



COMMONWEALTH OF VIRGINIA HEALTH BENEFITS

***Health Benefits Direct* for Open Enrollment**

Health Benefits Direct, which resides in EmployeeDirect, will be available to employees for Open Enrollment from May 1 through May 15. This tool permits employees to review their health benefits record and make Open Enrollment changes online, including updates to address, phone, and email.

1. Employees will need to register or log in with their EmployeeDirect user name and password to get to Health Benefits Direct. The following information, as it is recorded in BES, is needed when they are a new user or have forgotten their EmployeeDirect credentials.

- Identification Number – the 7-digit number assigned to their BES record
- Date of Birth
- Last four digits of their Social Security Number
- Email Address

Make sure your employees know this information before they visit EmployeeDirect. If they have problems with EmployeeDirect, help is available at Edirectissues@dhrm.virginia.gov.

2. When the employee selects *Health Benefits Direct*, their health benefits record(s) will be displayed. Records are displayed by Effective Date and Record Status. A record's status may be approved, pending approval, or in-process. Additional on-line change requests are not permitted until in-process and pending approval records are updated.

- Approved records have been updated in BES with an effective date.
- Pending records are in BES and require action by the Benefits Administrator. These are usually created when an employee adds a family member to their health care coverage which requires proof that the dependent is eligible.
- In-process records are change requests waiting to be processed by BES.

Most employees will have only their current record displayed when they first enter. It will be effective May 1, 2020 and the record status will be approved.

3. When the employee selects 'Request Change', their change request for Open Enrollment is started and completed in six sequential steps:

Step 1: Choose to make Open Enrollment changes effective 7/1/20.

Step 2: Review their health benefits eligibility information and notify their Benefits Administrator of any discrepancy.

Step 3: Review their personal information and update their address, phone, and email. They can also notify their Benefits Administrator of any discrepancy they cannot update.

Step 4: Review their health care coverage election and enroll, waive, or change their health care plan and add an eligible family member or remove a covered family member. They can also report any discrepancy in existing covered family members to their Benefits Administrator.

Step 5: Enter a pay period amount to enroll in one or both flex accounts.

Step 6: Read and accept the Enrollee Statement, and then submit their change request.

4. When the employee submits their change request for Open Enrollment, transactions are submitted by batch to BES for processing. As BES processes each transaction, it is marked 'approved', 'failed', 'no changes' or 'pending approval'. This is not an immediate process – it will depend on volume and may take hours.
 - Approved transactions create a BES Turnaround document and update Health Benefits Direct.
 - Failed transactions and transactions that produced no changes do not update BES or Health Benefits Direct. These transactions should be discussed with the employee to resolve the change request. An enrollment form may be required to make the Open Enrollment election.
 - Transactions that are pending approval require the Benefits Administrator to execute PSBPEN in BES. These are typically created when the employee adds a family member to their health care coverage which requires documentation that proves they qualify before it can be approved. It is important to handle pending records by May 31 when possible and not later than June 30.
5. Emails are sent to the employee and their Benefits Administrator after each BES transaction. There are four types of emails that may be received when Health Benefits Direct is used:
 - xxx9999 LastName – *Health Benefits Direct* Question
This email is sent from the user to their Benefits Administrator when the user clicks 'Contact your Benefits Administrator'. It is usually used to ask a specific question or to report a discrepancy that they are not able to update.
 - xxx9999 LastName – Personal Information Change Request – (Approved/Failed/No Changes)
This email is sent from 'No Reply' to the user and their Benefits Administrator when a change is requested to address, phone or email.
 - xxx9999 LastName – Health Care Change Request – (Approved/Failed/No Changes/Pending Approval) This email is sent from 'No Reply' to the user and their Benefits Administrator when a health care coverage change is requested.
 - xxx9999 LastName – Flex Accounts Change Request – (Approved/Failed/No Changes). This email is sent from 'No Reply' to the user and their Benefits Administrator when a flex accounts change is requested.

Questions? Contact ohb@dhrm.virginia.gov.