

QUESTIONS AND ANSWERS ON YOUR HEALTH BENEFITS AND FSAs

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, are not planning to participate in Premium Rewards, and are not enrolling in a flexible spending account (FSA). You will need to take action to participate in the Premium Reward Program and to enroll in a flexible spending account (FSA) for the 2023-2024 plan year.

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 1 and May 15, 2023, for a Premium Reward effective July 1, 2023. Employees should continue to update and complete a health assessment with their current vendor through June 30, 2023. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2023, to complete a health assessment.

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 12 for information about how to access the health assessment.

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 15, 2023. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2024 or with a consistent life event/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.

Q. What do I need to do if I am participating in a Health and Wellness program with my current health plan and make an Open Enrollment election for a different health plan?

A. You will receive a letter from your new health plan providing you with guidance to continue engagement in the program(s). Typically, letters are mailed out after July 1. Also, you are encouraged to contact your new health plan after July 1 for additional 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 15. Do not miss the Open Enrollment deadline. The documentation can be submitted later. You have an additional 60 days from the end of the Open Enrollment period to submit the eligibility documentation.

Note: Health care coverage will not be effective until approved documentation is received. See your agency Benefits Administrator.

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 State Health Benefits Program until the end of the calendar year that they turn age 26. These dependents will automatically be removed from coverage on December 31.

Q. Who is my Benefits Administrator?

A. Your Benefits Administrator is the person appointed by your agency 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 into Cardinal HCM to view your current health plan elections or contact your agency Benefits Administrator. See page 4.

Q. What do I need to do if I am unable to log into Cardinal HCM?

A. If you have reviewed the login instructions at www.cardinalproject.virginia.gov/OE and still are unable to access Cardinal HCM, please contact your agency Benefits Administrator.

Q. Once the new plan year starts, can I use my PayFlex MasterCard to pay for expenses from the last plan year?

A. No. You may not use your PayFlex MasterCard after June 30 to pay for expenses from the previous plan year. You may only use your PayFlex MasterCard for expenses incurred on or after July 1 of each plan year. You must file paper claims for the previous plan year's expenses after June 30.