Know Your Benefits

What Happens After You Submit Your Open Enrollment Elections

Open enrollment may be over once you submit your elections, but your coverage doesn't start immediately. Between the day you submit your elections and the day you can use them, a lot happens behind the scenes that employees don't see. Dependents may need to be verified, insurance carriers must receive and process the enrollment data, and payroll systems must be updated for the new plan year. These steps ensure coverage is accurate and ready when it takes effect.

Understanding what happens during this transition period can help ease uncertainty. You can use the time before coverage begins to review your selections, watch for any follow-up requests and prepare to make the most of your benefits.

This article explains what employees can expect between submitting their open enrollment elections and their first day of active coverage.

How Elections Are Processed

After enrollment closes, your benefit elections move from selection to implementation. The information you provided is reviewed, eligibility records are updated, enrollment files are prepared for insurance carriers and payroll deductions are mapped to the upcoming plan year.

Although most of this work is done without employee involvement, it is important to review any enrollment confirmations and respond promptly if additional documentation is requested. Small errors, such as an incorrect date of birth, a misspelled dependent name or a missing beneficiary designation, can delay care and claims processing. Identifying and quickly correcting issues is typically much easier than resolving them after the plan year starts.

Getting Ready Before Coverage Starts

As your effective date approaches, your benefits become more accessible. Insurance carriers typically begin sending welcome materials, member ID information, and instructions for accessing online tools and resources. Depending on your preferences and your carrier's communication practices, these materials may arrive by mail, email or both.

This is the time to familiarize yourself with the resources available through your plans. Setting up member accounts, downloading carrier apps, and reviewing available programs before coverage begins can save time and frustration later. These actions can make it easier to find an in-network provider, access virtual care or understand where to turn when you need services.

Here are a few helpful next steps:

- Watch your mail and email for communications from your benefit providers.
- Register for carrier member portals and verify that your personal information is correct.
- Download carrier mobile apps to access benefit information on the go.
- Review any health savings account (HSA) or flexible spending account (FSA) information if applicable.

- Explore telehealth, virtual care and other plan resources before you need them.
- Locate in-network providers near you and save important customer service contacts.

Effective Date of Benefits

When your effective date arrives, your new benefits are ready to use. Medical, dental, vision and any other coverage you elected become active according to your plan's effective date, and payroll deductions begin reflecting your new elections. If you enrolled in an HSA or FSA, contributions will begin based on your employer's payroll schedule.

This is the moment when planning turns into protection. Before you need care, take a few minutes to confirm that your coverage information is accurate and accessible. A quick review can help you avoid surprises and ensure you're ready to use your benefits when the need arises.

Ways to prepare:

- Review your first paycheck to confirm your benefit deductions match your elections.
- Verify your coverage in your carrier's member portal, especially if you have an upcoming appointment.
- Save your member ID cards digitally or keep physical copies in an easy-to-find location.
- Confirm that your preferred providers are in-network.
- Promptly communicate election errors so they can be reviewed and corrected.

Additional Coverage Considerations

As coverage begins, employees often have questions about changing elections, accessing ID cards and understanding how plan limits work. Here are a few considerations to keep in mind as you begin using your benefits:

- **Making changes to your elections**—In most cases, your benefit elections remain in effect until the next open enrollment period. However, certain qualifying life events (marriage, the birth or adoption of a child, or a loss of other coverage) may allow you to make changes during the year. These events create a limited window, typically 30 days, to update your elections.
- **Accessing your member ID card**—Physical ID cards often arrive within a few weeks of your effective date. In the meantime, many carriers provide digital ID cards through their mobile app or member portal as soon as coverage becomes active. If you need care before your card arrives, your carrier's website or app can often provide proof of coverage.
- **Understanding deductible resets**—For most plans, deductibles, out-of-pocket maximums, and other annual limits reset at the start of a new plan year. If your plan year doesn't align with the calendar year, be sure to review your plan information to know when these amounts reset.

Get Ready for the Year Ahead

The period between enrollment and your effective date is an important part of the benefits process. Taking a few minutes to review communications, verify your information, and understand how to access your coverage can help ensure a smooth start to the new plan year.

Once your benefits are active, you'll be in a better position to use them with confidence, whether that's scheduling preventive care, managing ongoing health needs or simply having peace of mind knowing your coverage is in place when you need it. Reach out to your HR team for more information about open enrollment.