

Enroll or Make Election Changes in Health Care Coverage or Flexible Reimbursement Accounts

- Q1. [Who can enroll?](#)
- Q2. [What is an election?](#)
- Q3. [When can enrollment or election changes be made?](#)
- Q4. [How are enrollment or election changes requested?](#)
- Q5. [When are enrollment or election changes effective?](#)
- Q6. [What is provided when enrollment is approved?](#)
- Q7. [What happens when coverage ends?](#)
- Q8. [Where is more information?](#)

Q1. **Who can enroll?**

[Classified employees and faculty members](#) are eligible for health care coverage and flexible reimbursement accounts. Wage employees and adjunct faculty are not eligible.

Q2. **What is an election?**

An election is the choice you make related to enrollment in health care coverage or flexible reimbursement accounts. Elections are approved requests that include enrolling or waiving coverage, adding or removing family members, and changing your plan.

Q3. **When can enrollment or election changes be requested?**

[Initial Enrollment Period:](#) Initial Enrollment requests are made *within 31 days* of when you begin employment with the State (including being rehired more than 30 days after termination from the State) or become newly eligible for State coverage.

[Open Enrollment Period:](#) Open Enrollment occurs each year in the spring and is announced in the Open Enrollment newsletter, Spotlight, which is mailed to your home. This is your annual opportunity to request enrollment or make election changes.

[Qualifying Mid-year Event:](#) Certain qualifying mid-year events permit specific election changes with supporting documentation. Your enrollment or election change request must be submitted *within 31 days* of the qualifying mid-year event.

Q4. **How are enrollment or election changes requested?**

Click on the [EmployeeDirect](#) link at www.dhrm.virginia.gov or complete and return an [Enrollment Form](#) to your agency's Benefits Administrator.

Q5. **When are enrollment or election changes effective?**

Coverage always begins on the first day of a month and ends on the last day of a month. See [Initial Enrollment](#), [Open Enrollment](#) or the specific [Qualifying Mid-year Event](#) for details.

Q6. *What is provided when enrollment is approved?*

An ID card and Member Handbook are provided when you enroll in health care coverage. Those who enroll in a flexible reimbursement account are provided an FBMC confirmation and Sourcebook. The [Extended Coverage General Notice](#) (COBRA) and the [Employee/Retiree Privacy Notice](#) are provided to all who qualify.

Q7. *What happens when coverage ends?*

When coverage ends a HIPAA [Certificate of Group Health Plan Coverage](#) is provided. An [Extended Coverage Election Notice](#) (COBRA) is available to only those who qualify. Retirees, survivors, and those approved for long-term disability may be eligible for continued coverage in the [State Retiree Health Benefits Program](#).

Q8. *Where is more information?*

More information is available at www.dhrm.virginia.gov when you click on [Employee Benefits](#). The Health Benefits for Employees link includes [eligibility rules](#), [available plans and programs](#), [premiums](#), and [contact information](#). Your agency's Benefits Administrator can help with any other questions.

Initial Enrollment Period

The Initial Enrollment Period for health care coverage and flexible reimbursement accounts occurs when you begin employment with the State (including being rehired more than 30 days after termination from State employment) or become newly-eligible for State coverage. Your coverage is automatically waived until your enrollment request is approved. If you are rehired less than 30 days after termination from State employment, you continue your previous elections.

- Health Care Coverage:**
- You may enroll in the [plan](#) of your choice. HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

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](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Dependent Care Flexible

- Reimbursement Account:**
- You may enroll to cover [eligible dependent care expenses](#).

Important Things To Know About Making An Initial Enrollment Request

- 1. Who may make the request.** [Classified employees and faculty members](#) may request enrollment. Wage employees and adjunct faculty are not eligible.
- 2. How to submit the request.** Within 31 days of becoming eligible (hire date, newly-eligible date, rehire date), use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved elections take effect.** Elections are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, elections are effective that day.

Exception! When you start work and request enrollment on the first working day of a month, elections are effective the first day of that month.

- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your initial enrollment request, your next chance will be at [Open Enrollment](#) or with a consistent [Qualifying Mid-year Event](#), whichever comes first.

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. Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

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.

Qualifying Mid-Year Event

Click on a qualifying mid-year event for a description of circumstances and specific election changes permitted. Contact your agency's Benefits Administrator about an event not listed.

- [Birth or Adoption](#)
- [Child Covered under your Plan Lost Eligibility](#)
- [Death of Child](#)
- [Death of Spouse](#)
- [Dependent Care Cost or Coverage Change](#)
- [Divorce](#)
- [Employment Change – Full-time to Part-time](#)
- [Employment Change – Part-time to Full-time](#)
- [Employment Change – Unpaid Leave of Absence](#)
- [Gained Eligibility under Medicare or Medicaid](#)
- [HIPAA Special Enrollment](#)
- [Judgment, Decree, or Order to Add Child](#)
- [Judgment, Decree, or Order to Remove Child](#)
- [Lost Eligibility under Governmental Plan](#)
- [Lost Eligibility under Medicare or Medicaid](#)
- [Marriage](#)
- [Move Affecting Eligibility for Health Care Plan](#)
- [Other Employer's Open Enrollment or Plan Change](#)
- [Spouse or Child Gained Eligibility under Their Employer's Plan](#)
- [Spouse or Child Lost Eligibility under Their Employer's Plan](#)