enrollment		Refresh		
	Benefit Statements	Type of Benefit	Plan Description	Coverage or Participation	
		Medical	COVA Care + Expanded Dental	Single	>
		Imputed Life	Imputed Life Insurance Income	Salary X 2	>
		403(b)	403(b) Plan No Employer Match	5% Before Tax	>
		Section 457	457 Plan 24 pay period EE	\$40 Before Tax	>
		Flex Spending Medical	Medical Flex Spending Account	\$1,000 Pledge	
		Flex Spending Dependent Care	Dependent Care FSA	\$2,000 Pledge	