



Open Enrollment Frequently Asked Questions May 3-17, 2021 for plan year July 1, 2021- June 30, 2022

Annual Open Enrollment

Q. Do I need to do anything during the Open Enrollment period?

A. No election is required if you have no health plan coverage changes, do not plan to participate in Premium Rewards, and are not enrolling in a flexible spending account (FSA). We recommend that you log in to Employee Direct at <https://edirect.virginia.gov> and select 'Health Benefits Direct' to review your current health benefits record. Select 'Request Change' if you would like to make an Open Enrollment election or update your personal information. You will need to take action to access or continue the Premium Reward for the 2021-2022 plan year. Please see page 7 for more information.

Q. How do I make an Open Enrollment election?

A. Online- Submit Your Open Enrollment Elections online at **EmployeeDirect** at <https://edirect.virginia.gov>. Log in and select Health Benefits Direct from the menu. Be sure to submit your elections by 11:59 p.m. on May 17, 2021.

B. Paper Enrollment Form- Complete the fillable form on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2021-22> or complete the enrollment form in your Open Enrollment package. Print it, sign it and submit to your Benefits Administrator. The enrollment form must be postmarked, emailed or faxed by May 17, 2021.

Q. Who is my Benefits Administrator?

A. Your Benefits Administrator is the person appointed by your employer to assist you with your health care benefits. Please contact your agency human resource office to identify your Benefits Administrator.

Q. How do I determine my current health plan?

A. You can log in to Employee Direct at <https://edirect.virginia.gov> and select 'Health Benefits Direct' from the menu to view your current health plan elections or contact your Benefits Administrator.

Q. Why will my health care premiums increase beginning July 1?

A. Healthcare premiums are determined based on the expenses incurred by the plan, including claim payments and administration. The plan must ensure adequate funding to cover increasing costs to fund the Health Benefits Program for State Employees. Access the monthly premium rates for July 1, 2021-June 30, 2022 at [ADD LINK](#)

Q. What should I do if I missed the Open Enrollment deadline?

A. The last day to make an Open Enrollment election, including FSA elections, is May 17, 2021. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2022 or with a consistent qualifying mid-year event. Your health plan elections will remain as designated now if you did not make any changes. Since members must re-enroll every year for FSAs, you will not be enrolled in an FSA for the new plan year.

Eligibility

Q. Who is eligible for coverage under my health plan, and what documentation is required?

A. There are certain categories of persons who may be covered as a dependent. These include your legal spouse, children, stepchildren and other female or male child that meet the eligibility criteria. Supporting documentation is required that provides proof of eligibility. Contact your agency Benefits Administrator or visit the DHRM website at www.dhrm.virginia.gov for more information.

Q. What if I want to add an eligible dependent to my health plan but I do not currently have the required documentation?

A. You need to make your election request on or before May 17. Do not miss the Open Enrollment deadline. The documentation can be submitted later.

Q. Do I need to remove my dependent child(ren) that have or will turn age 26 this year?

A. There is no requirement for you to remove your dependent during Open Enrollment or the month that the dependent turns age 26. Eligible dependents remain eligible under the Health Benefits Employee Program until the end of the calendar year that they turn age 26. These dependents will automatically be removed from coverage on December 31.

Employee Direct

Q. What do I need to do if I am unable to log in to Employee Direct?

A. You will need to register or log in with your EmployeeDirect user name and password to get to Health Benefits Direct. If you are a new user or have forgotten your EmployeeDirect credentials, confirm the following information with your Benefits Administrator before you visit EmployeeDirect.

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

If you have problems with EmployeeDirect, help is available at Edirectissues@dhrm.virginia.gov.

Non-Medicare retiree, LTD and Extended Coverage group participants do not have access to Employee Direct. Your open enrollment package includes an enrollment form that can be submitted to your Benefits Administrator of record, only if you're making a change. If you do not have changes, your health plan elections will remain as designated now.

Q. Why am I unable to submit my Open Enrollment election on Employee Direct?

A. The 'submit' option is only active if you have made an Open Enrollment election. If no change is made to your health plan or covered dependents, and you did not make an election for the flexible spending account, the 'submit' button will not be active. If you receive an error, you may need to submit a paper enrollment form to your agency. Please contact your Benefits Administrator if you have questions.

Flexible Spending Accounts

Health Flexible Spending Account

Q. Will there be a Grace Period for the Health FSA for July 1, 2020 to June 30, 2021?

A. No. If your account **ends on June 30, 2021**, you have until **September 30, 2021**, to file for reimbursement and resolve outstanding card transactions. If your account ends before June 30, you have three months to file for reimbursement and resolve card transactions. You will forfeit any remaining Health FSA funds if you miss the deadline. Submit your reimbursement request and documentation to **PayFlex**. For more information, contact PayFlex at **855-516-8595** or www.payflex.com.

Dependent Care Flexible Spending Account

Q. I typically make a Dependent Care FSA election during Open Enrollment to offset the cost of child care. What happens if dependent care centers are closed or have limited enrollments in the next plan year?

A. It is not recommended that you make an Open Enrollment election for the Dependent Care FSA in **anticipation** of enrolling your dependent into a valid childcare program in the fall. You are allowed to make a prospective election change during the plan year if services become available based on a dependent care cost or coverage change. You may also reduce or cancel your Dependent Care FSA if your services are reduced or cancelled. You must notify your Benefits Administrator to assist you with the mid-year election change within 60 days of the change.

Q. Will there be a Grace Period for the Dependent Care FSA for July 1, 2020 to June 30, 2021?

A. Yes. In an effort to meet the needs of our employees during these extraordinary times, the Commonwealth is adding a Grace Period to the 2020-2021 DCFSA Plan, which will extend the period to incur claims until October 31, 2021.

Q. What is a Grace Period?

A. A Grace Period is a predefined timeframe after the plan year ends that enables participants to spend down any remaining funds from the previous plan year.

Q. How does this apply to state employees?

A. State employees who are enrolled in the DCFSA on June 30, 2021 and have a balance remaining may continue using those funds to file for claims incurred from **July 1, 2021 through October 31, 2021**. All claims must be received by the claims administrator, PayFlex, by **November 30, 2021**, in order to be eligible for reimbursement under the Grace Period.

Q. Does the Grace Period apply to me if I canceled my DCFSA prior to June 30, 2021?

A. No, it only applies to those participants with an active dependent care FSA on June 30, 2021.

Q. How do I get reimbursed from my previous plan year funds?

A. You may file claims online, or file paper claims.

Q. How do I obtain paper claim forms?

A. You may log in to www.payflex.com or call customer service at 1-855-516-8595.

Q. Can I roll any remaining funds after October 31 into the 2021-2022 plan year account(at the end of the Grace period)?

A. No, there is no rollover provision with the state's FSA program.

Q. What if I didn't re-enroll in the DCFSA for the 2021-2022 plan year?

A. The grace period applies to anyone who was enrolled on June 30th. If you didn't re-enroll, you will need to file paper claims to be reimbursed for eligible expenses under the Grace Period.

Q. What if school, daycare etc. is not back in session by next fall? Can I get a refund of my DCFSA contributions then?

A. No, you may decrease or cancel your DCFSA going forward. The election request must be received within 60 days of the change in your Dependent Care expenses, along with documentation of the change in expenses. **If you do not have the documentation, do not miss your deadline. The documents can be submitted later.**

Q. What happens if I inadvertently have a claim paid from both plan years?

A. The PayFlex system will prevent this from happening. It is programmed to use the previous plan year funds first.

Q. I am planning carefully for my Dependent Care expenses in the new plan year. If I am reimbursed for some of these expenses with last year's funds, can I change my election?

A. No, 2021-2022 DCFSA elections can only be changed with a valid qualifying midyear event.

Premium Reward and Health Assessment – Complete between May 3-17 for Reward effective 07/01/2021

In addition to FAQ's below, additional information can be found at:

[Premium Reward FAQ's](#)

[Premium Reward Requirements](#)

Q. Who is eligible for a premium reward?

A. An employee and their spouse enrolled in COVA Care or COVA HealthAware.

Q. What do I need to do to earn a premium reward?

A. Complete a health assessment on your plan's website or mobile app. For more information about earning a premium reward on July 1, 2021 or after, visit [Premium Rewards Requirements](#) and [Premium Rewards Frequently Asked Questions](#)

Q. How do I complete a health assessment during Open Enrollment if I make a plan change?

A. When making a plan change during Open Enrollment from one Premium Reward eligible plan to another (COVA Care/COVA HealthAware), employees must complete a health assessment with their **current** plan administrator between May 3 and May 17, 2021, for a Premium Reward effective July 1, 2021. Employees should continue to update and complete a health assessment with their current vendor through June 30, 2021. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2021, to complete a health assessment.

Q. Can I complete a health assessment after Open Enrollment ends?

A. Yes. Members can still earn a Premium Reward. For more information on how to receive a Premium Reward after July 1st (including a full schedule of effective dates), visit [Premium Reward Requirements](#) .

Q. What do I need to do if I receive an error message when attempting to complete my health assessment?

A. Participants are typically receiving an error when using a state issued computer due to the system administrator limitations. These settings cannot be changed. Please attempt to access your health assessment by using your personal device to login to the plan's website or mobile app. Please see page 7 of the Spotlight for information about how to access the health assessment.

COVA Care participants that access the Health Assessment via Safari may encounter an issue if certain device settings are enabled. You may receive an error message to check the Safari browser privacy settings and ensure "Prevent cross-site tracking" is not selected. If you cannot resolve the error, you may need to use another browser or call Anthem at 1-800-552-2682.

Q. What if I do not have a personal computer or Smart Device?

A. For COVA Care participants, please call 1.800.552.2682 for assistance in completing a health assessment over the telephone with an Anthem Health Guide

Q. How can I confirm that I am receiving a Premium Reward?

A. Active employees may confirm the Premium Reward by reviewing your paycheck under the health premium description. This amount will reflect the reduced premium for the pay period. The amount will be based on the total pay periods in a month. Premium Rewards that will be effective July 1, 2021, may be seen on your paycheck on or after July 16, 2021. Please print off your confirmation once you have completed your health assessment and keep it for your records.

- For direct bill plan participants, the Premium Reward will reflect on the billing statement from your respective plan administrator.
- For VRS withhold plan participants, the monthly premium will be reduced by the Premium Reward amount.