Your Annual Benefits Playbook

The master packet - plan type, year-round rhythm, life events, and next-year elections.

This is your field manual after completing Benefits Unlocked. Combine with module worksheets in the Resource Library. Your employer's official SPD, SBC, and HR communications always override this template. Educational only - not personalized advice.

1. My plan snapshot (fill in today)

Employer: _____

HR / benefits phone & email: _____

Benefits portal URL: _____

Plan year start/end: _____

Open enrollment dates: _____

Medical plan elected: _____

Plan type (PPO/HMO/HDHP/Other): _____

Member services phone: _____

Dental / Vision: _____

401(k) deferral %: _____

Employer match formula: _____

HSA/FSA elected & annual amount: _____

PTO balance / accrual: _____

Key perks expiring this year: _____

Life insurance coverage amount: _____

2. My plan type - how to use it this year

Check your plan type and follow these year-round moves.

☐ HDHP + HSA: _____

Maximize employer HSA seed first. Budget cash for deductible Jan-Mar. Verify preventive care is covered before deductible. Consider HSA as long-term savings (IRS Pub 969). Log in quarterly to check HSA balance and investment option.

☐ PPO: _____

Stay in-network unless you have a reason. Use SBC cost examples before planned surgery or birth. Compare out-of-pocket for out-of-network specialists. Download carrier app for ID card and EOB tracking.

☐ HMO: _____

Confirm PCP selection at enrollment. Get referrals in writing when required. Verify every specialist is in-network before booking. Emergency care is different - know your plan's ER rules.

☐ EPO / POS (if offered): _____

Network rules vary - read your SBC. Referrals may or may not be required. Treat like PPO/HMO hybrid until you confirm YOUR rules.

3. Year-round rhythm (calendar these)

- [ ] Jan - Verify paycheck deductions, download ID cards, confirm HSA/FSA funding started
- [ ] Feb - Review Q4 medical bills against deductible; schedule preventive visits
- [ ] Mar - Q1 audit: match capture, PTO balance, unused wellness credits
- [ ] Apr - Tax season: gather HSA/FSA receipts; confirm W-2 Box 12 codes if applicable
- [ ] Jun - Mid-year audit: perks burn-down, FSA spend plan, beneficiary check
- [ ] Aug - Confirm open enrollment dates; start provider/prescription network list
- [ ] Sep - Pre-OEP: download SPDs/SBCs; run 30-day calendar (see Resource Library)
- [ ] Oct-Nov - Open enrollment: compare, decide, submit BEFORE last day
- [ ] Dec - Use-it-or-lose-it FSA/stipends; bump 401(k) if raise; schedule remaining PTO

4. Open enrollment decision log (next year)

Record WHY you chose each election. If HR asks, or your life changes mid-year, this saves hours. Use the Health Plan Comparison Worksheet for medical.

Medical plan choice & reason: _____

Doctors/prescriptions verified in-network? (Y/N): _____

Est. yearly cost (premium + expected OOP): $ _____

Worst-case cost (premium + OOP max): $ _____

Dental / vision choice & reason: _____

401(k) % and Roth/Traditional choice: _____

HSA/FSA amount elected: _____

Life/disability changes: _____

If life changes next year, I would switch because: _____

5. Life events - quick reference

Full detail (documents, backup proof, step-by-step) is in the Life Event Playbook PDF. Below: event + typical enrollment window. ALWAYS confirm with HR.

Marriage / Domestic Partnership

Window: Typical employer window: 30 days from marriage or partnership date. Some plans allow up to 60 days. Marketplace/HealthCare.gov SEP is generally 60 days from the event. Confirm your SPD and HR portal....
First step: Notify HR/benefits within your plan deadline (same day if possible).

Divorce / Legal Separation

Window: Typical employer window: 30-60 days from divorce decree or legal separation date. COBRA election for ex-spouse (if offered): often 60 days from loss of coverage notice. Marketplace SEP: generally 60 d...
First step: Notify HR immediately when divorce/separation is final (or when court date is set if HR requires).

Birth / Adoption / Foster Placement

Window: Typical employer window: 30 days from birth, adoption placement, or foster placement. ACA: special enrollment generally within 60 days of event. Some employers allow enrollment effective date of birth...
First step: Notify HR within deadline; ask about retroactive effective date rules.

Turning 26 (Loss of Parent's Coverage)

Window: Coverage usually ends end of birth month or end of plan month when you turn 26 (plan-specific). Marketplace SEP: generally 60 days before loss through 60 days after. Employer new-hire or special enrol...
First step: Confirm exact termination date on parent's plan (call member services).

Job Loss / Reduction in Hours

Window: Employer coverage ends per plan (often last day of month after termination). COBRA election: typically 60 days from loss notice OR qualifying event. Marketplace SEP: generally 60 days from loss of cov...
First step: Read separation packet same day - note coverage end date.

New Job / Gain of Employer Coverage

Window: New hire enrollment: often 30 days from start date (employer-specific). If leaving other coverage: special enrollment at new job when you had prior coverage. Marketplace: cancel marketplace plan when ...
First step: Complete new hire benefits within window - do not default.

Move to New ZIP / Service Area

Window: If move affects network or plan availability: often 30 days from move date. Marketplace: SEP generally 60 days from move if you had coverage. Must usually prove you moved to a new rating area....
First step: Verify if current plan has providers/network in new area.

Death of Covered Dependent or Spouse

Window: Typical employer window: 30-60 days from date of death. May need to remove dependent from plan or change coverage tier. Life insurance claims separate from health enrollment - contact carrier immediat...
First step: Contact HR to report death and understand coverage change options.

6. Documents to keep on hand (life events & OEP)

- Marriage certificate, birth certificates, adoption/foster papers
- Divorce decree or separation agreement
- Proof of address (lease, utility bill) for moves
- Prior plan ID cards, COBRA notices, loss-of-coverage letters
- Last 12 months of EOBs and HSA/FSA statements
- Recent pay stubs showing benefit deductions
- Screenshots/PDFs of all enrollment confirmations

7. Total comp - don't leave loot on the table

Salary + employer match + employer premium subsidy + HSA seed + PTO value + unused perks = your real paycheck. When comparing jobs or negotiating, run the full stack - not just base salary. A $5k lower salary with $8k better benefits and full match may net ahead.

- [ ] I am capturing full employer retirement match
- [ ] I know my HSA/FSA and perk expiration dates
- [ ] Beneficiaries updated in last 12 months
- [ ] I saved my Annual Playbook and comparison worksheets

8. Common confusion - quick answers

Educational only - not personalized advice. Your employer's SPD, SBC, and HR communications always prevail. Use official sources linked at the end of this packet.

HSA vs FSA vs HRA - what's the difference?

HSA: yours to keep; requires an HSA-eligible HDHP; rolls over every year (IRS Pub 969). FSA: employer-owned pre-tax account; often use-it-or-lose-it unless your plan offers grace period or carryover; works with many plan types. HRA: employer-funded reimbursements only; employer sets the rules and owns unused funds. You generally cannot have a regular health FSA and an HSA at the same time - limited-purpose FSAs (dental/vision) may be allowed with an HSA.

How do I pick a health plan - low premium or low deductible?

Premium is what you pay every paycheck to keep coverage. Deductible and out-of-pocket max drive what you pay when you use care. Compare SBCs side by side: estimate premium + expected medical costs, and also worst case (premium + in-network OOP max). Low utilizers often lean HDHP; frequent care or planned procedures may favor lower deductible plans.

When is open enrollment, and what if I miss it?

Open enrollment is your employer's annual window to elect or change benefits without a qualifying life event. Dates and effective dates are in your HR portal - not the same for every company. Missing OEP usually means you keep last year's elections or default coverage until the next OEP, unless a qualifying life event opens a special enrollment period.

401(k) match and contribution limits - what should I know?

Your SPD states the match formula (e.g., 50% of the first 6%). Many employees leave match money on the table by deferring too little. IRS sets annual deferral limits for 401(k)/403(b) separately from the match; verify current-year limits on IRS.gov. Catch-up contributions may apply at age 50+. Match dollars may vest on a schedule - check before changing jobs.

COBRA vs HealthCare.gov marketplace - after job loss?

COBRA lets you continue the same group plan, usually at full premium plus admin fee, for a limited time. Marketplace plans may cost less but networks and drug lists differ. Compare premium, deductible, and your doctors - and watch election deadlines (COBRA is often 60 days from the loss notice). Neither choice is automatic; you must enroll by the deadline.

In-network vs out-of-network - why does it matter?

In-network providers contract with your plan for lower rates. Out-of-network care often costs more, may not count toward your deductible/OOP max, or may not be covered except emergencies. Verify PCP, specialists, hospitals, and pharmacies in your plan's directory before you elect or before a planned procedure.

EOB vs bill - which one do I pay?

An Explanation of Benefits (EOB) is from your insurer: it shows what was billed, allowed, and your estimated share - it is not a bill. The provider's bill is what you owe them. Wait for both, compare amounts, and call member services if they do not match before paying.

Qualifying life events - when can I change mid-year?

Marriage, divorce, birth/adoption, loss of other coverage, and job changes are common qualifying life events (QLEs). Employers typically allow 30-60 days from the event to notify HR and submit proof. Missing the window can lock you out until the next open enrollment. See the Life Event Playbook PDF for document checklists.

Working past 65 - how does Medicare fit with employer coverage?

Rules depend on employer size, whether your coverage is creditable for Medicare Part B/D, and whether you are actively working. Many people delay Part B while covered by large-group employer insurance - but getting this wrong can mean late-enrollment penalties. Use Medicare.gov working-past-65 resources and free SHIP counseling; do not guess.

Who counts as a dependent on my plan?

Your SPD and IRS rules define eligible dependents - usually legal spouse and children up to age 26. Domestic partners, stepchildren, and ex-spouses may or may not qualify. Divorce, aging off a parent's plan at 26, and marriage are common reasons coverage must change mid-year.

FSA use-it-or-lose-it, grace period, or carryover?

Standard health FSAs often forfeit unused balances after the plan year unless your employer offers a grace period (extra months to spend) or carryover (limited amount rolls forward). Dependent care FSAs follow separate rules. HSAs do not forfeit - unused funds stay yours. Check your plan notice for exact dates and dollar limits.

Roth vs traditional 401(k) - which bucket?

Traditional: pre-tax deferrals reduce today's paycheck; withdrawals in retirement are taxed. Roth 401(k): after-tax deferrals now; qualified withdrawals in retirement are tax-free. Not all plans offer Roth. This is a tax planning question - your SPD describes options; IRS.gov covers rules; consider professional tax guidance for your situation.

What are SPD and SBC documents?

SPD (Summary Plan Description): plain-language overview of how retirement and welfare plans work - match, vesting, eligibility, claims. SBC (Summary of Benefits and Coverage): standardized health plan comparison showing deductibles, copays, and coverage examples. Download both before open enrollment; they override generic advice.

9. Official sources when HR isn't enough

Official resources

- DOL - Health plans
  https://www.dol.gov/general/topic/health-plans
- IRS Publication 969 - HSAs and FSAs
  https://www.irs.gov/publications/p969
- IRS - 401(k) contribution limits

https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-topics-401k-and-profit-sharing-plan-contribution-limits

- IRS - Retirement plans
  https://www.irs.gov/retirement-plans
- HealthCare.gov - Glossary
  https://www.healthcare.gov/glossary/
- Medicare.gov
  https://www.medicare.gov/
- DOL - COBRA overview
  https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra