



**Open Enrollment Overview**

This Job Aid provides a walkthrough of the enrollment steps you need to complete during Open Enrollment (OE) in Cardinal Employee Self-Service (ESS).

The dates shown throughout this Job Aid were taken for the 2022 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.

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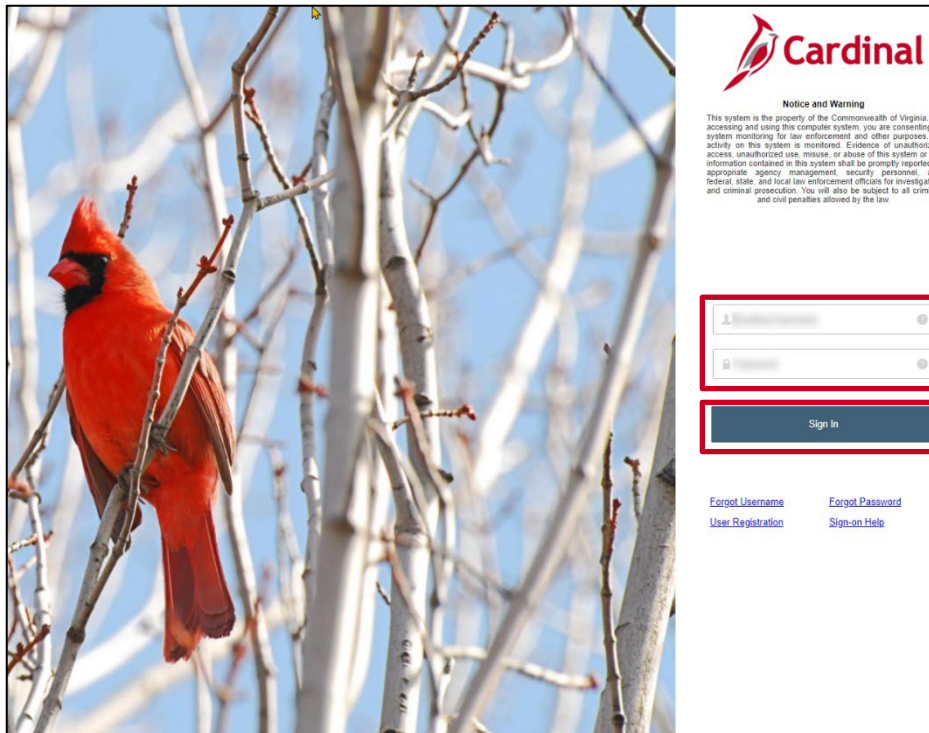
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### Making your Open Enrollment Elections (in ESS)

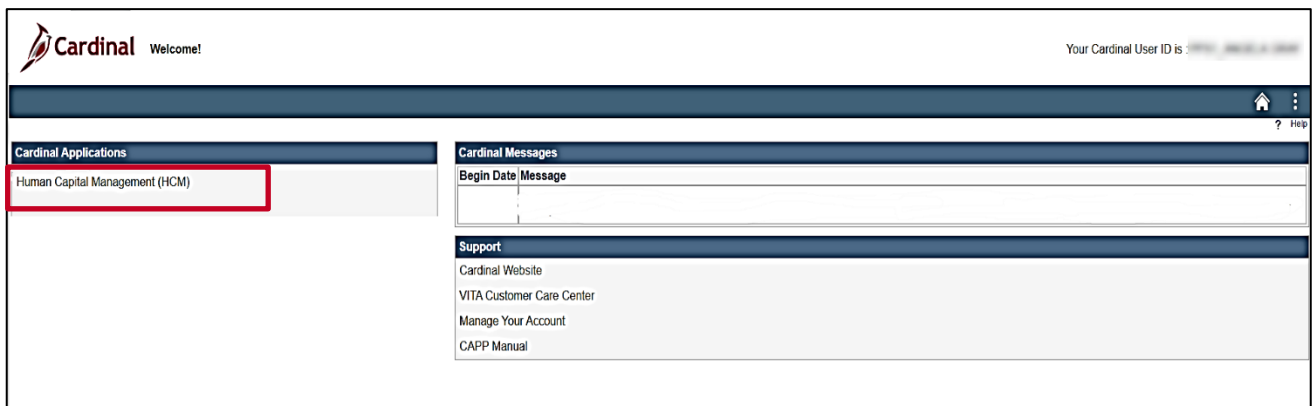
The Open Enrollment process contained in this Job Aid can only be completed during the Open Enrollment (OE) period. Outside of the OE window, you can only change your benefits through a Life Event (i.e., Birth, Adoption, Divorce, Marriage, etc.) in Employee Self-Service or by contacting your agency Benefits Administrator (BA).

1. Log into Cardinal (my.cardinal.virginia.gov).



2. Enter your **User ID** and **Password**.
3. Click the **Sign In** button.

The **Portal Welcome** page displays.



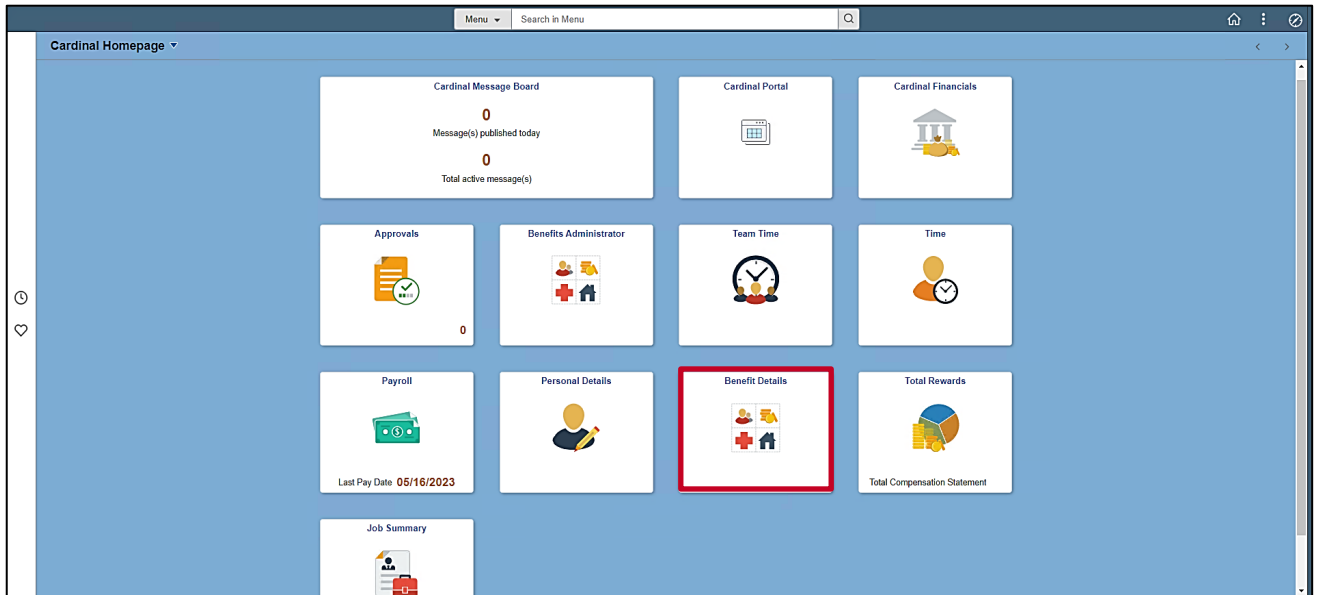
4. Click the **Human Capital Management (HCM)** link.



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

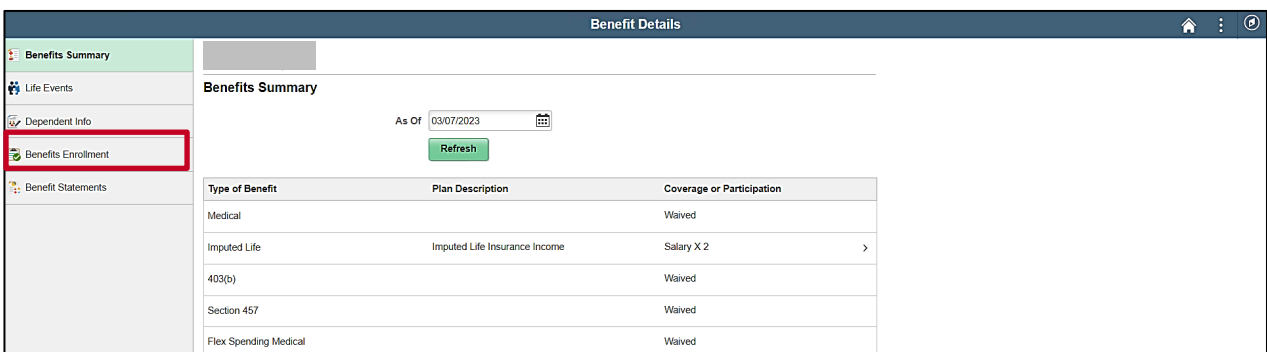
The **Cardinal Homepage** displays.



**Note:** Individual **Cardinal Homepage** tile availability and locations may appear differently based upon individual preferences and security settings.

5. Click the **Benefit Details** tile.

The **Benefit Details** page displays with the **Benefits Summary** menu item displayed by default.



6. Click the **Benefits Enrollment** menu item on the left-hand side of the page.



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

The **Benefits Enrollment** page displays.

Event Description	Event Date	Event Status	Job Title	
Open Enrollment	07/01/2022	Open	Admin and Office Spec III	<b>Start</b>

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

**Note:** 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.

**Enrollment Summary**

Your Pay Period Cost \$0.00 Full Cost \$0.00  
Status Pending Review Employer Cost \$0.00

**Benefit Plans**

**Medical**  
Current Waive  
New Waive  
Status Pending Review  
Pay Period Cost \$0.00 Review

**Flex Spending Medical**  
Current Waive  
New Waive  
Status Pending Review  
Pay Period Cost \$0.00 Review

**Flex Spending Dependent Care**  
Current Waive  
New Waive  
Status Pending Review  
Pay Period Cost \$0.00 Review

**Flex Spending Admin Fee**  
Current Waive  
New Waive  
Status Pending Review  
Pay Period Cost \$0.00 Review

**Note:** 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 starts 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 8
  - Flex Spending Medical: Step 38
  - Flex Spending Dependent Care: Step 43
  - Flex Spending Admin Fee: Step 48
- Review your current enrollment information within the **Medical** tile (waived in this example). The New enrollment information defaults with the same enrollment information.



## ESS\_How to Make Open Enrollment Elections

- Click the **Medical** tile to begin the enrollment process.

The **Medical** page displays.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
✓ Waive				\$0.00
Select COVA Hltb/Airt + Prev Den	\$8.50		\$347.50	\$8.50
Select COVA Hltb/Airt + Exp Den&Vis	\$30.00		\$347.50	\$30.00
Select COVA Hltb/Airt + Exp Den	\$24.50		\$347.50	\$24.50
Select COVA High Ded Plan + Prev Den			\$301.00	\$0.00
Select COVA High Ded Plan + Exp Den	\$16.50		\$301.00	\$16.50
Select COVA Care + Prev Dental	\$47.00		\$354.50	\$47.00
Select COVA Cr+Prev Den+Out-of-rtnk	\$56.50		\$354.50	\$56.50
Select COVA Care + Expanded Dental	\$64.00		\$354.50	\$64.00
Select COVA Cr+Exp Den+Out-of-rtnk	\$73.50		\$354.50	\$73.50
Select COVA Cr+Exp Den+Vision&Hmg	\$74.00		\$354.50	\$74.00
Select COVA+Cr+Den+Out-of-rtnk+Vs&Hr	\$83.00		\$354.50	\$83.00
Select TRICARE	\$30.50			\$30.50

- Review the existing dependents covered under your health plan to determine if changes are needed (no dependents in this example).
- 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.

**Note:** 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.

The **Dependent Information** page displays.

No data exists

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



The **Individual Dependent/Beneficiary Information** page displays.

The screenshot shows a web form titled "Individual Dependent Information". At the top left is a "Cancel" button and at the top right is a "Save" button. Below the title bar is a "Name" field with an "Add Name" button highlighted by a red rectangle. Under the "Name" field is the "Personal Information" section, which includes fields for Date of Birth, Gender, Relationship to Employee, Marital Status, Student, Disabled, and Smoker, each with a dropdown menu. To the right of these fields are "As of" dates. Below this is the "Address" section, which includes a table with columns for Address, Address Type, and Same as mine. The table contains one row with the address "6238 TURNER FOREST RD HENRICO, VA 22231-7600", Address Type "Home", and "Same as mine". Below the address section are sections for National ID, Phone, and Email, each with a "No data exists" message and an "Add" button.

Address	Address Type	Same as mine
6238 TURNER FOREST RD HENRICO, VA 22231-7600	Home	Same as mine

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



The **Name** page displays in a pop-up window.

The screenshot shows a pop-up window titled "Name". At the top left is a "Cancel" button, and at the top right is a "Done" button. The window contains the following fields:

- Name Format: A dropdown menu with "English" selected.
- Name Prefix: A dropdown menu.
- \*First Name: A text input field, highlighted with a red border.
- Middle Name: A text input field.
- \*Last Name: A text input field, highlighted with a red border.
- Name Suffix: A dropdown menu.
- Display Name: A label.
- Formal Name: A label.
- Name: A label.

14. Enter your dependent's name information in the corresponding fields. The **First Name** and **Last Name** fields are required.

**Note:** Suffixes should only be entered in the **Name Suffix** field.

15. Click the **Done** button.



The **Individual Dependent Information** page returns with the name populated.

Individual Dependent Information

Cancel Save

Name  
Spouse Allman

Personal Information

\*Date of Birth

\*Gender

\*Relationship to Employee

\*Marital Status  As of

\*Student  As of

\*Disabled  As of

\*Smoker  As of

Address

Address	Address Type	Same as mine
	Home	Same as mine

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

Add Email

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.

**Note:** All children to be covered under health benefits, regardless of age, must be listed as "Child".

19. Select your dependent's marital status using the **Marital Status** dropdown button.
20. 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.
21. 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.

22. The **Smoker** field defaults to "No". Do not update this field as Cardinal does not track nor transmit smoker status to the Health Benefits Vendor.





**Individual Dependent Information**

Name: Spouse Allman

Personal Information

\*Date of Birth: 03/23/1983

\*Gender: Female

\*Relationship to Employee: Spouse

\*Marital Status: Married

\*Student: No

\*Disabled: No

\*Smoker: Non Smoker

As of: 01/15/2018

Address

Address	Address Type	Same as mine
	Home	Same as mine

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

Add Email

23. If your dependent has the same address as you do, verify that the **Address** section is set to “Same as mine”.

**Note:** If your dependent has a different address than you, click on the address row and edit the dependent’s address information accordingly.

24. Click the **Add National ID** button within the **National ID** section.

The **National ID** page displays in a pop-up window.

**National ID**

\*Country

\*National ID Type

\*National ID

Primary: Yes

25. Complete the **Country**, **National ID Type**, and **National ID (SSN)** fields for the dependent.

**Note:** “No” can only be selected for the **Primary** slide field if there is more than one type of National ID listed for the dependent (e.g., dual citizenship).



26. Click the **Done** button.

The **Individual Dependent Information** page returns.

Individual Dependent Information

Name  
Spouse Aikman

Personal Information

\*Date of Birth 03/23/1993  
\*Gender Female  
\*Relationship to Employee Spouse  
\*Marital Status Married  
\*Student No  
\*Disabled No  
\*Smoker Non Smoker

As of 01/15/2018  
As of  
As of  
As of

Address  
Address Address Type Same as mine  
Home Same as mine

National ID  
Country National ID Type National ID Primary  
United States Social Security Number

Phone  
No data exists  
Add Phone

Email  
No data exists  
Add Email

27. Click the **Add Phone** button within the **Phone** section.

The **Phone Number** page displays in a pop-up window.

Phone Number

Same as mine No  
Type  
Number  
Extension  
Preferred No

28. Select “Yes” for the **Same as Mine** slider field as applicable. If not, enter the dependent’s phone information in the corresponding fields.

**Note:** Phone number information is not required for dependents.



29. Click the **Done** button.

The **Individual Dependent Information** page returns.

30. Click the **Save** button in the top right-hand corner of the page.

**Note:** 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.

A **Saved Successfully** message displays in a pop-up window.

31. Click the **OK** button.

The **Dependent Information** page returns.



## ESS\_How to Make Open Enrollment Elections

32. Repeat Steps 12 – 31 as required until all dependents are added.

**Note:** 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 60 days of the Open Enrollment Event Date. See your agency Benefits Administrator for more information.

33. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner of the page.

The **Medical** page returns.

The screenshot shows the 'Medical' page with the following sections:

- Enroll Your Dependents:** A table with columns 'Dependents' and 'Relationship'. It lists 'Child Aikman' as a 'Child'. There is an 'Add Dependent' button.
- Enroll in Your Plan:** A table showing various insurance plans with columns for 'Plan Name', 'Cost (Before Tax)', 'Cost (After Tax)', 'Employer Cost', and 'Pay Period Cost'. The 'Waive' option is selected.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Waive				\$0.00
Select COVA Hltb/Astr + Prev Den	\$8.50		\$347.50	\$8.50
Select COVA Hltb/Astr + Exp Den&Vis	\$30.00		\$347.50	\$30.00
Select COVA Hltb/Astr + Exp Den	\$24.50		\$347.50	\$24.50
Select COVA High Ded Plan + PrevDen			\$301.00	\$0.00
Select COVA High Ded Plan + Exp Den	\$16.50		\$301.00	\$16.50
Select COVA Care + Prev Dental	\$47.00		\$354.50	\$47.00
Select COVAC+Prev Den-Out-of-rtwtk	\$56.50		\$354.50	\$56.50
Select COVA Care + Expanded Dental	\$64.00		\$354.50	\$64.00
Select COVA Cr+Exp Den-Out-of-rtwtk	\$73.50		\$354.50	\$73.50
Select COVA Cr+Exp Den-Vision&Hrng	\$74.00		\$354.50	\$74.00
Select COVA+ExDen-Out-of-rtwtk+Vs&Hr	\$83.00		\$354.50	\$83.00
Select TRICARE	\$30.50			\$30.50

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

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

The **Medical** page refreshes.



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

**Medical**

**Enroll Your Dependents**

The following list displays all individuals who are eligible for coverage as a dependent. Dependents with a check by their name are currently enrolled on your plan. You may enroll other eligible dependents by checking the box next to their name. If you are removing a dependent, you will need to uncheck the box next to their name.

NOTE: Please follow up with your agency Benefits Administrator to provide supporting documentation to validate eligibility for all newly enrolled dependents.

Dependents	Relationship
<input checked="" type="checkbox"/> Child Aikman	Child

**Enroll in Your Plan**

The Single Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/> Waive				\$0.00
<input type="checkbox"/> Select COVA Hltb/Aur + Prev Den	\$26.00	\$634.00	\$634.00	\$26.00
<input type="checkbox"/> Select COVA Hltb/Aur + Exp Den&Vis	\$66.00	\$634.00	\$634.00	\$66.00
<input type="checkbox"/> Select COVA Hltb/Aur + Exp Den	\$55.50	\$634.00	\$634.00	\$55.50
<input type="checkbox"/> Select COVA High Ded Plan + PrevDen	\$560.00	\$560.00	\$560.00	\$0.00
<input type="checkbox"/> Select COVA High Ded Plan + Exp Den	\$30.50	\$560.00	\$560.00	\$30.50
<input type="checkbox"/> Select COVA Care + Prev Dental	\$108.50	\$634.00	\$634.00	\$108.50
<input type="checkbox"/> Select COVA Cr+Prev Den+Out-of-ntwk	\$125.50	\$634.00	\$634.00	\$125.50
<input type="checkbox"/> Select COVA Care + Expanded Dental	\$140.00	\$634.00	\$634.00	\$140.00
<input type="checkbox"/> Select COVA Cr+Exp Den+Out-of-ntwk	\$157.00	\$634.00	\$634.00	\$157.00
<input type="checkbox"/> Select COVA Cr+Exp Den+Vision&Hmg	\$158.00	\$634.00	\$634.00	\$158.00
<input type="checkbox"/> Select COVA+ExDen+Out-of-ntwk+Vis&Hr	\$175.00	\$634.00	\$634.00	\$175.00
<input type="checkbox"/> Select TRICARE	\$60.00	\$60.00	\$60.00	\$60.00

**Resources**

- COVA HealthAware
- Anthem
- Tricare

**Done**

35. 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.

**Note:** 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 with the selected plan. A green checkmark displays for the selected plan.

**Medical**

**Enroll Your Dependents**

The following list displays all individuals who are eligible for coverage as a dependent. Dependents with a check by their name are currently enrolled on your plan. You may enroll other eligible dependents by checking the box next to their name. If you are removing a dependent, you will need to uncheck the box next to their name.

NOTE: Please follow up with your agency Benefits Administrator to provide supporting documentation to validate eligibility for all newly enrolled dependents.

Dependents	Relationship
<input checked="" type="checkbox"/> Child Aikman	Child

**Enroll in Your Plan**

The Single Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
<input type="checkbox"/> Select Waive				\$0.00
<input type="checkbox"/> Select COVA Hltb/Aur + Prev Den	\$26.00	\$634.00	\$634.00	\$26.00
<input type="checkbox"/> Select COVA Hltb/Aur + Exp Den&Vis	\$66.00	\$634.00	\$634.00	\$66.00
<input type="checkbox"/> Select COVA Hltb/Aur + Exp Den	\$55.50	\$634.00	\$634.00	\$55.50
<input type="checkbox"/> Select COVA High Ded Plan + PrevDen	\$560.00	\$560.00	\$560.00	\$0.00
<input type="checkbox"/> Select COVA High Ded Plan + Exp Den	\$30.50	\$560.00	\$560.00	\$30.50
<input checked="" type="checkbox"/> Select COVA Care + Prev Dental	\$108.50	\$634.00	\$634.00	\$108.50
<input type="checkbox"/> Select COVA Cr+Prev Den+Out-of-ntwk	\$125.50	\$634.00	\$634.00	\$125.50
<input type="checkbox"/> Select COVA Care + Expanded Dental	\$140.00	\$634.00	\$634.00	\$140.00
<input type="checkbox"/> Select COVA Cr+Exp Den+Out-of-ntwk	\$157.00	\$634.00	\$634.00	\$157.00
<input type="checkbox"/> Select COVA Cr+Exp Den+Vision&Hmg	\$158.00	\$634.00	\$634.00	\$158.00
<input type="checkbox"/> Select COVA+ExDen+Out-of-ntwk+Vis&Hr	\$175.00	\$634.00	\$634.00	\$175.00
<input type="checkbox"/> Select TRICARE	\$60.00	\$60.00	\$60.00	\$60.00

**Resources**

- COVA HealthAware
- Anthem
- Tricare

**Done**

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



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

The **Benefit Details** page returns.

The screenshot shows the 'Benefit Details' page. On the left is a sidebar with navigation links: 'Benefits Summary', 'Life Events', 'Dependent Info', 'Benefits Enrollment' (highlighted), and 'Benefit Statements'. The main content area is titled 'Benefits Enrollment' and includes a sub-header 'Enrollment Summary'. It displays 'Your Pay Period Cost \$108.50' and 'Full Cost \$108.50' with 'Employer Cost \$634.00'. The status is 'Pending Review'. Below this are buttons for 'Enrollment Preview Statement' and 'Submit Enrollment'. A blue circle labeled 'Medical' is also present. Under 'Benefit Plans', there are four plan tiles: 'Medical', 'Flex Spending Medical', 'Flex Spending Dependent Care', and 'Flex Spending Admin Fee'. The 'Medical' tile is highlighted with a red border and shows 'Current: Waive', 'New: COVA Care + Prev Dental', 'Status: Changed', and 'Pay Period Cost \$108.50'. The 'Flex Spending Medical' tile is also highlighted with a red border and shows 'Current: Waive', 'New: Waive', 'Status: Pending Review', and 'Pay Period Cost \$0.00'. The other two tiles show 'Current: Waive', 'New: Waive', 'Status: Pending Review', and 'Pay Period Cost \$0.00'. Each tile has a 'Review' button.

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

**Note:** The **Medical** tile now displays the coverage selected in the **New** row and the number of dependents enrolled along with the Pay Period Cost for the new plan year. Additionally, the **Medical** tile now has a Status of “Changed”.

38. Click the **Flex Spending Medical** tile.

**Note:** If you have elected a Flex Spending Medical plan, you must re-elect this each year (it is currently waived in this example but will be elected for this plan year).

The **Flex Spending Medical** page displays.

The screenshot shows the 'Flex Spending Medical' page. At the top are 'Cancel' and 'Done' buttons. Below is a section titled 'Enroll in Your Plan' with a 'Plan Name' dropdown. Underneath, there are two options: 'Waive' (selected with a checkmark) and 'Medical Flex Spending Account' (with a 'Select' button highlighted by a red box). There is also an information icon (i) next to the 'Medical Flex Spending Account' option.

39. Click the **Select** button to elect Medical Flex Spending.



## ESS\_How to Make Open Enrollment Elections

The **Flex Spending Medical** 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.

The **Benefit Details** page returns.

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

**Note:** The **Flex Spending Medical** tile now displays the plan as selected in the **New** row along with the Pay Period Cost for the new plan year. Additionally, the **Flex Spending Medical** tile now has a Status of “Changed”. If you are not enrolling in a Flex Spending Dependent Care plan, skip to Step 48.

43. Click the **Flex Spending Dependent Care** tile.

**Note:** If you have elected a Flex Spending Dependent Care plan, you must re-elect this each year (it is currently waived in this example but will be elected for this plan year).



## ESS\_How to Make Open Enrollment Elections

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

44. Click the **Select** button to elect the Dependent Care FSA plan.

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

45. 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.

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





# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

The **Benefits Details** page returns.

**Benefits Enrollment**  
DORM Employee Benefits  
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

**Enrollment Summary**

Your Pay Period Cost **\$358.50**  
Status: Pending Review  
Full Cost: \$358.50  
Employer Cost: \$634.00

Enrollment Preview Statement  
Submit Enrollment

**Benefit Plans**

**Medical**  
Current: Waive  
New: COVID Care + Prev Dental  
Status: Changed  
1 Dependents  
Pay Period Cost: \$108.50  
Review

**Flex Spending Medical**  
Current: Waive  
New: Medical Flex Spending Account \$1,000  
Status: Changed  
Pay Period Cost: \$125.00  
Review

**Flex Spending Dependent Care**  
Current: Waive  
New: Dependent Care FSA \$1,000  
Status: Changed  
Pay Period Cost: \$125.00  
Review

**Flex Spending Admin Fee**  
Current: Waive  
New: Waive  
Status: Pending Review  
Pay Period Cost: \$0.00  
Review

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

**Note:** The **Flex Spending Dependent Care** tile now displays the plan as selected in the **New** row along with the Pay Period Cost for the new plan year. Additionally, the **Flex Spending Dependent Care** tile now has a Status of “Changed”.

48. If you selected a Flex Spending Medical plan or a Flex Spending Dependent Care plan, you must elect the Flex Spending Admin Fee. Click the **Flex Spending Admin Fee** tile.

The **Flex Spending Admin Fee** page displays.

Cancel Flex Spending Admin Fee Done

Enroll in Your Plan

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Waive				\$0.00
Select Flex Spending Admin Fee	\$2.10			\$2.10

49. Click the **Select** button for the Flex Spending Admin Fee.

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



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

The **Benefit Details** page returns.

**Benefits Enrollment**  
CHSBN Employee Benefits  
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

**Enrollment Summary**

Your Pay Period Cost: **\$360.60**  
Status: Pending Review  
Full Cost: \$360.60  
Employer Cost: \$634.00

Enrollment Preview Statement  
Submit Enrollment

**Benefit Plans**

**Medical**  
Current: Waive  
New: COVA Care + Prev Dental  
Status: Changed  
1 Dependents  
Pay Period Cost: **\$108.50**  
Review

**Flex Spending Medical**  
Current: Waive  
New: Medical Flex Spending Account \$1,000  
Status: Changed  
Pay Period Cost: **\$125.00**  
Review

**Flex Spending Dependent Care**  
Current: Waive  
New: Dependent Care FSA \$1,000  
Status: Changed  
Pay Period Cost: **\$125.00**  
Review

**Flex Spending Admin Fee**  
Current: Waive  
New: Flex Spending Admin Fee  
Status: Changed  
Pay Period Cost: **\$2.10**  
Review

**Note:** The **Flex Spending Admin Fee** tile now displays the Pay Period Cost, and the Status is now "Changed". In addition, the pie chart on the page is updated with every additional benefit change that occurs.

51. Review the updated information in the **Flex Spending Admin Fee** tile.

**Note:** The **Flex Spending Admin Fee** tile now displays the spending fee as selected in the **New** row along with the Pay Period Cost for the new plan year. Additionally, the **Flex Spending Admin Fee** tile now has a Status of "Changed".

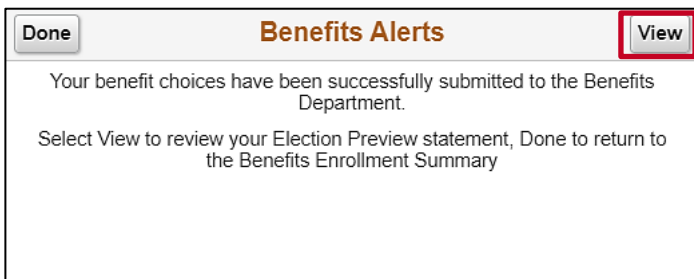
52. Review the **Your Pay Period Cost** section.

**Note:** If you use Cardinal for Benefits only (i.e., you are not paid out of Cardinal), the Pay Period Cost is reflecting your monthly cost in Cardinal.

53. Click the **Submit Enrollment** button.

**Note:** This step must be performed to submit your open enrollment elections.

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

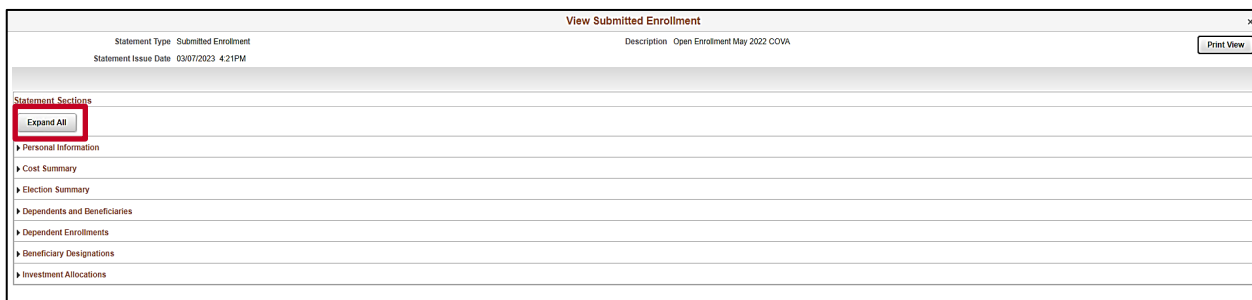


The image shows a 'Benefits Alerts' pop-up window. At the top, there is a header bar with a 'Done' button on the left, the title 'Benefits Alerts' in the center, and a 'View' button on the right. The main body of the window contains the following text: 'Your benefit choices have been successfully submitted to the Benefits Department.' followed by 'Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary'.

54. Click the **View** button to review your Election Preview Statement.

**Note:** If you don't want to review your Election Preview Statement, click the **Done** button and you have completed the open enrollment process.

The **View Submitted Enrollment** page displays.



The image shows the 'View Submitted Enrollment' page. At the top, there is a header bar with the title 'View Submitted Enrollment' in the center, a close button (X) on the right, and a 'Print View' button on the far right. Below the header, there is a section for 'Statement Sections' which includes a list of sections: 'Personal Information', 'Cost Summary', 'Election Summary', 'Dependents and Beneficiaries', 'Dependent Enrollments', 'Beneficiary Designations', and 'Investment Allocations'. Each section has a small arrow icon next to it. A red box highlights the 'Expand All' button located at the top left of the 'Statement Sections' list.

55. Click the **Expand All** button.



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The page refreshes and the detailed information displays.

Statement Type: Submitted Enrollment  
Statement Issue Date: 03/07/2023 4:21PM

Statement Sections  
Collapse All

Personal Information  
This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

Contact Information  
Name: [Redacted]  
Mailing Address: [Redacted]  
Email Address: [Redacted]

Eligibility Information  
Home Address: [Redacted]  
Gender: Female  
Marital Status: Married  
Birth Date: [Redacted]  
Service Date: [Redacted]

Cost Summary  
This is a summary of the cost of your benefits. Details are in the Election Summary section.

Your Cost Per Pay Period	\$ 360.60
Full Cost	\$ 360.60
Employer Cost	\$ 634.00

FSA Fee  
FSA Dcare  
Medical  
FSA Med

56. Review the enrollment information as needed. Optionally, click the **Print View** button to print the Election Preview Statement.

57. Once complete, click the **Close (X)** icon to return to the **Benefit Details** page.

The **Benefit Details** page returns.

Back  
Benefits Summary  
Life Events  
Dependent Info  
Benefits Enrollment  
Benefit Statements

Benefit Details  
DHRM Employee Benefits  
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary  
Your Pay Period Cost: \$360.60  
Status: Submitted  
Full Cost: \$360.60  
Employer Cost: \$634.00  
Enrollment Preview Statement  
Submit Enrollment

Benefit Plans  
Medical  
Current: Waive  
New: COVA Care + Prev Dental  
Status: Changed  
1 Dependents  
Pay Period Cost: \$108.50  
Review

Flex Spending Medical  
Current: Waive  
New: Medical Flex Spending Account \$1,000  
Status: Changed  
Pay Period Cost: \$125.00  
Review

Flex Spending Dependent Care  
Current: Waive  
New: Dependent Care FSA \$1,000  
Status: Changed  
Pay Period Cost: \$125.00  
Review

Flex Spending Admin Fee  
Current: Waive  
New: Flex Spending Admin Fee  
Status: Changed  
Pay Period Cost: \$2.10  
Review

58. Click the **Benefits Enrollment** menu item on the left-hand side of the page.



# Benefits Job Aid

## ESS\_How to Make Open Enrollment Elections

The **Benefits Enrollment** page displays.

The screenshot shows the 'Benefit Details' page with a sidebar on the left containing links: Benefits Summary, Life Events, Dependent Info, Benefits Enrollment (highlighted), and Benefit Statements. The main content area is titled 'Benefits Enrollment' and includes a note about the enrollment process. Below this is a table titled 'Your Benefit Events' with columns for Event Description, Event Date, Event Status, and Job Title. The 'Event Status' column for the 'Open Enrollment' event is highlighted with a red box and shows the status 'Submitted'. A 'Re-Elect' button is visible at the bottom right of the table.

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Submitted	Admin and Office Spec III

**Note:** 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 60 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.