BIGBIE
INSURANCE & BENEFITS

Open Enrollment Meeting Checklist (Employee-Facing)

A practical, experience-based checklist for leading open enrollment meetings that ensure employees clearly understand their benefits, costs, and choices. Based on hundreds of enrollment meetings over 20+ years.

What This Is & What It Isn't

What this is:

A practical, experience-based checklist I use when leading open enrollment meetings (in person or virtual). It ensures employees clearly understand their benefits, costs, and choices. It reflects the questions and real-life scenarios employees care about most, based on hundreds of enrollment meetings over 20+ years.

What this is not:

A compliance checklist. Regulatory requirements (IRS, DOL/EBSA, ERISA, ACA notices, SBC delivery, Section 125, COBRA, etc.) are covered separately. We absolutely support this level of compliance, albeit with an entirely different checklist. Interested in obtaining this checklist, let's talk!

Important note: This is for **informational purposes only** and is **not legal or tax advice**.

Pre-Meeting Preparation

Materials Ready

- Final benefit guide & plan summaries (medical, dental, vision, life, disability, voluntary)
- Employee cost comparison vs. last year (per month, by tier, to mention verbally)
- Contribution modeling (employer vs. employee share)

Enrollment Details

- Enrollment instructions (platform, email invite timing, credentials, Section 125 election form, paper forms if applicable)
- Key dates: enrollment open/close, effective date, expected ID card delivery
- Support contacts: HR contact, carrier support, apps/portals

Logistics Confirmed

- Meeting logistics: confirm room or platform, projector/audio, food if provided, QR codes or enrollment link ready

Kickoff: Start With What Employees Care About First

What's Changing This Year

- Employee paycheck impact (ballpark per tier)
- Deductibles, copays, out-of-pocket max changes
- HSA/HRA contributions added or removed
- Carrier changes or new plans

Understanding Employee Paycheck Impact

Reminder: contributions are typically pre-tax via Section 125, lowering taxable income.

Enrollment Mechanics

01

Key dates & deadlines

Start, close, effective date

02

Active vs. Passive Enrollment

Active: employees must make selections.

Passive: coverage rolls forward—but HSA/FSA elections usually must be re-elected.

03

How to enroll

Platform URL/app, login steps, support for access issues. Paper process if applicable.

04

If employee takes no action

Explain clearly (e.g., current plan rolls, FSAs drop, new plans may be assigned automatically).

Qualifying Life Events (QLEs)

Examples: marriage, birth/adoption, loss/gain of other coverage, dependent aging out.

Employees typically have 30 days from the event to make changes. Changes must be reported to HR and may require documentation.

Coverage After Termination or Loss of Eligibility

When benefits end (end of month vs. same day). COBRA eligibility, basic timeline, and how employees will be notified.

Housekeeping Items

- [ ] When open enrollment is active and when it closes
- [ ] Whether enrollment is mandatory or optional
- [ ] Explain that once selections are made, they are locked until the next open enrollment unless there is a QLE
- [ ] Highlight any auto-enroll features or default options
- [ ] Mention who to contact after the meeting for personal questions or assistance

Understanding In-Network vs. Out-of-Network

> "Everything we discuss today — deductibles, copays, out-of-pocket maximums — all assumes you are using *in-network providers.*"

Employees must clearly understand:

In-network protection:

Providers have pre-negotiated pricing. The plan caps what you can be billed.

Out-of-network risk:

Providers can charge virtually any amount. There is *no price protection* and costs can be unlimited.

Provider coverage:

- Example: Typically **85–90%** of Oklahoma providers are in-network on our plans for medical.
- Give example % of Dental
- Give Example % for Vision
- Highlight any major hospital systems or other large providers (dental/vision) that are out-of-network or currently in negotiations.
- Emphasize: "To keep costs predictable and protected, always stay in-network or call before you go."

Plan Overview: Core Benefits

For each medical plan offered:

- Who it's good for (families, low utilizers, budget-conscious, etc.)
- How costs work: deductible → coinsurance → out-of-pocket max
- Network highlights: in-network vs. out-of-network
- Preventive care: covered at 100% in-network
- Real-world example introduced for each plan (more detail in the next section)

Wellness & Extras (Mention during plan explanations)

- Telehealth and virtual visits
- Mental health benefits
- Wellness rewards, discounts, gym perks
- Carrier app for ID cards, provider search, and claims tracking

Real-Life Scenarios ("What Happens If...")

Use plain language and estimated costs under each plan type:

- Having a baby
- Heart attack or major illness
- Broken leg (ER vs. urgent care)
- MRI for headaches
- Urgent care vs. ER vs. telehealth

Mention out-of-pocket max as "worst case" safety cap

Ancillary Benefits & Money-Saving Accounts

Ancillary Benefits

Dental: annual maximums, preventive care, orthodontia if included.

Vision: exam frequency, frame/contact allowance.

Life & Disability: employer-paid vs. voluntary, short-term vs. long-term disability, guaranteed issue rules, evidence of insurability deadlines.

Voluntary Products: accident, hospital, critical illness — when they can help. ⚠️ Be clear: if employees waive now, they may not be eligible later without medical approval.

Accounts That Save Money

HSA (Health Savings Account): Available only with qualifying high-deductible plans. Triple tax advantage & rollover. IRS limits & employer contribution (if applicable).

FSA: General medical FSA: pre-tax, use-it-or-lose-it. Limited-purpose FSA: dental/vision only when paired with HSA. Dependent Care FSA: basic overview, tax advantage.

HRA: Employer-funded; what expenses are eligible, how to submit claims.

After Enrollment & Helpful Phrasing

After Enrollment

- When ID cards arrive (digital + physical)
- Portal/app access and how to register
- Who to contact for claims or billing issues
- Reminder to notify HR about life changes, address updates, dependent verification

Close, Q&A, and Next Steps

- Recap cost changes, plan highlights, deadlines, enrollment method
- Offer 1:1 personal meetings if needed
- Reassure employees that support is available year-round

Helpful Phrasing (You Can Use These Live)

> "Your out-of-pocket max is your absolute worst-case. Once you've hit it, the plan pays 100%."
>
> "If you're someone who likes predictable copays, this plan may be a good fit."
>
> "Telehealth is great for small issues — saves money and time versus urgent care."
>
> "If you enroll in the HSA plan, you're not eligible for the general FSA—but you can do a limited-purpose FSA for dental and vision."

Final Reminder

The goal of open enrollment is clarity — not complexity. Employees leave this meeting understanding:

- What is changing
- What it will cost them
- How to enroll
- What to do if life changes
- Who to call when they need help