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HR & Benefits Resources Series

The Open Enrollment Meeting Kit

Everything you need to run the meeting: a minute-by-minute agenda, the questions to send your broker and carriers two weeks out, a notice delivery log, and two handouts for employees.

Why this matters

An enrollment meeting has one job: send people out able to decide and act. Four facts get them there. What changed, what it costs per paycheck, what they have to do, and by when. Everything else in the renewal packet is reference material employees can look up later. This kit puts those four in the order employees decide in and keeps the notice deadlines on the same page so the ones that fall outside enrollment season do not get missed.

Plan year:

Meeting date:

Completed by:

The Meeting Agenda

A minute-by-minute run of the 45-minute session, with what to say at each stop and who owns it.

01

Questions to Send Your Broker and Carriers

Send these two weeks before the meeting. Everything on your slides depends on the answers.

02

The Notice Delivery Log

One row per notice. Fill in your own dates, record what went out, and keep it with your plan records.

03

Employee Handout: Do You Need to Change Anything?

Send with the meeting invite. Six yes-or-no questions that take two minutes and need nothing looked up.

04

Employee Handout: After You Enroll

Send the day enrollment closes. Seven checks that catch errors before they cost anyone money.

05

Thirty minutes of presented content, fifteen for questions. The order matters more than the timing. If you run short, cut from items 2 and 4 rather than from item 5.

45-minute run of show			
Time	Item	What to cover	Who owns it
0:00–0:02	Dates and deadline	The dates the portal opens and closes, the last day to submit elections, and the date new coverage starts. First two minutes, not the last two.	HR
0:02–0:07	What changed	New and discontinued options, deductible and out-of-pocket maximum moves, network changes, formulary changes. If a plan is unchanged, say so and move on.	Broker
0:07–0:12	Cost per paycheck	Per-paycheck dollars by coverage tier. Not the annual premium and not the employer's total cost. This is the number employees will check against their first pay stub.	HR
0:12–0:14	Where the documents live	Name each one and say exactly where: SBC for every option, summary plan description, provider directory, drug formulary, enrollment portal.	HR
0:14–0:23	The expensive choices	The two or three decisions where picking wrong costs the employee the most. Teach each through a situation rather than a definition.	Broker + HR
0:23–0:25	If you do nothing	Which elections roll over and which do not. A health FSA election has to be made again each plan year. If nothing rolls over, say exactly what coverage is lost.	HR
0:25–0:28	If your life changes mid-year	Which events open an election window under your plan, how many days employees have, and who to contact. Repeat it in writing.	HR
0:28–0:30	After you submit	Hand out Section 05 and walk the top two lines: check the confirmation statement, then check the first pay stub against tonight's number.	HR
0:30–0:45	Questions	The only thing this meeting offers that an email does not. Protect it by cutting what you present.	Broker + HR

Two rules across every item. Spell out every acronym the first time you use it, and never answer a network or coverage question from memory in a live room — a confident wrong answer spreads before you can correct it. One thing to check before you build the slides: your HR system, payroll and carrier records have to agree on who is enrolled in what, because that is where your per-paycheck figures come from.

Questions to Send Your Broker and Carriers

Send these two weeks before the meeting. Every number on your slides depends on the answers. Write them in the right-hand column and bring this page into the room.

For your broker or consultant	
Which plans changed this renewal, and what changed on each? List every deductible, out-of-pocket maximum, copay and coinsurance move.	
What is the per-paycheck deduction for every plan and every coverage tier, at our contribution strategy and our payroll frequency?	
Which providers or provider groups left the network since our last renewal? Which of them do our employees actually use?	
Which drugs moved to a higher tier or came off the formulary?	
Which of the two or three choices in our program carry the largest cost difference for an employee who picks wrong?	
Which required notices come due before our enrollment window closes, and which fall outside it?	
Who from your team is presenting, and what are they prepared to answer live rather than follow up on?	

For each carrier	
As of what date is the online provider directory current, and how often is it refreshed?	
What is the effective date of the formulary you have given us, and will it change before our plan year starts?	
When do ID cards mail, and is a digital card available in the app before the printed one arrives?	
Who do we escalate to during our enrollment window, and what is the response time?	
What claims summary can an employee pull showing last year's out-of-pocket spending?	

The Notice Delivery Log

Each notice runs on its own deadline. Bundling them into the enrollment mailing works as long as that mailing lands before every deadline in the bundle, and at least one may not wait for your enrollment window.

One row per notice · keep with your plan records				
Notice	When it is due	Our date	Date sent	Sent by
Summary of Benefits and Coverage	With the enrollment materials on active election. 30 days before the plan year starts if renewal is automatic. Within 7 business days of a request.			
Medicare Part D creditable coverage notice	Annually before October 15. Tied to Medicare's election period, so the date holds regardless of when your plan year begins.			
Children's Health Insurance Program notice	Annual, for employees living in states that offer premium assistance. No fixed date.			
Women's Health and Cancer Rights Act notice	Plans covering mastectomy benefits. Two deliveries: one at enrollment, one every year afterward.			
Summary plan description	Within 90 days after an employee becomes a participant.			
HIPAA special enrollment rights notice	At or before an employee's first opportunity to enroll.			
Summary of material modifications	Within 210 days after the close of the plan year the change was adopted in. 60 days after adoption for a change that materially reduces covered benefits.			

Filling in the Our date column. The middle column states the rule. Your own date depends on your plan year and your carrier's schedule, so get it from your broker or benefits counsel and write it in once.

Do You Need to Change Anything?

Note for HR: fill in the top box from your benefits system before sending.

Most people keep the same coverage every year, and usually that is right. **Answered no to all six?** Confirm your current elections during the window so nothing lapses. **Answered yes to any?** Bring this page to the meeting and ask about the item on the right.

What you have right now · completed by HR before sending		
Coverage	Plan you are enrolled in	Cost per paycheck
Medical		
Dental and vision		
HSA or FSA election		
Who is covered		

	Since last year, has any of this happened?	If yes, here is what to look at
	Someone joined or left your household — a marriage, a birth, an adoption, a divorce, or a child turning 26.	Who is covered, and your medical plan tier. This may also have opened a window earlier in the year — if you missed it, tell HR.
	You or someone you cover started seeing a new doctor, or a doctor's office told you they were leaving the network.	Whether that doctor is in network under each plan option. Your employer sent a link to the provider directory.
	Someone in your household started a new prescription, or a pharmacy told you a drug went up in price.	The drug formulary for each plan option. A plan change can move a drug to a higher cost tier, and that never shows up in the premium.
	You have a surgery, a pregnancy, or ongoing treatment coming in the next year.	The plan with the lower deductible, even if it costs more per paycheck.
	You hit your deductible last year, or you were surprised by a bill.	Whether you are in the right plan. Cheaper per paycheck is not always cheaper overall.
	You have money left in a flexible spending account, or you never set one up.	Your election amount for next year. An FSA election does not carry over on its own.

After You Enroll

Note for HR: send this the day the enrollment window closes, and again with the first payroll of the new plan year.

Your elections are in. Seven things to check over the next few weeks, before a mistake costs you money at a pharmacy counter or on a pay stub.

Seven checks after enrollment closes			
✓	Check	Why it matters	By when
	Read the confirmation statement	Compare it line by line against what you meant to elect. This is the easiest error to fix.	Within a week
	Check your first pay stub	Should match the per-paycheck figure from the meeting. If not, tell HR before the second paycheck.	First payroll of the new plan year
	Confirm your ID cards arrived	Medical, dental, vision and prescription. A digital card in the carrier app may serve in place of the mailed one.	Before your first appointment
	Finish anything still open	Dependent verification, a beneficiary designation, or a signature the portal missed. Coverage can be lost over an unfinished step.	Immediately
	Set up the carrier portal and app	Do it at your kitchen table, not in a waiting room at eight in the morning.	Before you need it
	Check your beneficiaries and Medicare	Confirm the beneficiaries on your life insurance and retirement plan are still right. Tell HR if anyone now has Medicare.	Thirty seconds
	Re-check doctors and prescriptions	Run your lists against the plan you actually chose. Then book preventive visits early, before the calendar fills.	First month of the plan year

If your life changes mid-year. Certain events open a window to change your elections mid-year — a marriage, a birth, an adoption, or losing other coverage. The window is short and starts on the date of the event.

If something changes, contact:

HR completes this line before sending: name, email and phone.

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