

Know Your Benefits

7 Steps to Take After Open Enrollment

Open enrollment can feel like a whirlwind; reviewing benefit options, comparing costs and making decisions for the upcoming plan year can be a lot to navigate. But once the enrollment window closes, it's time to start preparing for your benefits to begin. The actions you take now can make a big difference in how well you use your health insurance and other benefits throughout the year. By setting yourself up early, you can avoid surprises, reduce costs and maximize the value of the benefits you've chosen.

Here are seven key steps to take after open enrollment to make sure you're fully prepared for the year ahead.

Step 1: Review Your Plan Documents

Even if you carefully selected your benefits during enrollment, it's important to revisit your plan documents. These resources, often found online or mailed to your home, spell out what your plan covers, what it doesn't and how much you'll pay out of pocket. To fully understand your coverage and avoid surprises, be sure to:

- Look for details on deductibles, copays and coinsurance.
- Review plan documents for voluntary benefits you enrolled in, such as dental and vision coverage.
- Note the annual limits or coverage caps, if any.
- Check for any errors on the documents so you can correct them earlier rather than later.

Step 2: Verify Your Provider Network

One of the easiest ways to save money is to use in-network providers. Most plans charge higher copays or may not cover care at all if you go out of network. Considerations regarding provider network include:

- Search your plan's online directory to confirm that your primary care physician, specialists and local hospitals are in network.
- Find a new provider who participates in your plan if you've moved recently or want to switch doctors.
- Don't forget to check your medications and preferred pharmacy as well, since prescription coverage can vary.

This step ensures you won't face surprise charges for seeing a doctor or filling prescriptions.

Step 3: Complete Any Required Follow-Ups

Many benefits require post-enrollment tasks. These can include the following:

- Assigning or updating beneficiaries for life insurance or retirement accounts
- Submitting proof of dependent eligibility if your spouse or children are covered
- Signing or returning forms to finalize your elections

Overlooking these small but critical steps can cause delays or even result in lost coverage, so take time now to complete them.

Step 4: Confirm You Received Your ID Cards

Health, dental, vision and prescription plans typically issue new ID cards each year. Make sure you've received yours by mail or electronically. Here are some tips for using these cards:

- Keep physical cards in your wallet and download digital versions into your health plan's mobile app.

- Verify that the information on the card, such as your name, plan number and group number, is accurate.
- Contact your HR department or the insurance provider if your card hasn't arrived within a few weeks of your plan start date.

Having your card ready when you need care avoids delays and billing issues. When you see a health care provider, they will likely ask for a copy of your new card.

Step 5: Set Up Online Accounts and Mobile Apps

Most benefit providers offer online portals and apps that give you access to valuable tools, allowing you to:

- Check claims and track your deductible progress.
- Find providers and estimate costs for services.
- Access digital ID cards for quick use at appointments.
- Use wellness resources such as nurse hotlines, health assessments or mental health apps.

Spending a few minutes setting up your logins now can save you time and headaches later.

Step 6: Schedule Preventive Care

Take advantage of preventive services included in your plan, often at no cost to you. These visits support long-term health and help you avoid bigger problems down the road. Consider these routine health services to make the most of your coverage:

- Schedule your annual physical or wellness exam.
- Book routine screenings such as cholesterol tests, blood pressure checks or mammograms (as recommended).
- Make appointments for dental cleanings and eye exams.

Preventive care is one of the best ways to get value from your plan while staying healthy.

Step 7: Create a Benefits Budget

Finally, take a financial look at your benefits choices and plan for the year by doing the following:

- Estimate how much you'll spend on premiums, copays, prescriptions and other costs.

- Map out how and when you'll use funds in your flexible spending account or health savings account, if you elected these tools.
- Consider setting aside money each month for unexpected health expenses.

Having a benefits budget can help you avoid being caught off guard and get the most from tax-advantaged accounts.

Conclusion

Open enrollment may be over, but the steps you take afterward matter just as much as the choices you made. Reviewing your plan documents, confirming your providers, setting up accounts and scheduling preventive care position you to make informed, cost-effective health decisions throughout the year. By taking control now, you'll be ready to fully use your benefits, support your health and avoid unnecessary stress down the road.

If you have questions about your plan or available resources, check with your employer's HR or benefits team to understand the details, tools and support included in your coverage.