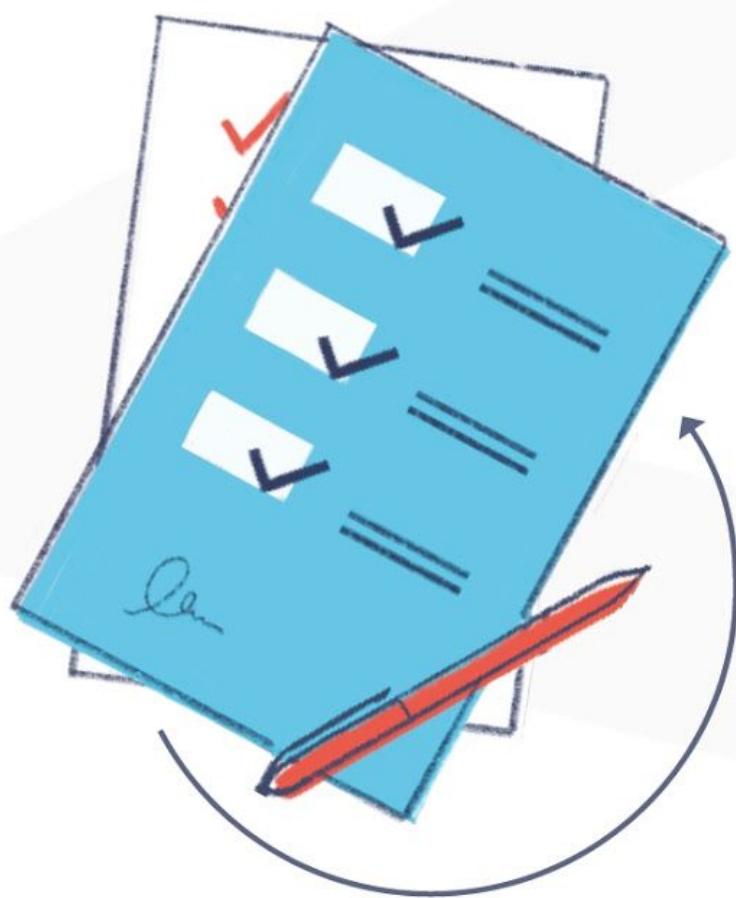


The Ultimate Open Enrollment Checklist



The Ultimate Open Enrollment Checklist

Use this checklist template as a handy guide to ensure you've covered the bases of everything you, your broker, and your employees will need to know as you approach dates and deadlines for Open Enrollment (OE).

The to-do list works like a workback schedule, starting 90 days before your open enrollment period and ending when coverage begins. **Feel free to customize, edit, and adapt this template to your unique business needs.**

Here's a quick chart to help:

WHEN YOUR OPEN ENROLLMENT PERIOD STARTS	90 DAYS OUT
October 1, 2020	July 1, 2020
November 1, 2020	August 1, 2020
December 1, 2020	September 1, 2020

CONTENTS:

- Employer OE Checklist
- Employee OE Checklist
- Terminology
- FAQs

80-90 DAYS BEFORE

YOUR DATE:

Create a plan and establish goals for open enrollment

This is when you look back at your year, and determine the changes you'd like to see as a company to your benefits.

- ☐ Identify the number of employees eligible for benefits.
- ☐ Align company goals with broker and administrator for the renewal period, with the help of these questions:
 - ☐ Are you and your employees happy with the current carrier and their provider network?
 - ☐ Are you and your employees satisfied with your current benefits structure?
 - ☐ Do you anticipate business changes that may impact your financial situation with respect to Benefits allocation?
 - ☐ Has there been any major change in your workforce? (e.g., New out of state offices or employees, change of company name, merger, etc.)
- ☐ Check [benchmarking data](#) for companies of similar size and in similar locations.
- ☐ Determine Federal vs State COBRA needs [Learn more](#).
- ☐ Confirm who will serve as point of contact for employees' benefits questions.
- ☐ Provide an open enrollment schedule to staff.

Zenefits customers can fast track the above items and more by using these tools:

- *Benefits Quoting Census* to identify number of eligible employees.
[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)
- *Diversity Report* to understand salary ranges by age, gender, and race.
[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)
- *Configure your COBRA Classifications*
[LEARN MORE](#)
- *Employee Benchmarking Review* (available to Zenefits HR Advisory customers)
[LEARN MORE](#)
- *Additional Premade Reports* to view benefit enrollments, costs and more.
[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)
- *Employee Engagement Surveys* to analyze employee benefits satisfaction and more.
[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)

Helpful tools for everyone:

- *What to Know About Open Enrollment*
[LEARN MORE](#)

60-80 DAYS BEFORE	YOUR DATE:
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Review broker package rates

This is when you shop plans, determine pricing, and finalize your company budget line items for benefits:

- ☐ Review renewal packages with your broker.
- ☐ Follow up with your broker as they gather quotes from current and alternative carriers.
- ☐ Check with your broker to ensure plan options meet ACA requirements and are compliant with state and local ordinances.
- ☐ Review usage rates, costs, and availability of additional perks or programs you will offer throughout the enrollment period, such as wellness programs, commuter benefits, FSA, HSA, etc.

Zenefits customers can fast track the above items and more by using these tools:

- *Compliance Assistant* to ensure plans are compliant with state & local ordinances, and ACA.

[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)

- *EDI Eligibility* and considerations.

[LEARN MORE](#)

- *Premade Reports* to view benefit enrollments, costs and more.

[LEARN MORE](#) OR [VIEW INSIDE ZENEFITS](#)

- *Documents App* to curate upcoming benefit documentation.

[VIEW INSIDE ZENEFITS](#)

- *Wellness Program* now included inside Zenefits (for Zen customers)

[LEARN MORE](#)

Helpful tools for everyone:

- *2021 HSA Contribution Limits*

[LEARN MORE](#)

50-60 DAYS BEFORE	YOUR DATE:
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Finalize plan selections for the upcoming year

This is where the HR admin and other decision makers determine the company approved plans that will be rolled out for the following year's coverage.

- ❑ Coordinate time with decision makers to review plan options for the upcoming year, as prepared by your broker.
- ❑ Finalize and plan selections for the upcoming year and confirm with your broker.
- ❑ Coordinate with your broker to provide educational resources to employees during open enrollment including; FAQ and glossary, open enrollment booklet, etc. to help your staff firmly understand the nuances of each plan.

Zenefits customers can fast track the above items and more by using these tools:

→ *Build plans in Zenefits via Start Renewal*

[VIEW INSIDE ZENEFITS](#)

NOTE: In order to build a renewal, the [Benefit Administrator permissions](#) must include 'Edit employee and company benefits data and manage benefits renewals'

Helpful tools for everyone:

→ *Cheat sheet to terminology and popular health plans*

[LEARN MORE](#)

40-50 DAYS BEFORE	YOUR DATE:
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Prepare for open enrollment

This is when an HR manager focuses on communication and education of the open enrollment dates and plan options with staff.

- ☐ Update company calendar with important open enrollment dates and deadlines
- ☐ Work with broker to create and distribute summaries of plan options
- ☐ Schedule open enrollment meetings to review dates for open enrollment, plan and cost changes
- ☐ Announce new perks or programs (ie: wellness programs, commuter benefits, etc.)

Craving an easier way?

- Zenefits' mobile solution allows HR directors an easy mobile enrollment process.
 - Download the app
 - See plan details
 - Enroll directly from your phone

[TAKE A TOUR OF THE MOBILE APP](#)

Helpful tools for everyone:

- Prep your communications with OE announcement email template

[LEARN MORE](#)

30-45 DAYS BEFORE	YOUR DATE:
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Open enrollment is live!

This is when HR professionals must ensure employees have selected plans before the deadline date.

We recommend staying in constant communication to help ensure all employees elect or decline coverage.

- ☐ Employees make their selections
- ☐ Send reminders to staff that enrollment is starting
- ☐ Provide office hours or shared resources to continue to help answer questions

Zenefits customers can fast track the above items and more by using these tools:

- *Zenefits' Benefits Administration app* allows you to send open enrollment email reminders with a single click.

[LEARN MORE](#)

- *Zenefits' People Hub* gives you a central area to communicate all your open enrollment updates and provide employees with the tasks they need to complete.

[LEARN MORE](#)

- *The Employee Open Enrollment Process* – article with video

[LEARN MORE](#)

Helpful tools for everyone:

- *OE in 60 seconds | Employee Enrollment Review*

[WATCH VIDEO](#)

- *Zenefits Overview: New World of Work!*

[LEARN MORE](#)

30 DAYS BEFORE	YOUR DATE:
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Submit group and employee changes to insurance carriers

This is when, once you have all employee benefits selections, you work with your broker for final approval.

- ☐ Submit the group application and employee plan selections to the insurance carrier.
- ☐ Continue to follow up until approved

Zenefits customers can fast track the above items and more by using these tools:

- Group application accessible via Fulfillment after OE end-date

[LEARN MORE](#)

COVERAGE IS EFFECTIVE!	YOUR DATE:
------------------------	------------

Coverage begins

Congrats! This is when your new benefits coverage begins for employees. Changes to rates and plans will occur at this time.

- ☐ Update employee handbook with most recent information and summaries
- ☐ Check that all employees received ID cards
- ☐ Verify deductions are confirmed in the payroll system for employees
- ☐ Provide contact info for employees for questions and needs

Pro Tip

It can be quite daunting to collect and store the above information in an organized and compliant fashion. Learn how Zenefits' all-in-one People Platform [collects, stores and manages](#) all HR related information so you can get back to doing the work that you love.

Zenefits customers can fast track the above items and more by using these tools:

- Update employee handbook

[LEARN MORE](#)

- Verify deductions

[LEARN MORE](#)

Helpful tools for everyone:

- Employee Handbook builder

[LEARN MORE](#)

EMPLOYEE CHECKLIST

60-80 DAYS BEFORE	YOUR DATE:
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Research prior spend needs

- ☐ Review previous year's medical, dental and vision expenses
- ☐ Identify doctor(s), prescriptions, and other required expenses for the next year
- ☐ Examine previous year's FSA and HSA spending and forecast next year's expense
- ☐ Select which family members will be on your employer-sponsored plan

45-50 DAYS BEFORE	YOUR DATE:
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Company roll-out and communication

- ☐ Create a list of questions to review with your employer or HR administrator
- ☐ Attend company learning session on changes to benefits or added benefits
- ☐ Review company-provided materials, brochures and benefits
- ☐ Add important dates and deadlines to personal calendar
- ☐ Identify which plans align best to your required doctor(s) and expenses
- ☐ Review changes to HSA, FSA caps, co-pays, premiums and deductibles
- ☐ Discuss plan options with partner/spouse if applicable

45-50 DAYS BEFORE	YOUR DATE:
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Selection period is: _____. You must enroll or decline by: _____.

- ☐ Select & enroll in your medical, dental and vision plans (can be done via mobile if using Zenefits)
- ☐ Choose your FSA or HSA contribution amounts
- ☐ Enroll in additional perks programs based on anticipated usage

AFTER EFFECTIVE DATE	YOUR DATE:
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ID cards received

- ☐ Ensure you received ID cards for applicable medical, dental and vision plans

AFTER FIRST PAYCHECK	YOUR DATE:
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Review for accuracy

- ☐ Review paycheck and ensure contribution amounts are accurate

TERMINOLOGY FOR ADMIN AND EMPLOYEE

Premium

The amount of money an individual must pay on a monthly basis for health insurance.

Effective Date

The date that an employee's coverage is officially active. As of the effective date of coverage, the employee can receive services and the insurance carrier will pay out the benefit. [READ MORE](#)

Contribution Scheme

The structure that a company has in place to pay for a portion of an employee's health insurance premiums.

[READ MORE](#)

Preferred Provider Organization (PPO)

A type of medical insurance plan with nationwide coverage and no requirement for a Primary Care Physician.

[READ MORE](#)

Health Maintenance Organization (HMO)

A type of medical insurance plan with regulated care that is available to only employees living within its designated (geographical) area.

[READ MORE](#)

Exclusive Provider Organization (EPO)

This is a medical insurance plan that combines elements of an HMO and a PPO plan. It does not require a PCP (like a PPO), but there is no out-of-network coverage (like an HMO).

[READ MORE](#)

Point of Service (POS)

A POS is a type of health insurance plan that a company can offer their employees. It combines elements of an HMO and a PPO in the opposite way that an EPO does.

[READ MORE](#)

High-Deductible Health Plan (HDHP)

A medical insurance plan with a high deductible (over \$1,350 for individuals / \$2,700 for Family as of 2018). HDHPs may be compatible with Health Savings Accounts (HSA).

[READ MORE](#)

Primary Care Physician (PCP)

The designated provider that acts as a gatekeeper for all the enrollee's services and referrals.

[READ MORE](#)

For more information and terminology, check out our help page on [navigating the summary of benefits and coverage](#).

FREQUENTLY ASKED EMPLOYEE QUESTIONS

Edit and share with your employees

Do I need to go through open enrollment if I just want to renew my plans? Can you do it for me?

- We recommend that employers take their annual open enrollment period to make necessary adjustments to their employee benefits. Benefit information changes from year-to-year, and may require a change to your company's benefit strategy. If your company admin has decided to "plan map" you will automatically be enrolled in the same (or most similar) health plan as the one you originally selected. If they do not have this automated process set up, you must re-select your health plan or you will be denied coverage.

Why would my insurance rates change?

- There are many factors that contribute to rate changes, such as plan designs, legally mandated benefits, ACA taxes, and more. The normal trend for medical insurance rates is an increase between 10-12% while dental and vision rates trend around a 2-4% increase.

What happens if I miss the open enrollment window?

- This actually depends on how your specific company has chosen to set up its open enrollment process. If you have selected an option that's referred to as "plan mapping," then the company will make automatic selections for employees who fail to alter their health plans during the open enrollment period. Without alteration on the part of the employee, the company will keep the individual in the same health plan or in the most similar health plan to the individual's original selection. If that employee had previously declined coverage, the company will automatically decline coverage once again.

However, if administrators at your company have not selected to "plan map," then any employee who does not actively make a selection during the open enrollment period will be declined coverage. This is even true for employees who had previously been enrolled in a health plan.

(continued)

These employees would need to re-select their health plan to continue using it. If the employee fails to do so during the open enrollment period, they can only enroll in health insurance if they experience a qualifying life event. It's possible that the employer could submit an "exception request" for an employee who missed open enrollment; this would be done through the employer's broker.

[MORE INFO](#)

When will I receive my new ID cards?

- Carriers send ID cards about 7-14 days after the application has been approved. When a group is going through open enrollment, it is common to receive ID cards around 30 days after the effective date.

[MORE INFO](#)

Which benefits programs do we choose during open enrollment?

- This depends on how the administrator sets up other benefits packages. Sometimes the employers include other benefits, such as commuter benefits or wellness programs, in the same period as health insurance open enrollment. However, the main selection employees will be making is regarding health, dental, and vision insurance plans and carriers.

Are there any benefits I can enroll in after the open enrollment period?

- All benefit changes should be made during open enrollment. Changes outside of this period can only be processed if you've experienced a sufficient qualifying life event.

[MORE INFO](#)

I was hired recently and just enrolled. Do I still need to go through the open enrollment selection?

- Yes, if the effective date of the company's open enrollment is after the effective date of the new hire enrollment, you will be required to enroll in coverage again.

[MORE INFO](#)

If I make a selection and change my mind, can I make a change?

- Yes, as long as the change is made before the last date of the open enrollment period, or during the period after a qualifying life event.

What's the difference between a co-pay and deductible?

- A copay is the amount paid out-of-pocket at a doctor's appointment or when purchasing a prescription. A deductible is the collective amount of money that is paid out-of-pocket before health insurance carriers begin to cover medical expenses. The deductible is typically calculated on an annual basis, either according to the calendar year or the plan year. It's important to verify which time frame your deductible adheres to before making selections.

[MORE INFO](#)

Can I add or remove a dependent to my plan during the open enrollment period?

- Yes, Open Enrollment gives you the freedom to make any changes to your coverage such as adding or removing dependents.

[MORE INFO](#)

If I'm on maternity or paternity leave, do I still need to make selections during open enrollment?

- Yes, it is recommended that all employees make their plan selection during open enrollment, even if you're on paid time off, vacation, or any kind of parental leave. If an employee is unable to make the selection at this time, the administrator should work with their broker or carrier to determine their options for enrollment.

What is a qualifying life event?

- A qualifying life event (QLE) is a significant lifestyle change that is either unexpected or unavoidable. In the case of a QLE, employees are able to make changes to their insurance plans outside of the open enrollment cycle. Examples of QLEs are having a baby or divorcing a spouse.

[MORE INFO](#)

Make Open Enrollment Easy

Zenefits' mobile-app and desktop-friendly all-in-one platform allows for a smooth open enrollment process for both HR admins and employees.

HR ADMINS CAN:

- ✓ Streamline renewals and launch Open Enrollment within minutes
- ✓ Quickly communicate and centralize Open Enrollment offerings
- ✓ Automate benefits data exchange with carriers, to ensure active coverage
- ✓ Easily manage compliance around ACA and COBRA
- ✓ Provide an intuitive enrollment experience to their employees

EMPLOYEES CAN:

- ✓ Compare coverage types and enroll in the right plans within minutes
- ✓ Receive updated reminders for Open Enrollment and never miss the window of opportunity
- ✓ Have year-round access to their benefits information even while on the go
- ✓ Leverage a simplified experience for enrollment, management, and utilization

Download our 5-star mobile app to get started.
Available for [iOS](#) and [Android](#)

Try Zenefits free for 14-days
[Learn more](#)

