

Open Enrollment Period

The Open Enrollment Period for health care coverage and flexible reimbursement accounts occurs each spring and is announced in [Spotlight](#) which is mailed to your home. This is your annual opportunity to review your options and enroll or make election changes.

Health Care Coverage:

- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
- You may add [eligible family members](#).
- You may remove family members. Removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#). They do not qualify for Extended Coverage (COBRA).
- You may waive coverage.

Warning! There are serious consequences for adding ineligible family members. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

Medical Flexible

Reimbursement Account:

- You may enroll to cover [eligible medical expenses](#). A previous election *does not* automatically carry forward.

Dependent Care Flexible

Reimbursement Account:

- You may enroll to cover [eligible dependent care expenses](#). A previous election *does not* automatically carry forward.

Important Things To Know About Making An Open Enrollment Request

- 1. What documentation is required.** None.
- 2. How to submit the request.** During the Open Enrollment period, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When changes take effect.** Elections are effective July 1 following Open Enrollment.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The links for [Spotlight](#) and [Employee Benefits](#) include helpful information. For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at another [Open Enrollment](#) or with a consistent [Qualifying Mid-year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.