Sample Letter from Employer to Employee; items noted in red require employer decisions.

For the 2024 plan year, [insert ORGANIZATION NAME here] is offering you a choice of benefits based on your eligibility status.

2024 open enrollment begins, [insert date, CANNOT BEGIN BEFORE SEPTEMBER 25, 2023] and ends [insert date, MUST BE AT LEAST TWO WEEKS AND CAN NOT END LATER THAN OCTOBER 16, 2023]. Open enrollment is your annual opportunity to:

* Select benefits based on your status (full-time, part-time, eligible for the Accelerate option, etc.)
* Change your dependent coverage
* [IF YOUR ORGANIZATION OFFERS VOLUNTARY BENEFITS, THIS APPLIES] Elect or change elections for voluntary (employee paid) benefits such as Flexible Spending Account (FSA), Accidental Injury, and Hospital Cash benefits

The 2024 open enrollment will be a passive enrollment. This means that if you do NOT want to make any changes to your 2023 benefit elections, including heath plan, you can skip this year’s open enrollment. **FSA benefits are the one exception**. For FSA coverage, you are legally required to enroll annually and make your elections. You may complete open enrollment online at [www.AscendtoWholeness.org](http://www.ascendtowholeness.org/).

[INSERT if your organization uses an enrollment system other than bswift, enter those directions here and edit above box as needed]

The following documents will be helpful for you as you complete open enrollment. These documents are available on the Ascend to Wholeness website on the Plan Documents page.

* **Ascend to Wholeness Health Plan Highlights** – contains what’s new for 2024, outlines the Accelerate and Access options, the wellness platform (Virgin Pulse), and provides important details about your health plan service providers.
* **Benefits Guide** – overview of the primary (employer paid) and voluntary (employee paid) benefits such as Supplemental Life insurance, Flexible Spending Account, or Pet insurance
* **Schedule of Benefits** – benefit summary for the Accelerate and Access options
* **Omnibus Notice** – consolidated document including several legal annual notices, such as
	+ Healthcare Exchange Notice
	+ Notice Regarding Wellness Program
	+ Medicare Part D Notice
* **Summary of Benefits and Coverages** (SBC) – Affordable Care Act (ACA)-required summary of health plan costs, benefits, and covered health care services

2024 Plan Year Monthly Contributions

Your monthly contribution (pre-tax payroll deduction) rates are listed below:

[insert your organization’s contribution rates below]

**Coverage Tier Accelerate Option Access Option**

 Employee Only $0.00 $0.00

 Employee + Spouse $0.00 $0.00

 Employee + 1 Child $0.00 $0.00

 Employee + Children $0.00 $0.00

 Family $0.00 $0.00

If you have questions, please email us at [insert email address here] or call [insert phone#].