

Open Enrollment Best Practices

Open enrollment is an annual window of time when employees are provided the option to enroll, waive, or change participation in their employer's benefit plan. An employer's benefit plan may consist of health, dental, vision, disability, and life insurance, plus a variety of other types of benefits. The period of open enrollment typically occurs several weeks before the health plan's renewal date and after the employer has reviewed and updated their benefits offering with their insurance professional.

Planning Stage

A successful open enrollment period requires strategic planning several months in advance of the open enrollment period. A key consideration for employers is to define what the company's goals and outcomes are for open enrollment. Here are a few questions to consider during the planning process:

Have we reviewed a census of all eligible?

- The [Affordable Care Act](#) (ACA) requirements, for applicable large employers, determine benefit eligibility based on [hours of service](#) if an employee is not classified as full time.
- Understanding employee age ranges may be useful in determining the proper variety of benefits.

Should we review claims data from prior years?

- Reviewing claims data may be useful if an employer is considering a self-funded benefits strategy.

Has an employee survey been conducted to determine the employees' levels of satisfaction with what has been offered in the past?

- Employees place a high value on an employer's benefits package. Seeking employee input on future offerings and feedback on past offerings may provide valuable insight to employers when selecting which plans to replace, remove, or add.

Have we reviewed employee participation metrics for all plans offered?

- The insurance professional or carrier may be able to provide a report outlining which benefits received the greatest and least enrollment.

Is there a need for greater participation in any of the benefit options?

- Some insurance carriers require certain percentages of participation to avoid the risk of losing access to a benefit. The insurance professional may be able to provide information regarding participation requirements.

Are we providing enough education to help employees understand what is offered?

- Employees should feel confident they are making the best decisions when selecting benefits that suit their needs.

Have we coordinated an open enrollment event or meeting with our insurance professional?

- A great resource for assisting employees with questions about coverage is the insurance professional. Many insurance professionals prefer to be present and assist with open enrollment meetings.

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Are we providing advance communications to prepare employees for open enrollment?

- Providing ample communication to employees in advance allows them time to consider their needs and discuss them with others in their household.
- Communicating the open enrollment start and end dates may assist in avoiding late enrollments.

Are we prepared to provide all [required notices](#) and documents during open enrollment?

- Aside from traditional open enrollment materials, various governmental agencies require certain notices to be distributed to employees during open enrollment.

Are we equipped to administer open enrollment suitable for remote, on-site employees or a hybrid model?

- Some employers continue to have remote and hybrid workplaces requiring additional technology systems and support for employees.

Do we have resources to support employees with online enrollment technology?

- During the open enrollment process, employers that utilize a benefits enrollment platform may seek support from the vendor to assist with technology issues and questions. Providing contact information for these resources may result in fewer questions asked of the employer, allowing employees to consult directly with the vendor.

Do we have the documents needed for paper enrollments and [waivers](#) of coverage?

- Some employees may not have access to a computer to perform online enrollment and will require paper documents. Employers may consider having open enrollment packets prepared in advance.

Having a well-thought-out and organized open enrollment planning session may provide a more successful open enrollment period.

Pre-Open Enrollment Activities

Once the planning stage is complete, establishing a timeline of pre-open enrollment steps may be beneficial. The following timeline may be beneficial when planning a 30-day open enrollment period:

Approximately four months prior to the plan renewal date:

- Prepare an employee census, including employee demographics, age, and tobacco usage.
- Provide the census to your insurance professional for review, recommendations, and proposal requests. A summarization of an employee survey may assist the insurance professional in making recommendations.

Approximately three months prior to the plan renewal date:

- Meet with your insurance professional to discuss their recommendations, pricing, and options for other supportive tools and resources. Finalizing the benefits package may take one week or several weeks.

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Approximately two months prior to the plan renewal date:

- Once the benefits package has been finalized, begin sending communications to employees, including timelines and expectations. Prior to open enrollment, consider multiple communications to highlight different benefits in separate messages to avoid confusion or overwhelm.
- Send invitations for any planned open enrollment meetings.
- Coordinate meetings with other vendors providing services during open enrollment.
- Prepare open enrollment materials, including all required documents and notices. Your insurance professional may be able to provide educational materials and instructional documents.

Approximately six weeks prior to the start of the open enrollment window:

- Send an open enrollment reminder to employees. Provide the dates and times of planned meetings, the start date, and the end date of open enrollment. Include descriptive information before and during open enrollment making employees aware they will not be able to enroll later unless they experience a qualifying event.

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Despite an employer's planning efforts, expect employees to have questions and confusion during open enrollment. Some best practices and options to consider are as follows:

Provide all required notices and documents and retain proof of distribution.

Clearly communicate major benefit changes.

Show the total cost of benefits along with what the employee would be expected to contribute.

Have the contact information prepared and readily available for internal and external resources to provide to employees.

Require employees who are not enrolling in any offered coverage to sign a [waiver](#) either electronically through an enrollment platform or on paper.

When providing required notices to employees electronically, collect signed [consent forms](#) in advance.

Provide an opportunity for one-on-one meetings with employees.

Consider an employee survey to capture feedback regarding the open enrollment process.

Open Enrollment Results

When open enrollment ends, the efforts made before it began should provide the following results:

Employees were prepared for open enrollment.

Employees felt educated about the benefits offered, whether dependents could be enrolled, and the cost for each benefit available.

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Employees were provided with internal and external contact information and resources to support their enrollment process.

Open enrollment was successfully completed within the designated timeline.

All enrollments and waivers of coverage were recorded and retained.

A defined and strategic plan may help create an engaging and successful open enrollment season for employers and employees.

Additional Resources

[Timeline of Benefit Notices for Group Health Plans](#)

[ERISA: An Introduction](#)

[ERISA: Electronic Distribution of Health Plan Notices](#)

[Cafeteria Plans: An Introduction](#)