HealthLiteracyCopilot™

The benefits-change kit: what changed, who, what to do, by when

A four-part message template, a synthetic GLP-1 coverage-change notice before and after, a cross-document consistency checklist and an EAP promotion template, with Spanish versions. All of it is on this page.

Last reviewed 2026-10-09

A review aid, not an approved legal template. It does not replace a Summary of Benefits and Coverage or a Summary Plan Description.

One change, three documents

A benefits change usually appears in at least three places: the open-enrollment guide, the Summary of Benefits and Coverage and the plan notice. When the three say it differently, people call HR or the plan to find out which one is right. For Medicare plans, the Annual Enrollment Period runs October 15 to December 7.

The four-part message template

Write every change in this order, with one short paragraph per part. End with where to get help.

- What changed: one sentence, in the reader's words, with the date it starts.
- Who is affected: who it applies to, and who it does not.

- What to do: the one action the reader takes, if any.
- By when: the date, and what happens if they miss it.
- Where to get help: a phone number, the hours, and a web address.

A GLP-1 coverage-change notice, before and after

A synthetic notice about a change to GLP-1 medicine coverage. Brackets mark what your plan fills in.

Synthetic example: GLP-1 coverage-change notice. Not a member or patient document.

BEFORE

Effective January 1, the Plan will implement revised coverage criteria for glucagon-like peptide-1 (GLP-1) receptor agonists. Coverage for weight-management indications will be subject to prior authorization and step therapy requirements in accordance with the Plan's clinical policy. Members currently utilizing these medications should consult the formulary and the Summary Plan Description for additional information.

AFTER

What changed: Starting January 1, the plan needs to approve GLP-1 medicines for weight loss before it covers them.

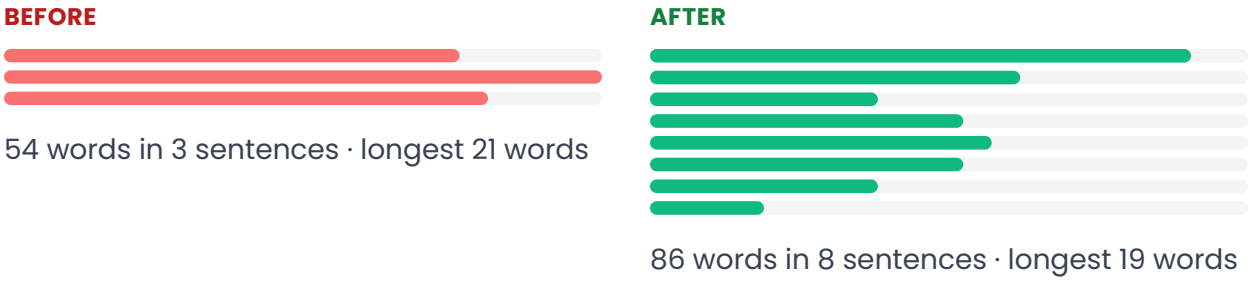
Who is affected: You, if you take a GLP-1 medicine for weight loss. If you take it for diabetes, nothing changes.

What to do: Ask your doctor to send an approval request. Your doctor may need to show that you tried another option first.

By when: Before [date], so your January refill is not delayed.

Where to get help: Call [phone], free, [hours]. Or visit [web address].

Words per sentence, before and after



54 words in 3 sentences · longest 21 words

86 words in 8 sentences · longest 19 words

Each bar is one sentence or line of the synthetic example above, drawn to the same scale. The plain version says the same thing in shorter pieces, each with one job.

What changed and why

1. The medicine is named the way people talk about it, and "prior authorization" becomes "approve before it covers".
2. It says who is not affected, so most readers can stop worrying.
3. One action, and it belongs to the doctor's office.
4. A date, with the reason it matters.
5. Help comes last, with a phone number and hours.

Spanish versions

The template headings and the plain notice in Spanish, with usted. A qualified reviewer checks them before you use them.

- Qué cambió: A partir del 1 de enero, el plan necesita aprobar los medicamentos GLP-1 para bajar de peso antes de cubrirlos.
- A quién afecta: A usted, si toma un medicamento GLP-1 para bajar de peso. Si lo toma para la diabetes, nada cambia.
- Qué debe hacer: Pida a su médico que envíe una solicitud de aprobación.
- Para cuándo: Antes del [fecha], para que su resurtido de enero no se retrase.

- Dónde obtener ayuda: Llame gratis al [teléfono], [horario]. O visite [dirección web].

EAP promotion template

For employers and EAP account teams. Fill in each line only with what your EAP contract says.

- What it is: free, confidential help from [EAP name], in one sentence.
- What you can get help with: three examples your employees ask about.
- How to reach it: [phone], [hours] and [web address].
- What it costs: the number of sessions at no cost, only if that is true.
- Who can use it: you and [household members], as the contract says.
- Privacy: what your organization can and cannot see, only as the contract says.

Cross-document consistency checklist

Put the open-enrollment guide, the Summary of Benefits and Coverage and the plan notice side by side. Check that all three agree.

Document you're checking (optional)

For example: renewal notice, March draft

0 of 6 checked

All three documents give

- [ ] **1.** The same start date for the change
- [ ] **2.** The same name for the benefit or the medicine
- [ ] **3.** The same costs, copays and limits
- [ ] **4.** The same action and the same deadline
- [ ] **5.** The same help line and web address
- [ ] **6.** Spanish versions that say the same thing as the English

Notes for the reviewer (optional)

What's missing, and who will fix it

Questions

Does this replace our SBC or SPD?

No. Those are regulated documents. The template helps the messages around them say the same thing in plain words. Your legal team approves the final wording.

Can we use the GLP-1 example as written?

It is synthetic. Your coverage rules come from your own plan documents, so check every line against them.

HealthLiteracyCopilot™

Next: Request a free review of one benefits notice

www.healthliteracycopilot.ai/score

Send a blank template, not a copy with a patient's or member's details.

HealthcareGPS is SOC 2 Type II audited and HIPAA compliant.

© 2026 HealthcareGPS · www.healthliteracycopilot.ai/resources/kits/benefits-change