



COMMONWEALTH OF VIRGINIA HEALTH BENEFITS PROGRAM

2025 – 26 Open Enrollment for Health Benefits and
Flexible Spending Accounts (FSAs)

Open enrollment is May 16 – 30, 2025!

2025 Open Enrollment

Dates: May 16 – May 30, 2025

- If you are a full-time, benefits eligible employee, this is the time to make annual decisions on health plans and flexible spending accounts (FSAs)!
- **Nothing is required** if you are **NOT**:
 - Changing your health plan
 - Adding or removing dependents
 - Enrolling in an FSA
 - Participating in Premium Rewards

Health Plans

During Open Enrollment you can:

- Enroll in or change your health plan
- Elect or remove optional buy-ups for COVA Care, COVA HDHP, COVA HealthAware
- Waive coverage
- Add or remove family members

Flexible Spending Accounts



HUMAN RESOURCES
VIRGINIA TECH.

- Enroll in a Health FSA, Dependent Care FSA or both
- You must submit an enrollment request each year you wish to have an FSA
- If you do not actively re-enroll during open enrollment you will no longer have an account beginning July 1, 2025.

How to make open enrollment elections

- **Online by visiting my.cardinal.virginia.gov**
 - Preferred method
 - Selections **MUST** be submitted by 11:59 p.m. on May 30
- **Submit paper enrollment form to Virginia Tech's HR office**
 - **Physically:** **MUST** be delivered to the HR Service Center in the Division of HR, Suite 2300, North End Center by 5 p.m. on May 30, 2025
 - **HR dropbox:** **MUST** be time-stamped as received in the dropbox by 11:59 p.m. on May 30, 2025
- **FORMS EMAILED TO THE HR SERVICE CENTER WILL NOT BE ACCEPTED**

**DEADLINE TO MAKE OPEN ENROLLMENT CHANGES IS
MAY 30, 2025!**

Employees are urged to use Cardinal to make changes

Using Cardinal to make open enrollment changes

- In Cardinal you can
 - Change **health plans**
 - Enroll in **health and dependent care FSAs**
 - **Remove and/or add** eligible dependents*
- 2025-26 open enrollment options will appear in Cardinal at midnight on May 16, and will be removed promptly at 11:59 p.m. on May 30. Please plan accordingly.

*Documentation to add dependents must be submitted to the HR Secure Dropbox located at hr.vt.edu. You must be logged into a secure VPN and your VT account to access the Dropbox.

**Employees have 30 days after open enrollment closes to submit documentation.

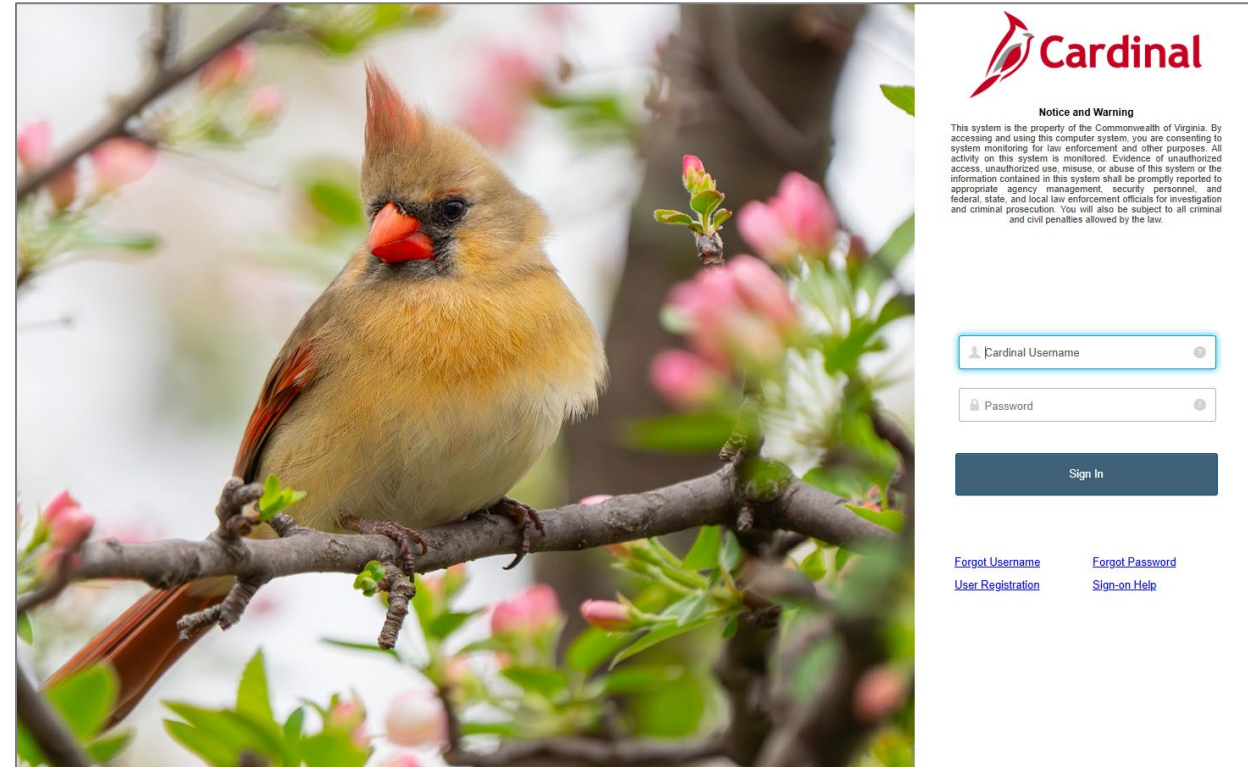
New to Cardinal?

- If you have never used Cardinal, you must register before logging in to make Open Enrollment elections.
- You can find your Cardinal ID by logging into **Hokie Spa**, going to the **Hokie Team** tab, then finding **Employment Information – Cardinal Id.**
- If you do not have a Cardinal ID listed send an email to healthinsurance@vt.edu.
- Additional job aids are available:
 - **Tutorials:** www.cardinalproject.virginia.gov/videos
 - **Job Aids:** www.cardinalproject.virginia.gov/job-aids
- **Need help registering or using Cardinal?** Stop by the NEC from 8 a.m. – 5 p.m.



How to make changes in Cardinal

- Log into Cardinal at my.cardinal.virginia.gov
- Follow the **open enrollment directions** by using either:
 - Instructions on pages 4-5 of the Spotlight on Your Benefits newsletter
 - Cardinal support materials at cardinalproject.virginia.gov/oe




After changes are made in Cardinal

- An automated email will be sent overnight with the subject line “Your Health Benefits Confirmation Statement – Now Available Online”.
- Log into Cardinal and review your **Confirmation Statement** to ensure your elections are correct!
- **If you do not receive this email**, you may not have completed the process and clicked the “**Submit Enrollment**” button. You will need to log back into the system to do this.
- The open enrollment event option will go away **PROMPTLY at 11:59 p.m. on May 30, 2025.**

Using the paper enrollment form



- Page 1 - important sections to complete
 - **Section 1:** Fill in your personal information
 - **Section 2:** Check “Open Enrollment”
 - **Section 3:** If you wish to enroll in a Health or Dependent Care FSA for 2025-2026
- When completing FSA information:
 - Fill in the TOTAL amount you would like to pledge towards the account for the entire year here.
 - Accounts run from July 1 of the current year to June 30 of the following year
 - Total amount is spread out over 24 pay periods.

State Health Benefits Program Enrollment Form For Employees 

Review each section and carefully PRINT your enrollment information. For state health benefits eligibility information, visit the DHRM website at www.dhrm.virginia.gov or contact your Benefits Administrator.

Section 1: Personal Information

Name Identification Number
Last Name First Name M.I. Employee ID or Social Security Number

Date of Birth Gender: ☐ Male ☐ Female
Month Day Year

Important! Be sure to verify the correct format of your address at <http://zip4.usps.com/zip4/welcome.jsp>.

Street Address P.O. Box
City State Zip + 4

State E-mail: Personal E-mail:
State Phone: () Personal Phone: () ☐ Mobile

Section 2: Reason For This Enrollment or Election Change Request

Check the box that applies.

☐ Open Enrollment
☐ Initial Enrollment for Newly Eligible Employee: MONTH/DAY/YEAR
☐ Qualifying Mid-Year Event (Life Event/Documentation to Support the Event)
Check the type of event below, and attach the appropriate supporting documentation as indicated. Date of Event: MONTH/DAY/YEAR

Events consistent with adding family members to coverage:

- ☐ Marriage (certified marriage certificate)
- ☐ Birth or Adoption (birth certificate/hospital announcement or adoption agreement)
- ☐ Judgment, Decree, or Order to Add Child (court order)
- ☐ Lost eligibility Under Governmental Plan (government documentation)
- ☐ Lost eligibility Under Medicare or Medicaid (government documentation)
- ☐ Spouse or Child Lost Eligibility Under Their Employers Plan (employer documentation)

Events consistent with removing family members from coverage:

- ☐ Divorce (divorce decree)
- ☐ Death of Spouse (documentation validating death)
- ☐ Death of Child (documentation validating death)
- ☐ Child Covered Under Plan Lost Eligibility (documentation to support)
- ☐ Judgment, Decree or Order to Remove Child (court order)
- ☐ Gained Eligibility Under Medicare or Medicaid (government documentation)
- ☐ Spouse or Child Gained Eligibility Under Their Employers Plan (employer documentation)

Other events:

- ☐ Employment Change: ☐ Full-time to Part-time ☐ Part-time to Full-time
- ☐ Unpaid Leave Began
- ☐ Unpaid Leave Ended
- ☐ Dependent Care Cost or Coverage Change (documentation from dependent care provider)
- ☐ HIPAA Special Enrollment Due to Loss of Other Coverage (HIPAA certificate)
- ☐ Move Affecting Eligibility for Health Care Plan (agency validates move)
- ☐ Other Employers Open Enrollment or Plan Change (employer documentation)
- ☐ Enrollment in a Marketplace Exchange Health Plan (Documentation of the Marketplace coverage enrollment and the effective date of coverage)

☐ Add to existing Family Membership (documentation to support eligibility)

Section 3: Flexible Spending Accounts Election – You Must Enroll Every Plan Year

To enroll in or change an FSA, enter the annual amount you wish deducted. For assistance in determining your annual election amount, complete the FSA worksheet available on the DHRM website at www.dhrm.virginia.gov or from your Benefits Administrator.

☐ I do not wish to participate in an FSA.

HEALTH FLEXIBLE SPENDING ACCOUNT
For eligible medical expenses incurred by you, your spouse and eligible dependents. (Maximum allowable contribution is up to \$3,200.)

Annual amount =

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
For eligible dependent care expenses incurred by you, your spouse and eligible dependents. (Maximum allowable contribution is up to \$5,000 depending on your tax filing status.)

Annual amount =

Using the paper enrollment form (cont.)



- Page 2 – important sections to complete
 - **Section 4:** Check appropriate boxes to indicate that you are:
 - Waiving coverage
 - Not changing your plan
 - Adding dependents
 - Changing plans
 - Not changing dependents
 - Removing dependents
 - Based on selections, following instructions on form to provide additional information as needed.
 - **Section 5:** Print your name, sign, and date the form

Section 4: Health Care Coverage Election

☐ I do not wish to participate in health care coverage
☐ No change to my current health plan selection and family members/membership level
(If you check either box above proceed to Section 5.)

A. Health Plan Selection – Check the box that applies

☐ No change to my current health care plan

STATEWIDE HEALTH PLANS

Administered by Anthem Blue Cross Blue Shield*

☐ COVA Care (with preventive dental) (ACC0)
☐ COVA Care + Out of Network (ACC1)
☐ COVA Care + Expanded Dental (ACC2)
☐ COVA Care + Out of Network and Expanded Dental (ACC3)
☐ COVA Care + Expanded Dental + Vision & Hearing (ACC4)
☐ COVA Care + Out of Network + Expanded Dental + Vision & Hearing (ACC5)
☐ COVA HDHP- High Deductible Plan (with preventive dental) (CHD)
☐ COVA HDHP- High Deductible Plan + Expanded Dental (CHD1)

Administered by Aetna*

☐ COVA HealthAware (with preventive dental) (CHA)
☐ COVA HealthAware + Expanded Dental (CHA2)
☐ COVA HealthAware + Expanded Dental & Vision (CHA1)

Administered by Selman & Company

☐ TRICARE Supplement (TRC)
DEERS # _____ (required)

*Anthem Pharmacy delivered by CaredonRx administers pharmacy benefits. Delta Dental administers dental benefits.

REGIONAL HEALTH PLANS

Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.

☐ Kaiser Permanente HMO- available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KP)

Administered by Sentara Health Plans

☐ Sentara Health Plans HMO (formerly Optima) – available primarily in Hampton Roads zip codes (OH)

B. Family Members – Check the box that applies

☐ No change to my existing covered family members
☐ I do not wish to cover any family members
☐ I wish to cover the eligible family members listed below. (Note: you will be required to submit documentation when adding family members to your coverage.)

RELATIONSHIP CODE**	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH MM/DD/YYYY	SOCIAL SECURITY NUMBER
Spouse					
Children					

**Relationship Codes: SM=spouse male SF=spouse female S=son D=daughter SS=stepson SD=stepdaughter OF=other female child OM=other male child

Section 5: Employee Certification and Authorization

I certify that I have reviewed and understand the State Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements. I certify that all dependents listed meet the eligibility requirements of the program and that the information I have provided on this form is complete and accurate to the best of my knowledge. I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use protected health information in connection with the treatment, payment and health plan operations allowed for by HIPAA. I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, and that payments from my FSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to reimburse the Plan for any improper, erroneous or excess reimbursement amount that I do not resolve within the timeframe provided by the Plan. In accordance with §40.1-29(C) of the Code of Virginia, by enrolling in an FSA I specifically authorize the Commonwealth of Virginia to withhold from my paycheck on a post-tax basis such amounts as are necessary to replenish my FSA for any improper, erroneous or excess reimbursement.

Print Your Name _____
Sign Here _____ Date _____

Section 6: Agency Verification and Approval It is your responsibility to review and confirm this document to ensure that changes made are accurate.

Date Received _____ Date Keyed _____ Effective Date _____
Month/Day/Year Month/Day/Year Month/Day/Year
Print Contact Name _____ Phone _____ Agency/Group Number _____/_____
Employee ID or Social Security Number _____

02/2024 Eligibility and Enrollment Information For Employees Page 2

Submitting the paper enrollment form

- If you are physically submitting the form to Virginia Tech Human Resources, whether that be in-person or by interdepartmental mail, it must be received by **5 p.m. on May 30, 2025.**
- If you submit the form via the HR Secure Dropbox, it must be received and timestamped by **11:59 p.m. on May 30, 2025.**
- Forms emailed to the HR Service Center **will not be accepted.**
- These are hard deadline set by the Virginia's Office of Health Benefits and the Department of Human Resource Management. **NO EXCEPTIONS CAN BE MADE!**

2025-26 plan highlights and changes

- Medical premiums for all plans increase, except for Anthem COVA HDHP and TRICARE Voluntary Supplement.
 - Aetna COVA HealthAware "You Plus One" and "You Plus Two or More" premiums increase significantly.
- Flexible Spending Account (FSA) contribution maximum increases to \$3,300.
- If adding a dependent to coverage, dependent eligibility documentation is required within 30 days from the end of open enrollment.
- Sentara Health Plans (HMO) is reducing the intensive outpatient treatment copay to \$200 and is increasing the total number of visits per incident to five (5) under the Employee Assistance Plan.

Adding Dependents

- You are **required** to submit documentation supporting dependent eligibility whether you enroll through Cardinal or with the paper form.
- Submit documentation through the HR dropbox; button located on the HR homepage at hr.vt.edu.
- All documentation must be submitted within **30 days** from the end of the open enrollment.
- Health care coverage will not be effective until approved documentation is received.

Do not wait to submit enrollment requests. Documents can be accepted after May 30, 2025.

Enrollment requests cannot.

Supporting Documents

Dependents	Eligibility Definitions	Documentation Required
Spouse	<p>The marriage must be recognized as legal in the Commonwealth of Virginia.</p> <p>Note: Ex-spouses will not be eligible, even with a court order.</p>	<ul style="list-style-type: none"> • Photocopy of certified or registered marriage certificate, and • Photocopy of top portion of first page of employee's most recent federal tax return that showing dependent listed as "Spouse." <p>Note: All financial information and SSN can be redacted</p>
Natural or Adopted Son/Daughter	<p>A son or daughter may be covered to the end of the year in which he or she turns age 26.</p>	<ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee's name. <p>Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.</p>
Stepson/Stepdaughter	<p>A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.</p> <p>Note: Stepchildren are only eligible while their natural parent remains eligible.</p>	<ul style="list-style-type: none"> • Photocopy of birth certificate (or adoption agreement) showing the name of employee's spouse; and • Photocopy of marriage certificate showing employee and dependent parent's name; and • Photocopy of most recent federal tax return that shows dependent's parent listed as "Spouse." <p>Note: All financial information and SSN can be redacted.</p>
Other Male/Female Child	<p>An unmarried child in whom a court has ordered employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if:</p> <ul style="list-style-type: none"> • Principal place of residence is with the employee; • They are a member of the employee's household; • They receive over one-half of their support from the employee, and • Custody was awarded before the child's 18th birthday. 	<ul style="list-style-type: none"> • Photocopy of final court order granting permanent custody with presiding judge's signature.

See page 16 of the Spotlight on Your Benefits newsletter for more information

Health plan choices

Plan	Where Available
COVA Care (Administered by Anthem PPO)	Statewide and elsewhere
COVA HealthAware (Administered by Aetna PPO)	Statewide and elsewhere
COVA HDHP (Administered by Anthem HMO)	Statewide and elsewhere
Kaiser Permanente HMO	Regional, mostly in Northern Virginia
Sentara Health Plans HMO (formerly Optima Health)	Regional, Greater Hampton Roads and Eastern Shore
Tricare Supplement	Statewide and elsewhere for participants or spouses who are military retirees

Plan summaries are available on the HR website. Premiums for the 2025-26 plan year are in the Spotlight on Your Benefits newsletter.

Premium Rewards: Save on health premiums (for Anthem and Aetna plans)

- Employee and enrolled spouse can save \$17 (employee or spouse) or \$34 (employee and spouse) per month on insurance premiums (\$204 or \$408 annually)
- Simply complete or update your online health assessment with your plan provider.
- To earn the reward beginning July 1, 2025, complete your health assessment during open enrollment; reward will show up first on the July 16 paycheck.
- See instructions on Page 12 of this year's [Spotlight on Your Benefits](#) (PDF)

Note: Plan ahead for 2026-27 Premium Rewards changes.

Beginning July 1, 2026, a wellness exam component will be added to the requirements for the Premium Rewards incentive. Employees are encouraged to have a wellness exam this year to meet the new requirement. An annual/preventive wellness exam is \$0 cost to the member.

More on Health and Dependent Care FSAs

- Administered by Inspira Financial
- Health Care FSA
 - Set aside **up to \$3,300** per year, pre-tax, for eligible healthcare expenses; if max is pledged = \$137.50 per pay period
 - Front-loaded to the Inspira Financial MasterCard
- Dependent Care FSA
 - Set aside **up to \$5,000** per year, pre-tax, for eligible expenses for the care of eligible dependents; if max is pledged = \$208 per pay period
 - Builds upon payroll deductions
 - Pay out-of-pocket and file for reimbursement for each eligible service
- Members have from **July 1, 2025 – June 30, 2026** to incur eligible expenses for both accounts.
 - Reimbursement requests are due within **90 days** after plan year ends.
 - **Use it or lose it:** Any funds remaining at the end of the plan year or the last day of the month after an employee leaves university will be forfeited.

Employees must re-enroll each year for FSAs if they wish to continue the benefits.

Other benefits to consider during open enrollment

Expanded dental (administered by Delta Dental)

- Available under all COVA plans (COVA Care, COVA Health Aware, and COVA HDHP); there is a separate deductible dependent upon policy level.
- Covered Services:
 - \$2,000 per enrolled member per plan year for primary and complex services.
 - Primary dental care includes two periodontal maintenance visits per plan year along with other services
 - Complex restorative dental care includes in and on lays, crowns, full/partial dentures, fixed bridges, repairs
 - Orthodontic benefits offers a \$2,000 benefit for the life of the orthodontics for each covered dependent.

Expanded Vision (administered by Anthem or Aetna)

- Available to COVA Care and COVA HealthAware members.
- Once per plan year:
 - Include one basic eye exam each year and a percentage off of basic frames and lenses.
 - Vision benefits differ; contact healthinsurance@vt.edu or visit dhrm.virginia.gov for more information

Beyond medical: Take advantage of wellness benefits through health provider

- **Diabetes Prevention Program:** COVA Care and COVA HDHP (Anthem) members have access to digital health coaching to reduce the risk of type 2 diabetes at no cost.
- **Healthy Smile, Healthy You:** COVA Care and COVA HDHP (Anthem) and COVA HealthAware (Aetna) members can receive an additional dental benefit through this program; provides additional benefits for pregnancy, diabetes, and high-risk cardiac conditions.
- **Building Healthy Families (replaces Future Moms):** For COVA Care and COVA HDHP (Anthem); see page 11 of Spotlight on Your Benefits
- **Cancer Care Navigator:** COVA Care and COVA HDHP (Anthem); see page 11 of Spotlight on Your Benefits
- **Cancer Support:** COVA HealthAware (Aetna); see page 13 of Spotlight on Your Benefits
- **Preventative Rx Plus:** COVA Care and COVA HDHP (Anthem) and COVA HealthAware (Aetna) removes value-based incentive design; see page 14 of Spotlight on Your Benefits

This is only a partial list. Employees are encouraged to visit their health plan provider for information on all available wellness benefits. Often programs are available at no cost to the employee or offer discounted rates on medications, supplies, etc.

Employee Assistance Program (EAP)

- First 4 visits per incident are free; a copay will apply to additional visits
 - **Note:** Sentara will add a fifth visit per incident beginning July 1, 2025.
- For participants and dependents enrolled in health insurance
- Confidential resource for personal and workplace challenges
- Legal and financial guidance
- **Talkspace** can be used as an option for EAP visits for members over 13 years old.

Health Provider	EAP Contact Information	Password (if required)
COVA Care (Anthem)	855-223-9277 or www.AnthemEAP.com	Company Code: Commonwealth of Virginia
COVA HDHP (Anthem)	855-223-9277 or www.AnthemEAP.com	Company Code: Commonwealth of Virginia
COVA HealthAware (Aetna)	888-238-6232 or www.mylifevalues.com	Username & Password: COVA
Kaiser Permanente	Carelon Behavioral Health: 866-517-7042 or www.carelonwellbeing.com/ kaiser	N/A
Sentara Health Plans Vantage HMO	www.sentaraeap.com or 800-899-8174	User name: COVA

For more information

Visit the open enrollment page on the HR website

www.hr.vt.edu/benefits/health-insurance/open-enrollment

Come See Us!

Division of Human Resources

North End Center, Suite 2300 (0318)

300 Turner St. NW

Blacksburg, VA 24061

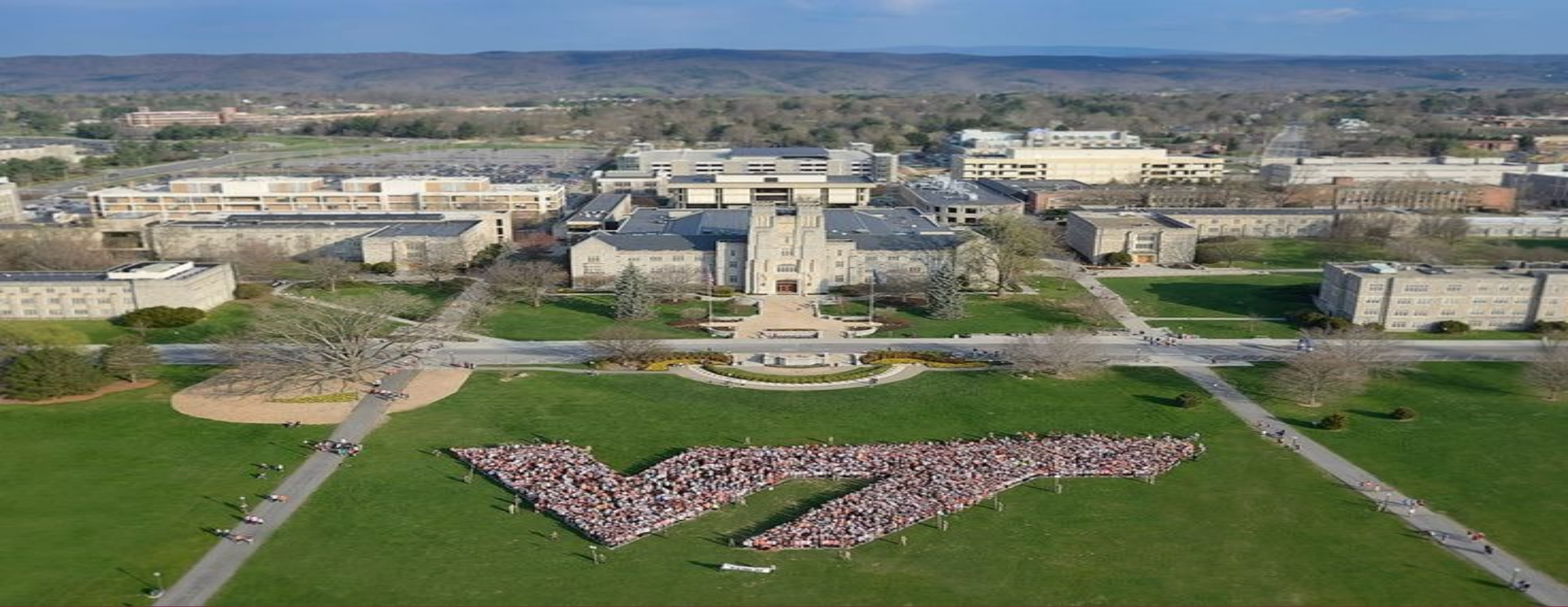
hr.vt.edu

HR Service Center

Phone: 540-231-9331

Fax: 540-231-6479

hrservicecenter@vt.edu



Questions?