

CRC BENEFITS

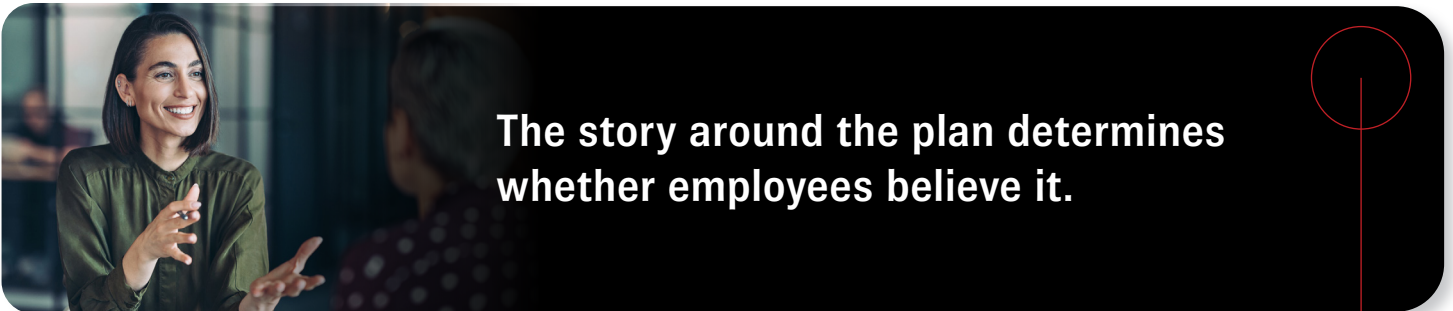
The Open Enrollment Story Matters More Than Ever



By the time open enrollment starts, the plan decisions are largely done. Rates are set. Design changes are finalized. The employer has made the best calls they could with the information and budget they had. What happens next, how those decisions get communicated to employees, is where many employers leave value on the table.

Employees do not experience the benefits package the way HR or an advisor does. They do not see the deliberation, the trade-offs, or the work that went into protecting their coverage. They receive a packet, read an email, or attend a meeting. They hear “higher deductible” or “new network” and draw conclusions quickly. When the communication around those changes is thin or defensive, employees fill the gap with their own interpretation, and that interpretation is rarely generous.

The plan may be solid. The story around it is what determines whether employees believe it.



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EMPLOYEES NEED CONTEXT, NOT JUST A LIST OF CHANGES

The data on how employees approach open enrollment should inform how advisors help clients prepare for it. Research shows that 85% of employees are confused about their benefits, and many spend fewer than 30 minutes making decisions that affect their health coverage for the entire year.¹ Nearly half make those decisions entirely on their own, without guidance from HR, a manager, or anyone who could help them weigh the options. Research from MetLife found that 76% of workers who understood their benefits reported being happy at work, and 82% said their benefits gave them a greater sense of financial stability.²

That is not a technology problem, but a communication one, and it starts well before the enrollment window opens. Employees who feel informed make better choices, and the outcomes of those choices matter. Understanding is not a soft outcome. It shapes how employees feel about their employer, whether they use the plan effectively, and whether the investment in benefits translates into the retention and engagement employers are paying for.

When plan changes are announced without context, employees hear the change, not the intent behind it. A higher deductible sounds like a cut. A network change sounds like disruption. A new plan option sounds like instability. Helping a client frame

those same changes with honest context, explaining what drove the decision, what was preserved, and what resources exist, changes what employees take away from the conversation entirely.

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WHAT CHANGED, WHAT STAYED THE SAME, AND WHERE SUPPORT EXISTS

The most effective open enrollment communication tends to be organized around three simple ideas: what changed, what did not, and where employees can go for help. Helping a client build their message around that framework is one of the more practical ways to add value before the enrollment window opens.

What changed needs to be named directly and honestly. Employees notice when communication dances around a cost increase or buries a network change in fine print. Plain language about what is different, paired with a genuine explanation of why, builds more trust than a polished presentation that avoids the difficult parts. Clients who are nervous about delivering hard news often need help finding the right frame, not permission to avoid the topic.

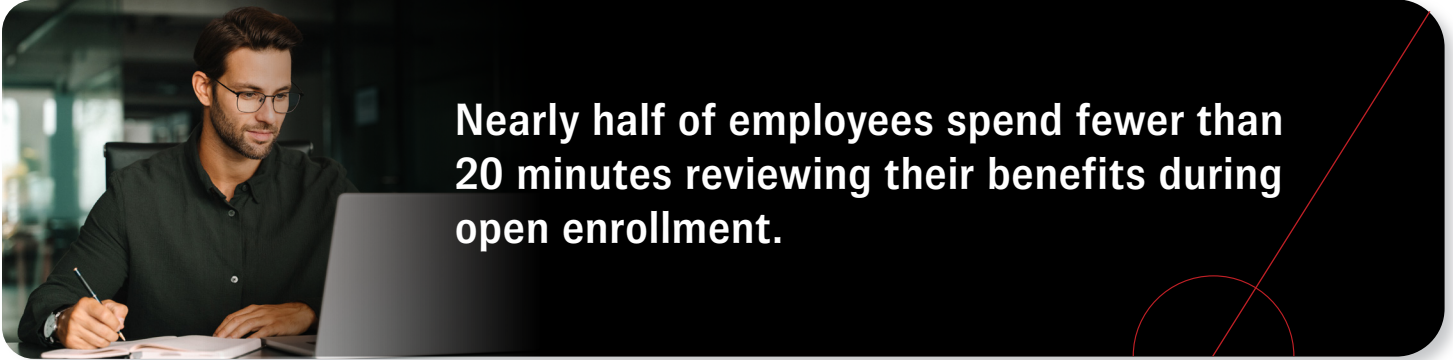
What stayed the same matters just as much. Most open enrollment communication focuses heavily on what is new or different, which leaves employees with the impression that everything has shifted. Clients who actively tell employees what they protected, which benefits held, which contributions held steady, which resources remain in place, give employees a more accurate picture and a reason to feel good about the package they still have. That positive framing is almost always available and almost always underused.

Where support exists is where most communication plans fall short. Employees frequently do not know that decision-support tools exist, that they can call a benefits helpline, that telehealth is included at low or no cost, or that their HSA funds roll over year to year. These are not small details. They are the resources that help employees actually use the coverage they elected, and surfacing them clearly is exactly the kind of guidance that makes a client look like they thought it through.

THE TIMING OF THE CONVERSATION MATTERS

One of the most consistent findings in open enrollment research is that employees who receive communication earlier make better decisions. Starting the conversation four to six weeks before enrollment opens, rather than announcing everything at once when the window goes live, gives employees time to absorb information, ask questions, and approach the enrollment period with some preparation rather than full-speed anxiety.³

Nearly half of benefits-eligible employees spend fewer than 20 minutes reviewing their employer's benefits package during open enrollment, not because they do not care, but because most communication makes it too easy to tune out or too hard to absorb.⁴ Front-loading the message also reduces the volume of reactive questions during the enrollment window itself. HR teams that spend October fielding the same five questions repeatedly are usually dealing with communication that came too late, not employees who are too disengaged to pay attention.

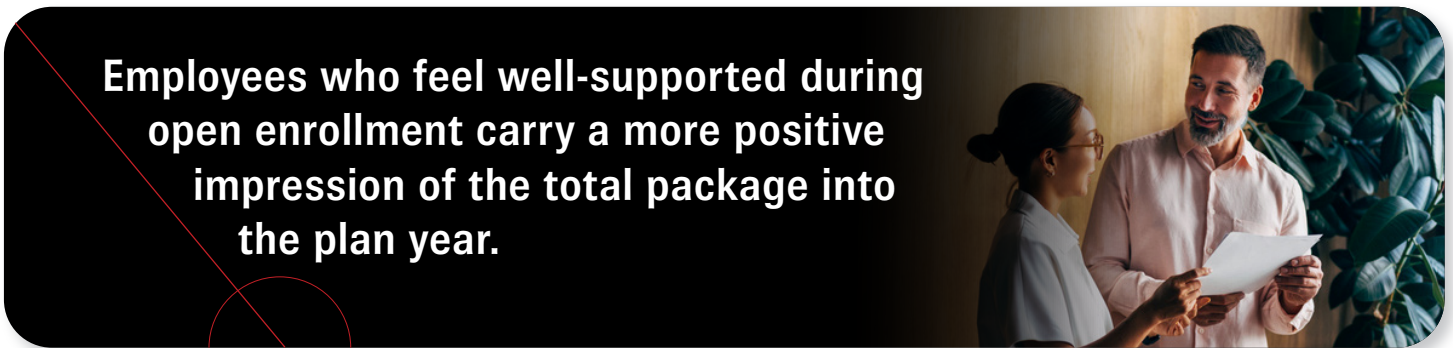


A layered approach works well in practice. A high-level preview of what to expect. A more detailed communication as the window opens. Targeted reminders for employees who have not completed enrollment. A brief recap once the window closes, confirming what was elected and what comes next. That cadence does not require a large budget or a sophisticated platform. It requires planning and follow-through.

SHAPING THE MESSAGE BEFORE ENROLLMENT STARTS

The communication plan is not the employer's job alone. Getting actively involved in helping clients build and deliver the open enrollment story before the window opens adds a form of value that extends well beyond plan selection.

That involvement might look like helping HR draft the initial employee communication, reviewing the key messages for clarity before they go out, facilitating an enrollment meeting that explains changes in plain language, or connecting the employer with the right enrollment support resources. It might also mean helping the employer think through the most sensitive parts of the message, particularly how to talk about cost increases in a way that is honest without being demoralizing.



Employees who feel well-supported during open enrollment are more likely to make better decisions, use their benefits more effectively, and carry a more positive impression of the total package into the plan year. That experience reflects back on the advisor who helped shape it.

BOTTOM LINE

The plan design is one part of the renewal. The communication plan is the other part, and it often gets a fraction of the attention. When employees understand what they have, why the decisions were made, and where to go for help, the same benefits package lands entirely differently.

Benefits communication is one of the most underutilized levers in a client relationship. CRC Benefits connects advisors with account management resources, enrollment support partnerships, and the strategic perspective to bring a stronger story to every open enrollment. The 2027 planning cycle is already underway.

CONTRIBUTOR

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ENDNOTES

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3. Wellhub. "Open Enrollment 2025: Key Dates and HR Strategies." September 2025. <https://wellhub.com/en-us/blog/wellness-and-benefits-programs/open-enrollment-guide/>
4. SHRM. "Employees Plan to Spend More Time on Enrollment This Year." November 2025. <https://www.shrm.org/topics-tools/news/benefits-compensation/employees-plan-to-spend-more-time-on-enrollment-this-year>

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