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Plan Sponsor Guide

The Benefits Communication Kit

Nine ready-to-send employee emails, one per benefit, each timed to the window when the employee can still act, with follow-ups, alternate subject lines, and text versions.

Prepared by First Hill Trust

Why This Kit Matters

01

Why this kit matters

- Most benefits communication is scheduled by topic, and a message scheduled by topic can arrive after the employee can do anything about it.
- **Each email in this kit is timed to the window when the employee can still act, and each includes a follow-up, because the first send only reaches the employees who read email that day.**

A health FSA reminder sent in mid-December reaches someone who has two weeks left and no available appointments. The same message in early fall reaches someone who can still book one. Every template that follows applies that timing, so the work left for you is filling in the details of your plan.

Every [bracket] is a detail from your plan: a date, a site, a phone number, a dollar figure. Fill in all of them before sending, and use the alternate subject line the second year so the message does not arrive looking identical to last year's.

The templates describe a typical plan. Yours governs. Where a template makes a claim about coverage, a note below it says what to confirm against your plan document or vendor before sending. Timing marked (recommended) is practical judgment about how much notice an employee needs; adjust it to your workforce.

The Timing Map

02

When each message and its follow-up go out. The templates appear in this order on the pages that follow.

Benefit	First send	Follow-up
Preventive care	Within 2 to 4 weeks after the deductible reset (recommended)	8 to 10 weeks after the first send (recommended)
Health FSA spend-down	10 to 12 weeks before the FSA deadline (recommended)	4 weeks before the deadline (recommended)
Health FSA last call	2 weeks before the FSA deadline (recommended)	None. This is the final touch
Dependent care FSA	4 to 6 weeks before the school year (recommended)	First week of school (recommended)
Life event changes	To everyone once mid-year (recommended)	Onboarding version in every new-hire packet
Retirement contributions	At least one payroll cycle before the cutoff (recommended)	One week before the cutoff (recommended)
Telehealth	4 to 6 weeks before cold and flu season (recommended)	At the start of peak season (recommended)
Employee assistance program	To everyone once mid-year (recommended)	Return-from-leave version in return-to-work packets
Open enrollment	4 to 6 weeks before the window opens (recommended)	One week before the window closes (recommended)
Summary plan description	Within 90 days of an employee becoming a participant (rule)	None
Summary of benefits and coverage	At least 30 days before the new plan year where renewal is automatic, or with enrollment materials where an active election is required (rule)	None

Template 1: Preventive Care

03

When to send: within 2 to 4 weeks after the deductible reset.

Subject lines. Main: “Your annual checkup costs you $0” Alternate: “Your deductible reset. Your free checkup did not.”

Your deductible reset on [date]. Preventive care does not wait for it. Routine screenings, immunizations, and your annual wellness visit are covered at no cost to you, even though your deductible starts over.

No copay at the visit, and nothing counts against your deductible first. That applies to [carrier]’s full preventive list, including [two or three examples relevant to your workforce: blood pressure and cholesterol screening, routine vaccines, well-woman and well-child visits].

Booking now means the visit happens on your schedule. Find an in-network provider at [carrier site] or call [carrier number], and bring your member ID.

One more thing worth knowing: if you ever receive a bill for a preventive visit, call [carrier number] before paying it and ask whether the visit was coded as preventive.

Follow-up, send 8 to 10 weeks later. If you have not booked your annual visit yet, it is still covered at no cost, and half the year is still open to use it. Book at [carrier site] or call [carrier number].

Before sending. Confirm your plan covers preventive services at no cost sharing. Nearly all plans do; grandfathered plans may not.

Template 2: Health FSA Spend-Down

04

When to send: 10 to 12 weeks before the FSA deadline.

Subject lines. Main: “You have FSA money to use by [deadline]” Alternate: “That FSA balance does not roll over. Here is how to use it”

If you set aside money in your health FSA this year, it has to be used by [deadline, including any grace period]. Whatever is left after that date is forfeited. It does not carry over, and it does not come back in your paycheck.

Checking takes one minute: log in at [administrator site] and look at your balance.

If there is money there, it covers more than you might think: dental cleanings and fillings, eye exams, glasses and contacts, prescription refills, chiropractic visits, and hundreds of everyday items like first aid supplies and sunscreen at [FSA store site]. An appointment booked now still happens comfortably before the deadline.

Questions about whether something qualifies: [HR contact].

Follow-up, send 4 weeks before the deadline. Quick reminder: health FSA balances must be used by [deadline]. If you have an appointment to book, calendars fill up in December, so this week is the time. Check your balance at [administrator site].

Text version. Your health FSA balance expires [deadline]. Check it and spend it: [short link]

Before sending. Fill in the real deadline, including any grace period or carryover your plan allows. Those terms come from your plan document.

Template 3: Health FSA Last Call

05

When to send: 2 weeks before the FSA deadline.

Subject lines. Main: “Last call on your FSA balance” Alternate: “[Number] days left to use your FSA money”

Final reminder: your health FSA balance must be used by [deadline]. Money left after that date is forfeited.

Check what is left in one minute at [administrator site]. Even now, online orders of eligible items count, so a remaining balance can be spent this week without an appointment: [FSA store site].

Claims for eligible expenses you already paid out of pocket this year can also still be submitted. File them at [administrator site] before [claims deadline, if your plan sets one after the plan year ends].

Text version. Your FSA balance expires [deadline]. Check and spend: [short link]

Before sending. If a grace period moves your deadline past December 31, shift this send to 2 weeks before your actual deadline, and fill in the claims-filing deadline from your plan document.

Template 4: Dependent Care FSA

06

When to send: 4 to 6 weeks before the school year starts.

Subject lines. Main: “Back-to-school costs your dependent care FSA can cover” Alternate: “Paying for after-school care? Use pre-tax money”

Before-school and after-school programs, day camps, and preschool can all be paid through your dependent care FSA with pre-tax dollars, which lowers what the same care costs you.

If your fall care arrangements are changing, two things are worth a minute: check your balance and year-to-date spending at [administrator site], and keep receipts from your providers, since claims need the provider’s name and tax ID.

If the cost of your care is changing significantly, a change in your child’s care arrangements may also allow you to adjust your election mid-year. Ask [HR contact] before assuming either way.

Follow-up, send the first week of school. Reminder: school-year care costs can run through your dependent care FSA. Submit claims with provider receipts at [administrator site].

Before sending. Confirm against your plan document which care changes allow a mid-year election change before this goes out.

Template 5: Life Events

07

When to send: to everyone once mid-year, and the onboarding version in every new-hire packet.

Subject lines. Main: “Getting married? New baby? Your benefits can change before enrollment” Alternate: “Big life change? You may not have to wait for open enrollment”

Certain life events, like a marriage, a divorce, a new child, or a spouse gaining or losing coverage, let you change your benefits outside of open enrollment.

There is a deadline: you have [number of days] from the date of the event to make the change. Miss the window and your next chance is open enrollment, even if your costs or coverage no longer fit your situation.

What you can change has to match the event. Adding a new baby to your medical plan matches. The rules for other changes vary, so ask instead of assuming.

If something has changed or is about to, contact [HR contact] now, even if you are not sure it qualifies. Asking costs nothing. Missing the window can cost a year.

Onboarding version, for every new-hire packet. Your benefits elections are not locked until next enrollment if life changes first. Marriage, a new child, a spouse’s job change: each can open a short window to adjust your coverage. The window is [number of days] from the event, so when something changes, tell [HR contact] right away.

Before sending. Fill in the change window from your plan document. The number of days is set by your plan, not by a standard federal rule, and your plan decides which events qualify.

Template 6: Retirement Contributions

08

When to send: at least one payroll cycle before the election cutoff.

Subject lines. Main: “Want more in your 401(k)? Change it by [cutoff date]” Alternate: “Your next paycheck could send more to your 401(k)”

You can change your contribution rate at any time, not just at enrollment. Changes made by [cutoff date] take effect with the [pay date] paycheck.

The change takes about two minutes at [recordkeeper site]: log in, go to [menu path], and set the new percentage.

Even a one percent increase adds up, and if [Company] matches contributions, raising your rate up to [match threshold] means more matching money in your account too.

Follow-up, send one week before the cutoff. Reminder: contribution changes made by [cutoff date] land in the [pay date] paycheck. Two minutes at [recordkeeper site].

Text version. 401(k) rate changes made by [date] hit your [pay date] check: [short link]

Before sending. Confirm your plan permits contribution changes at any time, and match the matching-contribution sentence to your plan’s actual match formula, or delete it if there is no match.

Template 7: Telehealth

09

When to send: 4 to 6 weeks before cold and flu season.

Subject lines. Main: “See a doctor tonight without leaving home” Alternate: “The doctor visit that does not need a waiting room”

Your telehealth benefit gets you a visit with a doctor by phone or video, usually within minutes, at [cost under your plan]. It covers the situations that usually mean an urgent care trip: colds and flu, sinus and ear infections, rashes, pink eye, and prescriptions for them.

Set up your account now at [telehealth site], before anyone in your house is sick. Registration asks for [member ID and basic health history], and doing it while healthy takes five minutes.

Family members on your plan are covered too. Add them to the account when you register, so a sick kid at midnight is a phone call, not a drive.

Follow-up, send at the start of peak season. It is cold and flu season. Before urgent care, remember [telehealth vendor]: a doctor by phone or video at [cost], usually within minutes. [telehealth site]

Before sending. Confirm the covered conditions, the visit cost, and dependent coverage with your telehealth vendor.

Template 8: Employee Assistance Program

When to send: to everyone once mid-year, and the return-from-leave version in return-to-work packets.

Subject lines. Main: “[Number] free counseling sessions, and nobody at work knows you used them” Alternate: “Free, confidential help, no signup needed”

Your employee assistance program includes [number] free counseling sessions per year, for you and for everyone in your household.

It goes past counseling: [EAP vendor] also helps with legal questions, financial questions, and finding childcare or eldercare, at no cost for the initial consultations.

It is confidential. [Company] pays for the program but never sees who used it. There is no signup in advance and no approval needed: call [EAP number] or start at [EAP site] the moment it would help.

Return-from-leave version, for return-to-work packets. Coming back after time away can be its own adjustment. Your EAP includes [number] free, confidential counseling sessions, and no one at [Company] sees who uses them. [EAP number], any time.

Before sending. Confirm the session count, household eligibility, and confidentiality terms with your EAP vendor, and match the wording to what the vendor states.

Template 9: Open Enrollment Announcement

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When to send: 4 to 6 weeks before the enrollment window opens.

Subject lines. Main: “Open enrollment runs [date] to [date]. Here is what is changing” Alternate: “Your benefits choices for [plan year] open on [date]”

Open enrollment for [plan year] runs [open date] through [close date]. This is the one window each year to change plans, add or drop dependents, and set your FSA elections.

What is changing this year: [two or three plan changes, stated plainly, with what each means in dollars where you can].

What happens if you do nothing: [the default action under your plan]. If you have an FSA, doing nothing usually means [your plan’s FSA default: re-enrollment at the same amount, or a $0 election], so check even if you are keeping everything else.

Materials arrive [date and channel], and [session details] if you want to walk through your options with someone. Elections are final on [close date].

Follow-up, send one week before the window closes. Open enrollment closes [close date]. If you have not made your elections, log in at [enrollment site] this week. After [close date], changes wait a year unless a qualifying life event opens a window.

Text version. Open enrollment closes [close date]. Make your elections: [short link]

Before sending. Confirm whether your plan’s FSA elections carry over or reset to zero when an employee takes no action, and fill in the default accordingly.

Your Plan Dates

Every bracket in the templates traces back to one of these. Fill them in once and the whole kit is ready.

Your plan date	Enter yours	Where it comes from
Plan year start		**Plan document**
Deductible reset, if different		**Medical plan documents**
Open enrollment opens		**Your enrollment schedule**
Open enrollment closes		**Your enrollment schedule**
Payroll election processing cutoff		**Payroll provider**
Health FSA deadline, including any grace period or carryover		**FSA plan document**
Claims-filing deadline after the plan year, if your plan sets one		**FSA plan document**
Life event change window		**Plan document**

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Schedule a Brief Review

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