

Benefits Insights

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Last-minute Open Enrollment Planning

Benefits renewal planning can start anywhere from months before open enrollment to just a few weeks out, and even employers who fall on the late side of that range can make decisions that meaningfully impact how successfully this year's cycle is managed. Busy operational seasons, short-staffed HR teams, competing organizational priorities and last-minute leadership changes are all situations that could push planning, last-minute decisions or final changes into October, far closer to the enrollment window than intended.

A late start is not the same as an unmanageable one. Employers who begin serious planning just months or weeks before open enrollment can still make meaningful, well-considered decisions. This article highlights what a compressed timeline still allows, the priorities to tackle first and what can wait.

What a Compressed Timeline Still Allows

Employees do not need months of lead time to run a defensible open enrollment, and a compressed planning window does not automatically translate into a compressed or diminished experience for employees. According to the Employee Benefit Research Institute, about half of enrollees spend less than one hour reviewing their plan options during open enrollment, and most spend under two hours in total. The bulk of an employee's decision-making window is short, regardless of how far in advance the employer began planning, which means the employer's compressed internal timeline and the employee's actual decision-making process are not as mismatched as a late start might suggest. What a compressed timeline does change is which priorities need attention first.

What Are Immediate Priorities

When time is short, the order of operations matters as much as the actions themselves. The following priorities are sequenced for a compressed timeline, starting with the items that carry the least flexibility and moving toward those that can absorb a bit more adjustment as the enrollment window approaches.

1. **Submit carrier and plan changes without delay.** What needs to happen first is getting any carrier or plan changes submitted, since benefits administration systems, policy contracts and enrollment materials all depend on that information. Finalizing the contribution strategy belongs on this same early timeline, particularly for employers making class structure changes that could impact Affordable Care Act affordability for applicable large employers (or ALEs). Signed carrier contracts are also a timely priority. Without a signed agreement on file, there is no implementation, regardless of how well the rest of open enrollment goes.
2. **Confirm your enrollment materials are accurate and compliant.** Most of the required compliance language, including Medicare Part D notices, CHIP/Medicaid notices, and summary of benefits and coverage (SBC) documents, should already be built into the enrollment guide employees are reading, so this is largely a verification step rather than new work. If employees will be choosing among plans, it helps to confirm that each plan's SBC is included in the package. Employers offering prescription drug coverage are also required to send



Medicare Part D notices that say whether coverage is creditable or noncreditable to Medicare-eligible individuals before Oct. 15. That date is the same every year, but it falls squarely within the window many late-starting employers are trying to manage. Enrollment materials should also account for anyone currently on COBRA or newly eligible for it. These beneficiaries are easy to miss during a rushed cycle, but they still need their notices and updated information alongside the rest of the employee population.

3. **Use existing data rather than commissioning a new analysis.** A late start is not the time to conduct a fresh utilization study or launch an extensive employee survey. Prior-year claims data, participation rates and any feedback already on file from the last enrollment period are typically sufficient to guide this year's decisions, and a broker can often provide quick-turnaround benchmarking data against similar employers to fill in any gaps without the delay of a new study.
4. **Confirm that the enrollment platform and payroll integration are ready.** Technical readiness is often assumed rather than verified. A short test of the enrollment system, including how elections flow into payroll, can surface issues while there's still some time to fix them. If printed materials are part of the rollout, employers need to review and approve those drafts promptly, since print lead times do not compress the way digital distribution can, and this approval step can easily become a bottleneck if it is not prioritized. Employers should also tell their broker and payroll vendor when the first post-open-enrollment payroll is scheduled to run. When a data feed is involved, that date determines how much time is actually available to get enrollment elections into the system correctly, and a weekly payroll cycle leaves far less buffer than a biweekly or semi-monthly one. Getting everyone aligned on this schedule helps prevent disruptions to the enrollment system and incorrect post-enrollment deductions.
5. **Set a realistic enrollment window.** A shorter enrollment period is often unavoidable on a compressed timeline. Communicating a firm, well-defined window is more useful to employees than a

longer window announced too late to matter. Within that window, a virtual open enrollment meeting is often more practical than a face-to-face session on a compressed timeline, provided employees have direct contact information for one-on-one help if needed.

What Can Reasonably Wait

Part of managing a late start well is recognizing which decisions do not belong in this cycle. Attempting too much on a compressed timeline increases the risk of errors in the items that do matter. While these may not be right for every organization, here are some tasks that can reasonably wait for the next cycle:

- **Structural cost-sharing changes**—Outside of standard increases, significant changes to deductibles, coinsurance or out-of-pocket maximums deserve the kind of modeling and internal review that a rushed timeline does not allow. A late-starting employer is generally better served by carrying current cost-sharing terms forward one more year than making a hurried structural change.
- **New vendor requests for proposals**—Comparing carriers or third-party administrators is a valuable exercise, but not one that can be completed responsibly in a matter of weeks. This work is better scheduled for the following planning cycle, well before the next renewal.
- **New voluntary benefit offerings**—Adding a new voluntary benefit often involves underwriting, enrollment system configuration and employee education that a compressed timeline cannot properly support. Existing voluntary offerings can typically be renewed as is, while any new additions are evaluated for the next cycle.
- **Major system switches**—Moving to a new payroll vendor or benefits administration platform is a significant undertaking in its own right, and both are better scheduled for after open enrollment is fully processed rather than layered on top of it.
- **New carrier data feeds**—An active data feed is convenient during open enrollment, but setting one up can typically wait until after implementation.

Most enrollments can be submitted to a new carrier through a spreadsheet in the meantime, which is not ideal but works.

- **Section 125 and wrap document updates**—Updates to a Section 125 plan document or wrap document can generally be pushed back until after open enrollment closes, as long as they are adopted before the new plan year begins.
- **Dependent eligibility audits**—These can run in parallel with open enrollment or begin shortly after, rather than competing for attention during the enrollment window itself.
- **Wellness program redesigns**—Employers are often eager to add new wellness features, but a rushed timeline is not the moment to introduce them. These are well-suited to the next planning cycle.

Summary

A late start to open enrollment planning is common enough that it should be treated as a scenario to manage well rather than a failure to correct after the fact. Employers who move quickly on fixed compliance deadlines, lean on existing data rather than starting from scratch and defer larger structural decisions to the next planning cycle can still deliver a sound open enrollment experience, even when the calendar did not go according to plan.

A late start is exactly the situation in which a strong broker relationship makes the biggest difference. Contact us today for more open enrollment resources.