



2026 Open Enrollment Report

How U.S. Employees Choose Voluntary Benefits

High Stakes, an Hour or Less, and Too Little Clarity

What workers value ahead of the enrollment season and the comprehension gap that keeps them under-protected.

EXECUTIVE SUMMARY

They Care About the Right Risks. The System Doesn't Help Them Choose.

Employees enter open enrollment worried about exactly the risks voluntary benefits are designed to cover. Based on the 2026 BenefitHub Intelligence™ survey which had nearly 13,000 respondents overall, more than three-quarters (77%) worry about out-of-pocket medical costs their primary plan won't absorb, and 73% worry they couldn't keep up with their bills if illness or injury kept them out of work for three months or more. Yet only 28% believe their current benefits adequately protect their family's finances, with nearly half sitting on the fence, unsure either way.

Despite those stakes, the enrollment decision itself receives remarkably little consideration. Nearly eight in ten employees who enrolled spent an hour or less deciding, including 15% who did no research at all. Forty-five percent consulted no one before making their voluntary benefits selection, and close to one in five say they simply clicked through and enrolled in most things. Professional guidance is almost entirely absent from the process: only 1% of employees overall first learned about their benefit options from a broker or counselor.

The result is not only an enrollment gap, but an understanding gap — one that follows employees from the moment they choose a plan to the moment they file a claim. This report argues that the central barrier to voluntary-benefits protection in 2026 is not simply price. It is clarity. Employees recognize the risk; the way open enrollment works too often doesn't give them the information or guidance to choose protection confidently.

Nearly 8 in 10 employees spend an hour or less choosing the benefits meant to protect them financially.

Among employees who enrolled.
Fifteen percent did no research at all.

What the report finds

1. Employees feel financially exposed, but few feel confident in their protection.
2. The workers with the smallest financial safety nets enroll at the lowest rates.
3. Most enrollers decide in an hour or less and without outside guidance.
4. Cost leads as a barrier, but understanding and explanation follow closely behind.
5. Confusion at enrollment becomes unmet expectations at claim time.
6. Employees clearly identify the tools and support that would help them decide.

The story of 2026 open enrollment is not that employees don't care. It's that they care about the right risks and still decide too fast, too alone, and with too little clarity to close the gap. The encouraging part is that this is a solvable gap. Employees are not asking for more benefits, they are asking to understand the ones they already have, and they are specific about what would help: clearer comparisons, plain-language explanations, and a way to ask questions before they choose. The risk is real, but so is the remedy, and the rest of this report lays out what it looks like.

FINDING 01

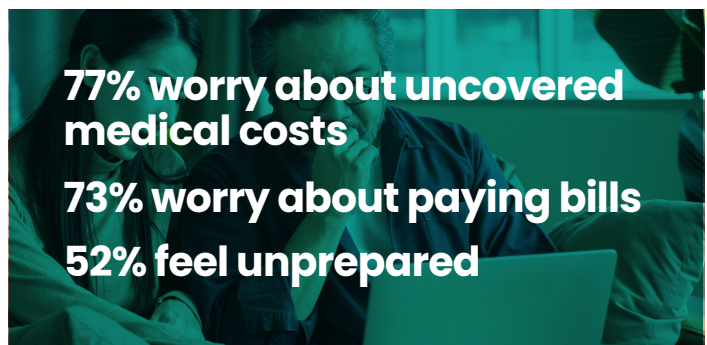
Employees Fear the Costs Their Benefits May Not Cover

Financial anxiety among employees is not abstract. It is widespread, and it attaches to specific, concrete risks: the medical expenses and lost income that voluntary benefits exist to offset. When asked how concerned they are about out-of-pocket medical costs their primary plan won't cover, 77% of respondents said they were somewhat or very concerned, with 45% very concerned. A nearly identical share worry about a more existential risk: keeping up with everyday bills if they couldn't work.

Yet concern has not translated into confidence. Only 28% of employees agree their current benefits adequately protect their family's financial security. Just as telling: 46% are neutral, comprising the single largest response. That is not a vote of no confidence so much as a confidence vacuum: most employees simply cannot say whether they are protected, which is itself a symptom of the comprehension gap this report returns to throughout.

Most employees feel unprepared for a major event

When asked how financially prepared they are for an unexpected illness, accident, or disability, a slim majority (52%) say they are not prepared, split between those who would face significant strain (27%) and those who have no real safety net at all (25%). Only 10% feel very prepared. The remaining 38% describe themselves as somewhat prepared but acknowledge coverage gaps remain.



Exposure is not evenly distributed

The strain concentrates among those with the least room to absorb it. Among employees earning under \$50,000, **41% report no meaningful financial safety net**, three times the 14% rate among those earning \$100,000 or more. Only 5% of lower earners feel very prepared, versus 16% of six-figure earners. The pattern holds by housing, too: renters and those living with family are roughly twice as likely as homeowners to report no safety net.

FIGURE 1.1 Most aren't ready, and the gap widens sharply by income

All employees, financial preparedness (n=9,951)



Share with no real safety net, by income



Only 5% of employees earning under \$50,000 feel very prepared, versus 16% of those earning \$100,000 or more.

Takeaway

Voluntary benefits address risks employees already recognize and already fear. The challenge for employers is not convincing workers the risks are real, but turning that recognition into confident coverage decisions.



FINDING 02

The Widest Enrollment Gaps Appear Among Workers With the Least Cushion

Enrollment in voluntary benefits rises steadily with age, income, and household stability. Overall, 62% of employees have enrolled in at least one voluntary benefit at some point, 35% never have, and 3% were ineligible. But the averages conceal an inequity at the heart of the market: the employees least able to absorb an unexpected expense are also the least likely to hold added protection against one.

Enrollment climbs from 51% among employees earning under \$50,000 to 67% among those earning \$100,000 or more. It climbs from 35% among workers 18–24 to 68% among workers 55–64, then eases to 54% at 65 and older as employees begin retiring and aging into Medicare. Homeowners enroll at 66%, versus 50% among those living with parents or family. In nearly every cut, coverage runs lowest exactly where the need runs highest.

The workplace is effectively the entire market

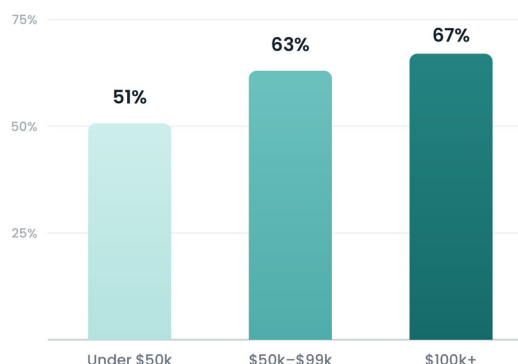
When employees do enroll, they do so almost exclusively through their employer: 98% of enrollees enrolled through their workplace rather than on their own. That concentration is a double-edged finding. It means the employer channel is the only channel that matters for voluntary benefits, and it means the groups enrolling least are not being reached by some other avenue. For brokers and benefits teams, the under-35 and under-\$50k segments are not a saturated market, but an unopened one.

A necessary caution. For the lowest earners, affordability is a genuine constraint that better

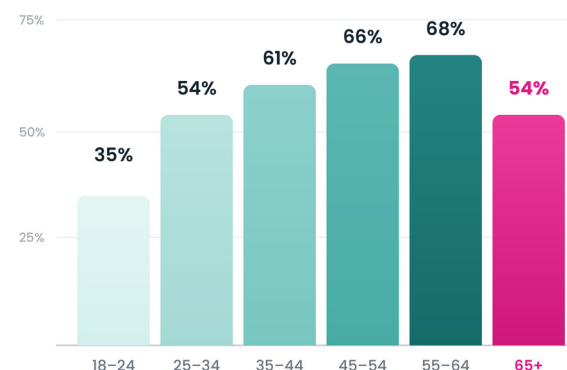
FIGURE 2.1

Coverage is thinnest where the cushion is thinnest

Ever enrolled, by income



Ever enrolled, by age



Enrollment climbs with income and rises steeply with age, peaking at 55–64 (68%), then easing to 54% at 65+ as workers retire and transition to Medicare. Homeowners enroll at 66% versus 50% among those living with family (not shown).

communication alone cannot erase. The later findings show that cost is not the whole story, but nothing here should be read to suggest that education by itself closes a gap that is, for some workers, fundamentally about money.

Takeaway

The employees most vulnerable to an unexpected expense are often the least likely to hold added coverage. Affordability is a real constraint, but as the next findings show, it is not the only one.

FINDING 03 | THE SIGNATURE FINDING

High-Stakes Decisions Are Made in an Hour or Less

Employees may spend weeks comparing which television to buy or planning their next vacation. Yet, most devote an hour or less to the benefits that could determine their financial stability after an illness or accident. The decision is fast, it is largely solitary, and professional guidance is nearly absent from it. And not because employees reject that guidance, but because it is not where they are looking.

Among employees who enrolled, roughly 78% spent an hour or less deciding, including the 15% who did no research at all. Forty-five percent consulted no one before selecting their benefits. Close to one in five (19%) say they simply clicked through and enrolled in most of the options put in front of them. These are not disengaged employees making trivial choices. Rather, they are engaged employees making consequential ones, quickly.

Only 1% of employees first learned about their benefits from a broker or counselor. Yet, 27% say a one-on-one conversation is how they'd most prefer to learn.

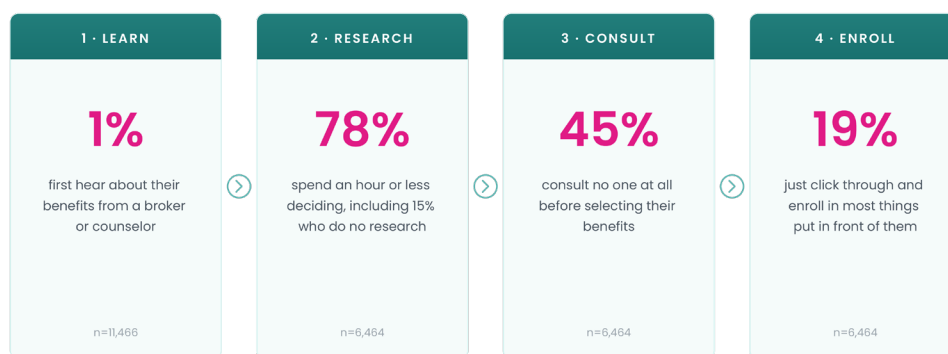
SIDEBAR

Consistent with independent research

Our finding aligns with independent research on how employees approach benefits decisions. The Employee Benefit Research Institute (EBRI), a nonprofit benefits research organization, finds that half of enrollees spend less than an hour choosing a health plan and nearly a third spend under 30 minutes. Industry studies from Prudential, LIMRA, and others report similar or shorter times. EBRI's figure covers health plan selection rather than voluntary benefits, which makes the pattern more striking: employees move this fast even on the benefit that gets the most attention. If anything, these benchmarks suggest our one-hour figure is conservative; the true window may be shorter still.

The guidance void is the sharpest part of the picture. Only 1% of employees first heard about their voluntary benefits from a broker or benefits counselor, and only 2% consulted one before enrolling. But when asked how they would *prefer* to learn, 27% named a one-on-one with a benefits counselor. The demand for expert help is real and unmet.

FIGURE 3.1 A high-stakes decision, made fast and alone



The process is easy. Understanding is not.

60% call enrollment easy, yet only 32% feel very well informed about their options. A smooth path is not a clear one.

Takeaway

Ease isn't the challenge; clarity is. Employees can complete enrollment without understanding what they chose, and that gap is what the rest of this report traces.

Ease is not the same as understanding

Crucially, the problem is not a clunky process. Sixty percent of employees describe enrollment as easy. But ease and understanding are different things: only 32% feel very well informed about their options. A smooth process is not the same as a clear one. A smooth platform experience can carry an employee all the way through enrollment without ever leaving them with a clear picture of what they bought. And that unclosed gap is exactly what resurfaces at claim time.

FINDING 04

Price Stops Enrollment, but Confusion Is Close Behind

Cost is the single largest barrier to enrollment, but it does not explain the whole gap. When non-enrollers were asked why they skipped voluntary benefits, 32% pointed to cost. Nearly as many, however, pointed to two problems that have nothing to do with price: 28% said they didn't understand what the benefit covered, and 27% said no one explained it to them clearly.

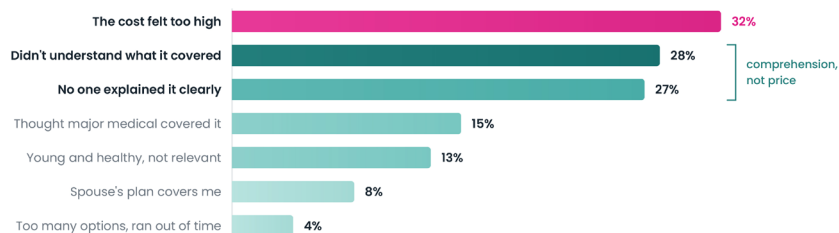
Those comprehension barriers should be counted separately, not summed — an employee could cite both. But each one, on its own, sits just behind cost. And among the employees under the most financial pressure, the ranking flips outright. Among non-enrollers earning under \$50,000, “no one explained it” (32%) and “I didn't understand what it covered” (31%) both *overtake* cost (30%). For workers who most need protection, the barrier isn't simply that they weighed the price and declined, it's that they were never equipped to evaluate the offer at all.

A third of employees can't price what they're being sold

The comprehension gap extends to cost itself. One-third of employees say they have little or no idea what voluntary benefits cost, and at the other end, only about a third feel they understand the pricing well. When that many employees cannot evaluate what they are being asked to pay, “too expensive” becomes an ambiguous signal. It may mean the price is genuinely out of reach, or it may mean no one ever made the value clear.

FIGURE 4.1 Price stops enrollment, but confusion is close behind

Why employees did not enroll (non-enrollers, n=3,812)



Among the lowest earners, comprehension overtakes cost

Non-enrollers earning under \$50,000:



That distinction matters because employees also point to clearer explanation as a lever, not only as a gap. When asked what would make them more likely to enroll in benefits they skipped, 56% named a lower price and 37% an employer contribution, while 35% named a clearer explanation of what the benefit covers. Respondents could select two, so these are not rival camps: many of the same people want both a better price and a better explanation. Price is the loudest answer. Clarity is the one employers can act on without changing what they charge.

Takeaway

Some employees reject a price they cannot afford. Others reject a price they cannot evaluate, because the coverage and value stay unclear. For the second group, a clearer explanation is an enrollment lever that does not require changing the price.

FINDING 05

When Coverage Is Tested, Expectations Don't Always Hold

For employees who enroll, sentiment is broadly positive. Sixty-four percent are satisfied with the benefits they chose, and 63% say those benefits give them peace of mind. But that confidence is softer than it first appears — 40% remain neutral on whether they are getting good value, holding coverage they cannot yet judge. And when the coverage is actually put to the test, an expectations problem surfaces that traces directly back to how the benefit was understood at enrollment.

Only 32% of enrollees have ever filed a claim for their voluntary benefits policy. Among those who did, 46% said the benefit covered exactly what they expected. But 30% said it covered only some of what they expected, and 24% said it did not cover what they thought it would. Put together, 54% of claim-filers encountered at least some gap between expectation and reality, more often representing a partial shortfall rather than an outright denial.

This finding is consistent with the comprehension gap identified earlier in the enrollment journey, though the survey cannot establish that unclear enrollment communications caused every expectation gap. What it does show is that the moment of truth for a voluntary benefit — the claim — is also a moment of risk for employee trust, and that the roots of a disappointing claim often reach back to a decision made in under an hour, without a clear picture of what was and wasn't covered.



“Simple and easy to understand and process is important. I had accident insurance and didn't file one claim because it was too complicated.”

—Survey respondent

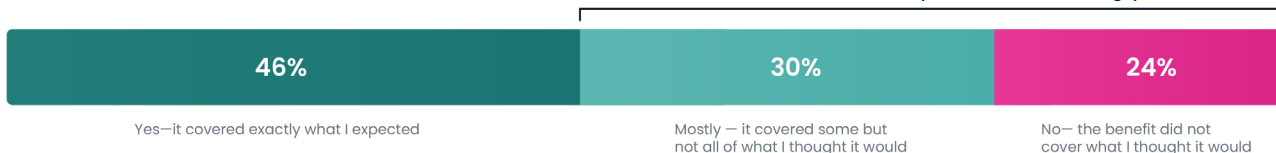
Takeaway

For the majority of claim-filers (54%) coverage and experience didn't fully meet their expectations. The strongest place to prevent that disappointment is before enrollment via clearer explanations of coverage, limitations, and exclusions, before an employee ever needs to file.

FIGURE 5.1 When coverage is tested, expectations don't always hold

Only 32% of respondents who have enrolled have ever filed a claim. Among those who filed:

54% experienced at least some gap



Coverage usually holds. Understanding of it does not always.

A majority (54%) reports gaps in what they expected, 30% experienced some gaps rather than an outright miss (24%). This pattern suggests clearer up-front explanation can better align expectation and the realities.

FINDING 06 | WHAT WORKS

Employees Have Already Told Us How to Close the Gap

The most actionable finding in this survey is that employees are not asking for more benefits. Rather, they are asking to understand the ones they already have. Their answers map cleanly onto the enrollment cycle, and each recommendation below ties to a specific data point. The through-line is consistent: lead with comparison and clarity, deliver it in the formats and channels employees actually use, and don't confine the conversation to a two-week window.

Before enrollment — build relevance

- Identify the workers with the largest protection gaps and reach them deliberately — the under-35 and under-\$50k segments enroll least and are reached by no channel but the employer.
- Tailor communications by life stage and likely need, not by a single company-wide template.
- Explain how each benefit maps to a specific financial risk the employee already worries about.

Evidence. 40% of employees say they would explore benefits outside open enrollment, meaning the appetite is not confined to the enrollment window. And product interest varies sharply by life stage: student-loan help skews young (40% of 18–24s vs 8% of those 65+), long-term care skews older (9% vs 33%), and pet insurance is driven by ownership rather than age (38% of pet owners want it vs 6% of non-owners).

During enrollment — support comparison

- Lead with side-by-side comparisons, the single most requested tool.
- Provide one-page summaries covering price, coverage, exclusions, and a real-world example scenario.
- Use short explainer videos for the benefits that need more unpacking.
- Deliver primary communications by email, and place access to a counselor directly inside the decision flow.

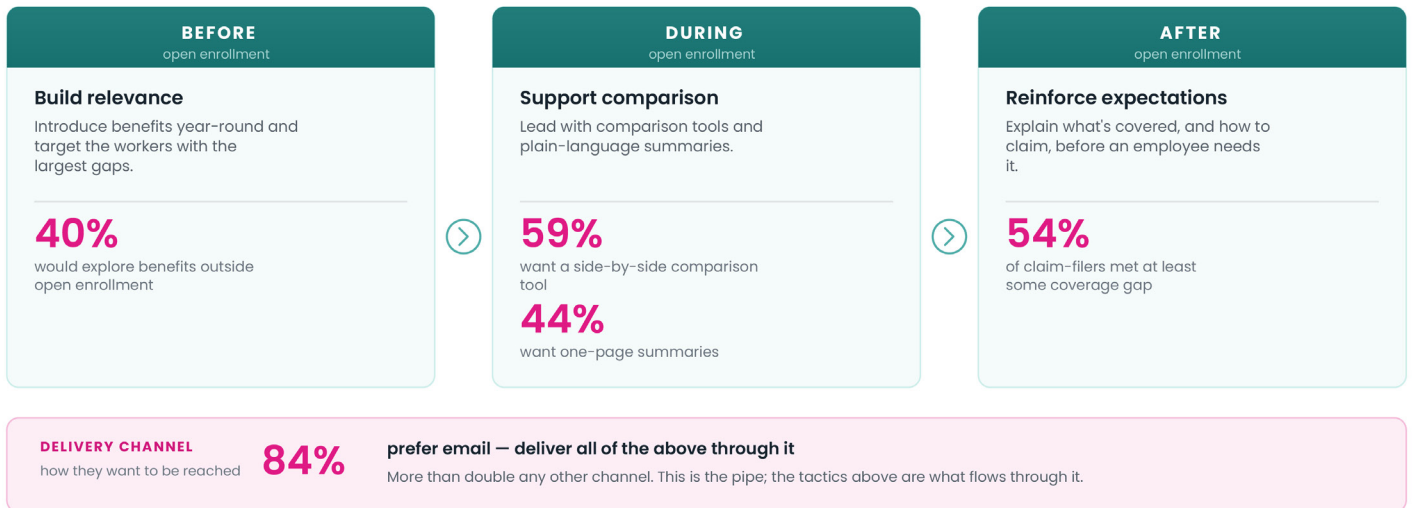
Evidence. When it comes to how they prefer to learn about benefits, 59% want a side-by-side comparison tool, 44% want one-page summaries, and 43% want short videos. Eighty-four percent prefer to receive benefits communications by email — more than double any other channel. And 27% want one-on-one guidance that almost none currently receive.

After enrollment — reinforce expectations

- Send plain-language reminders of what each benefit covers, well before a claim is needed.
- Explain claim requirements in advance, so the first encounter with the fine print isn't at the worst possible moment.
- Provide year-round access to coverage information, and use claim feedback to flag products that repeatedly disappoint.

Evidence. 54% of claim-filers said their coverage met only some or none of their expectations (30% partial, 24% not at all), demonstrating a gap that clearer, earlier explanation of limits and exclusions is well positioned to reduce.

FIGURE 6.1 Employees have already told us how to close the gap



Takeaway

Closing the protection gap requires more than lower prices. Employees have already named the formats, channels, and guidance that would help them decide with confidence.



Conclusion

Employees enter open enrollment worried about exactly the risks voluntary benefits exist to cover, yet they make these high-stakes decisions fast, alone, and without enough understanding to choose confidently. The barrier is not only price; it is comprehension, and that gap doesn't close at enrollment. It resurfaces as unmet expectations when a claim is filed. The story of 2026 is not employee indifference. It's that employees rush a decision the enrollment experience never gave them enough clarity to make well.

What it means for employers and brokers

Closing the gap is largely a communication mandate, not a benefits overhaul. Employees have already named the tools that would help, such as comparisons, plain-language summaries, email delivery, and access to human guidance. The fix is within reach, and it does not require changing the products on the shelf. The organizations that close the comprehension gap will be the ones whose benefits actually get used and whose workforces are genuinely, rather than nominally, protected.

What we'll be watching

These findings establish a baseline for an annual measure of how employees navigate open enrollment. In future editions, BenefitHub Intelligence will track the signals that define the experience: financial preparedness and confidence in existing protection; enrollment by age and income; time spent researching and use of professional guidance; the balance of cost and comprehension barriers; whether coverage meets expectations at claim time; and interest in year-round benefits education.



It can be a little overwhelming at times to understand the full benefits and deciding which package both fits my budget and covers myself and my family. —Survey respondent

Employees have done the hard part, recognizing the risk and wanting to act. What's missing is the clarity and guidance to turn that into confident decisions. The opportunity for employers, brokers, and benefits platforms is to meet them with clarity: the right information, in the right format, at the moment of decision and beyond.

About the Survey

The BenefitHub 2026 Voluntary Benefits Survey was fielded from July 24 to August 3, 2026. Respondents included nearly 13,000 U.S. employees from the BenefitHub member base, which spans employers of all sizes. Participants came from diverse demographic backgrounds, with data captured by age, gender identity, income, education level, and household sizes. Percentages are reported among employees who answered each question, so bases vary by question and are noted with each figure.

Appendix A

FINDING 01 - FINANCIAL PROTECTION

FIGURE A1

Q: How concerned are you about out-of-pocket healthcare costs not covered by your major medical plan?

n=9,951

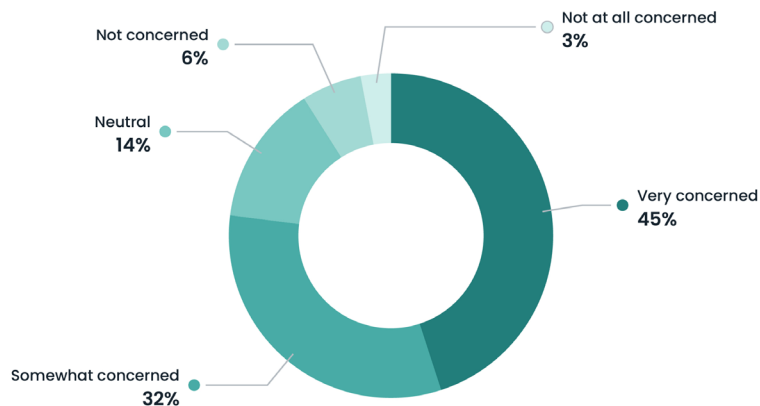


FIGURE A2

Q: "I worry about how I would pay my bills if I couldn't work for 3+ months."

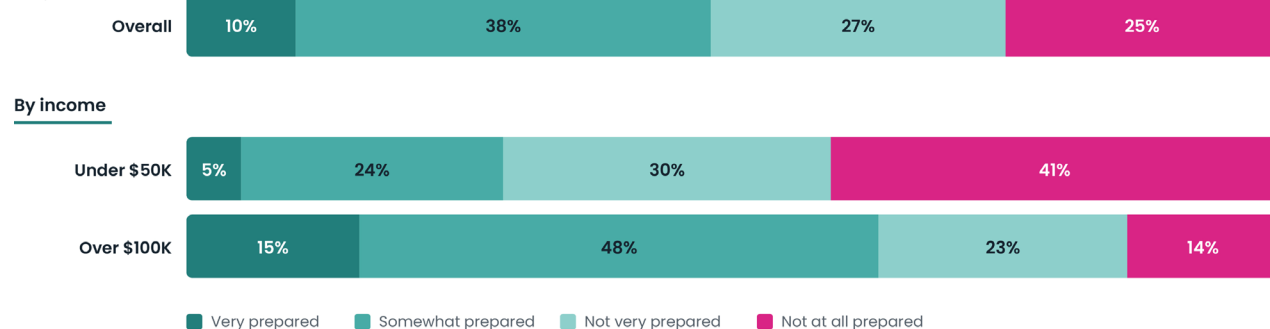
n=9,951



FIGURE A3

Q: How financially prepared do you feel for an unexpected illness, accident, or period of disability?

n=9,951

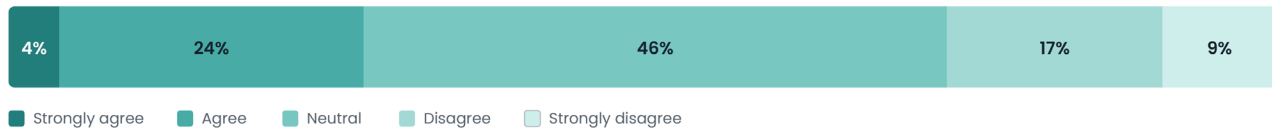


Over \$100K responses sum to 101% due to rounding.

FIGURE A4

Q: "I feel my current benefits package adequately protects my family's financial security."

n=9,951



FINDING 02 - WHO ENROLLS

FIGURE A5

Q: Have you ever enrolled in any voluntary benefits?

n=11,466

Overall



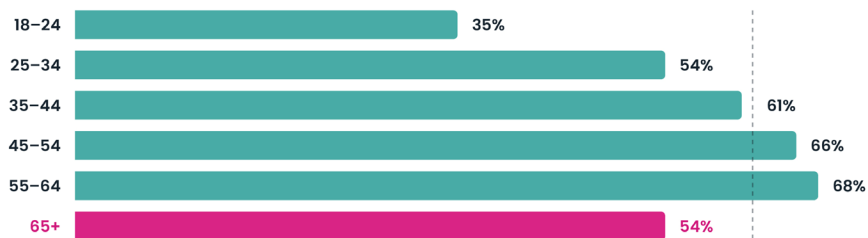
By income

Share who enrolled in one or more voluntary benefits



By age

Share who enrolled in one or more voluntary benefits

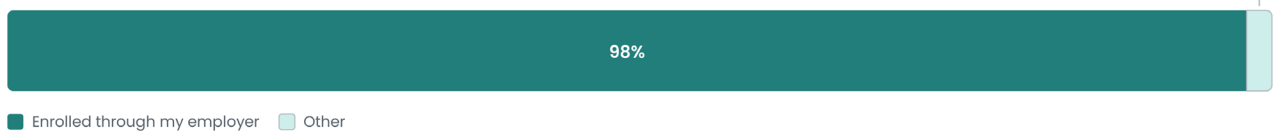


Income and age panels show enrollment rate within each segment; they are not shares of a whole and do not sum to 100%.

FIGURE A6

Q: Did you enroll through your employer or through someone else?

n=6,464



FINDING 03 - THE ONE-HOUR OR LESS DECISION

FIGURE A7

Q: How much time did you spend researching voluntary benefits before making your decision?

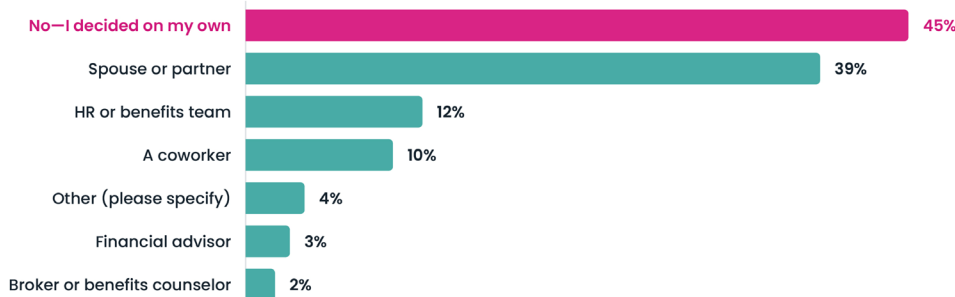
n=6,464



FIGURE A8

Q: Did you consult anyone before making your voluntary benefits selections? (Select all that apply)

n=6,464

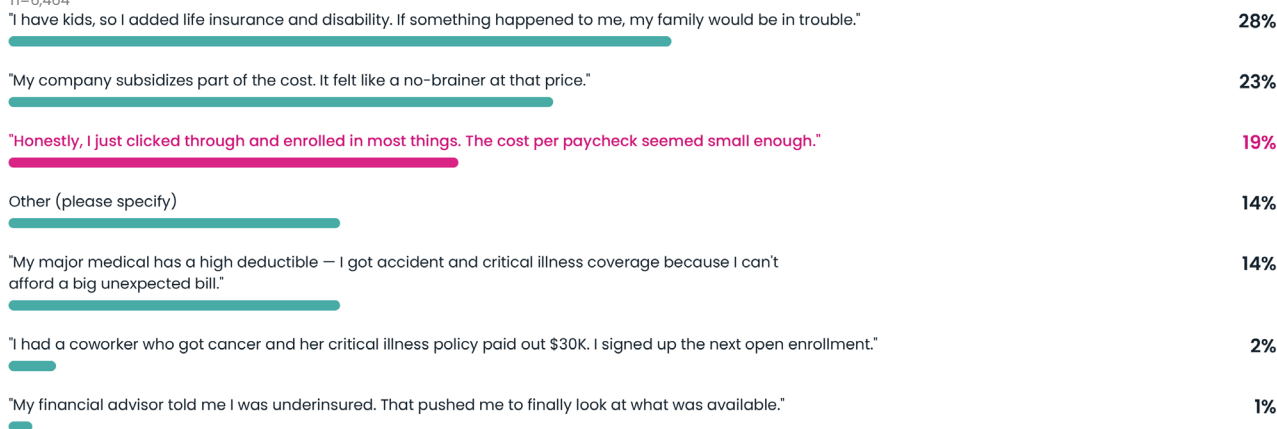


Respondents could select more than one source; responses total 115% and are not additive.

FIGURE A9

Q: If you had to choose one statement, which best reflects your thinking when you enrolled?

n=6,464

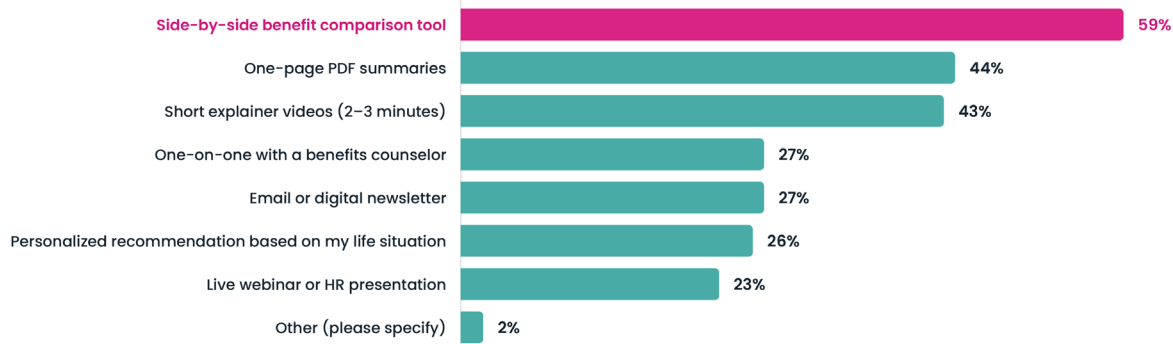


Single-select; responses total 101% due to rounding.

FIGURE A10

Q: How do you prefer to learn about benefits? (Select all that apply)

n=9,763

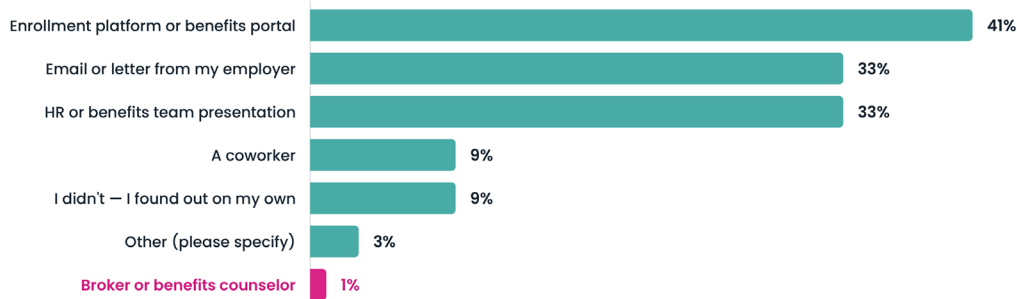


Respondents could select more than one format; responses total 251% and are not additive.

FIGURE A11

Q: Where did you first learn about your voluntary benefits? (Select all that apply)

n=11,466

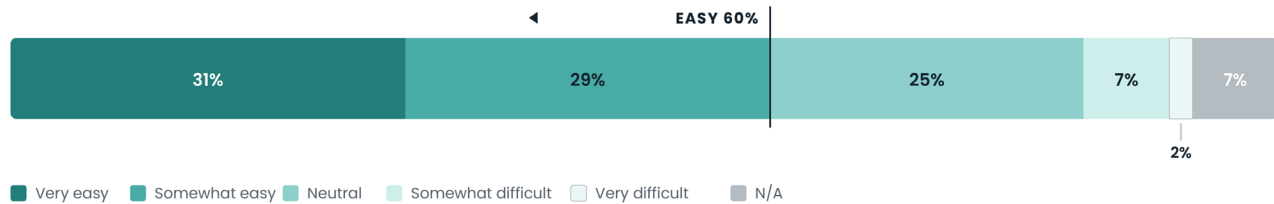


Respondents could select more than one source; responses total 129% and are not additive.

FIGURE A12

Q: How would you rate the ease of the enrollment process for voluntary benefits?

n=9,763 answered

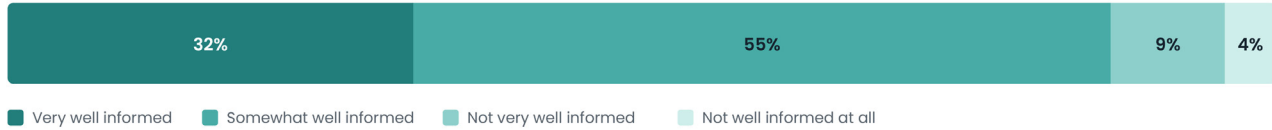


N/A is shown for completeness and is not a point on the ease scale. Percentages are of all who answered and total 101% due to rounding.

FIGURE A13

Q: When it comes to your benefits options offered by your employer, how well informed do you feel?

n=11,466

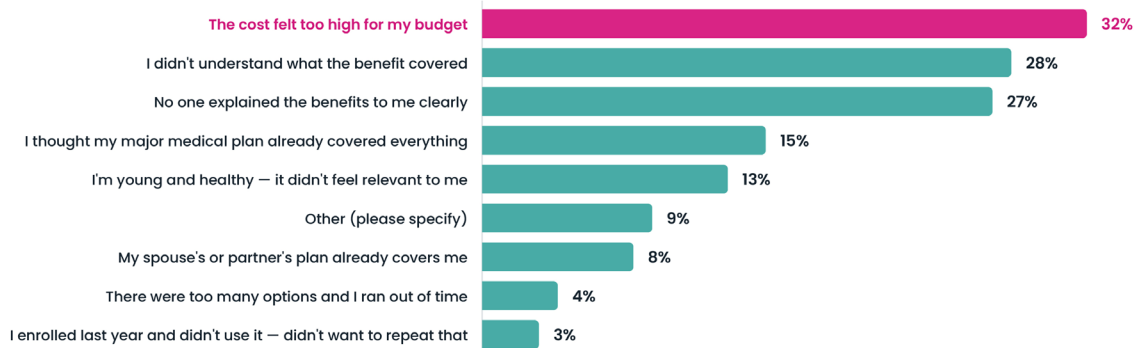


Full response wording: "Very well informed, I understand what I have and what's available"; "Somewhat well informed, I know the basics but not the details"; "Not very well informed – have questions I haven't been able to answer"; "Not well informed at all – I don't know where to start."

FIGURE A14

Q: What were the top reasons you did NOT enroll in voluntary benefits? (Select all that apply)

n=3,812 non-enrollers



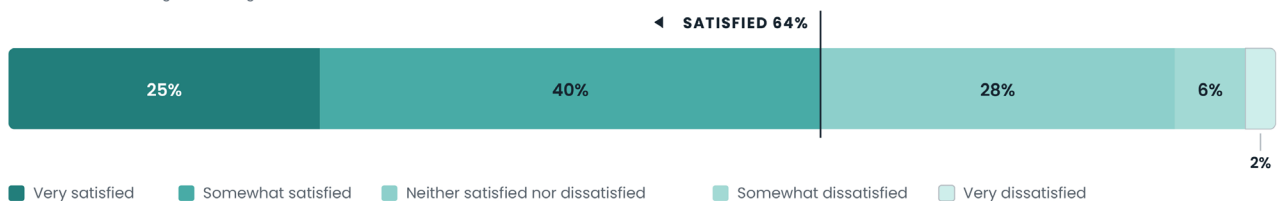
Respondents could select more than one reason; percentages sum to more than 100% and are not additive.

FINDING 04 - COST AND COMPREHENSION

FIGURE A15

Q: Overall, how satisfied are you with the voluntary benefit(s) you enrolled in?

n=6,464 enrollees. Weighted average 3.78 of 5.



Percentages sum to 101% due to rounding.

FIGURE A16

Q: "My voluntary benefits give me peace of mind about unexpected expenses."

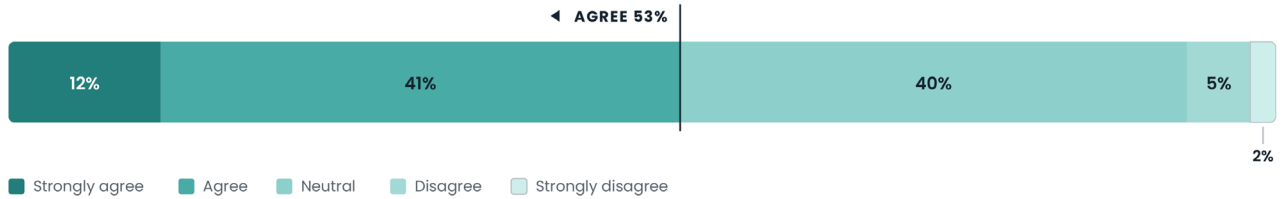
n=6,284 enrollees. Weighted average 3.70 of 5.



FIGURE A17

Q: "Overall, I feel I'm getting good value for what I pay for my voluntary benefits."

n=6,284



FINDING 05 - AFTER ENROLLMENT

FIGURE A18

Q: Have you ever used or submitted a claim against your voluntary benefits policy?

n=6,294



FIGURE A19

Q: When you used your voluntary benefit, did it cover what you expected?

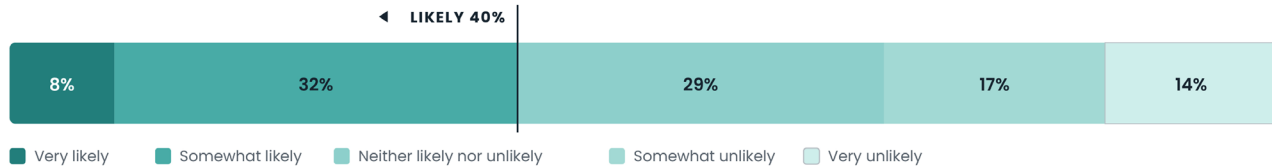
Asked only of those who filed a claim.
n=2,874



FIGURE A20

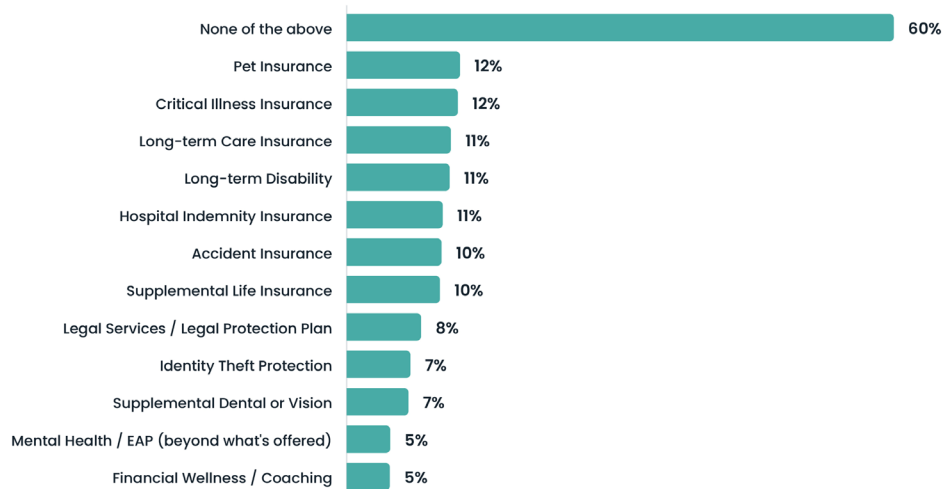
Q: Outside of open enrollment, how likely are you to explore your benefits options during the year?

n=9,763 answered. Weighted average 3.04 of 5.


FIGURE A21

Q: Are there benefits you opted out of primarily due to cost? (Select all that apply)

n=10,068. 17,148 total selections.

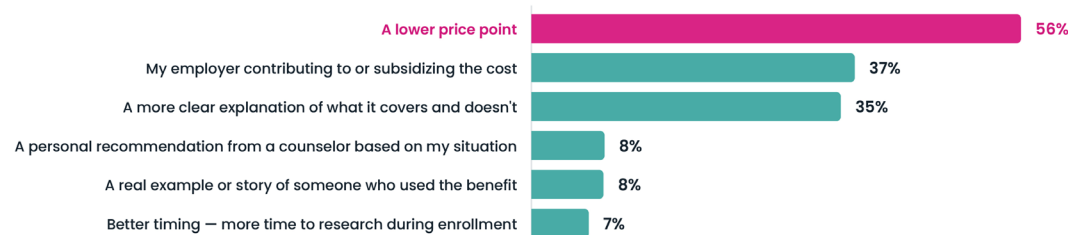


Respondents could select more than one benefit; percentages sum to more than 100% and are not additive.

FIGURE A22

Q: What would make you more likely to enroll in voluntary benefits you currently skip? (Select up to 2)

n=10,068 answered. 15,275 selections (1.52 per respondent).



Respondents could select up to two options; percentages sum to more than 100% and are not additive.

FINDING 06 - THE PLAYBOOK

FIGURE A23

Q: "I would be willing to pay slightly more per paycheck for benefits that better close my coverage gaps."

n=9,951 answered; Weighted average 3.18 of 5.

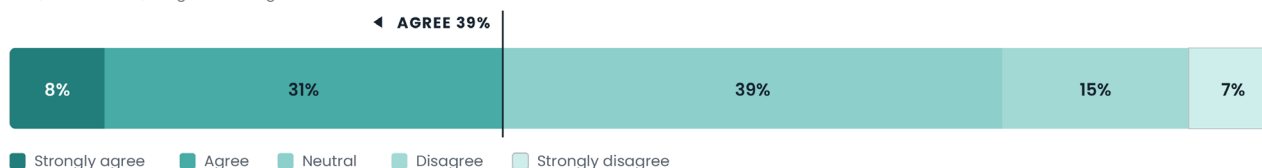
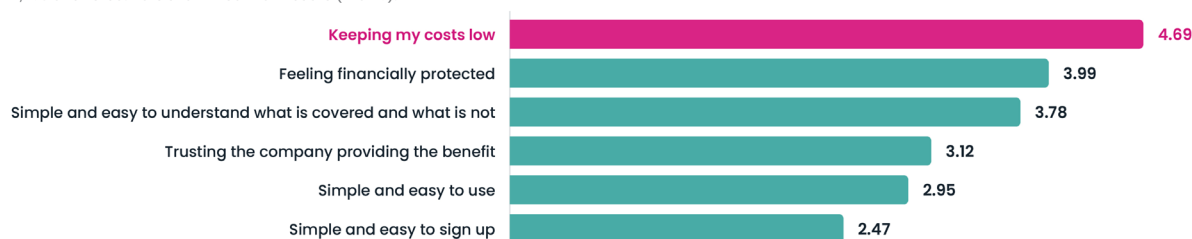


FIGURE A24

Q: When choosing a benefit, what matters most to you? (Ranked from most to least important)

n=9,763 answered. Bars show mean rank score (max 6).

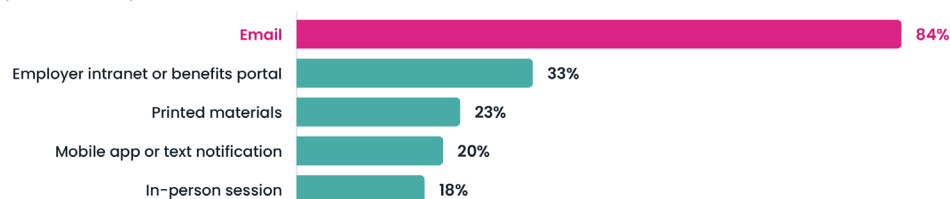


Score is SurveyMonkey's weighted mean of each item's rank position; higher is more important.

FIGURE A25

Q: How do you prefer to receive communications about your voluntary benefits? (Select all that apply)

n=9,763 answered. 17,269 total selections.

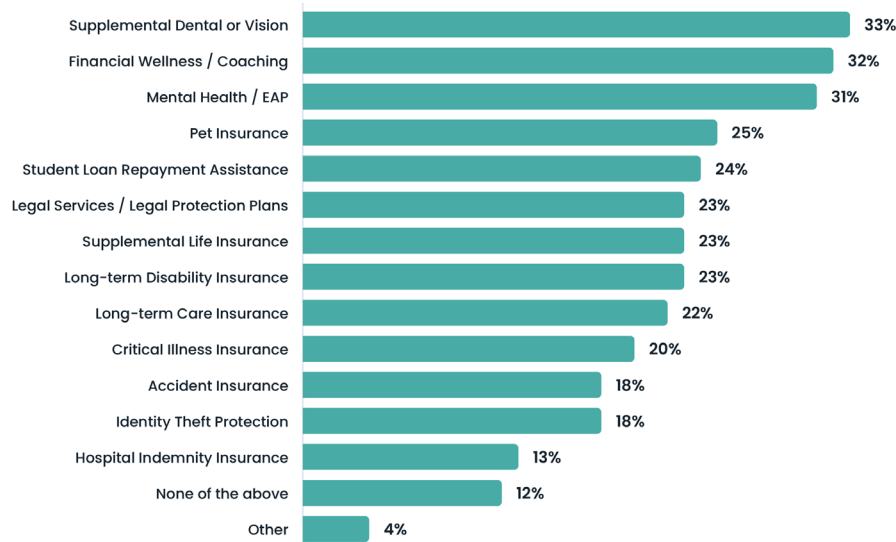


Respondents could select more than one channel; percentages sum to more than 100% and are not additive.

FIGURE A26

Q: Which voluntary benefits are you most interested in?

n=12,951



Percentages sum to more than 100%; respondents could select more than one benefit.

FIGURE A27

Q: Which voluntary benefits are you most interested in? — selected breakouts

All panels share one scale. Each shows only the two contrasting groups supplied.

Student Loan Repayment Assistance, by age



Long-term Care Insurance, by age



Pet Insurance, by pet ownership



Overall interest for reference: Student Loan Repayment Assistance 24%, Long-term Care Insurance 22%, Pet Insurance 25% (see Figure A26).
 Age panels compare the youngest and oldest bands only; the four intermediate age bands were not supplied.

Appendix B: Employee Demographics

FIGURE A28

Q: What is your age group?

n=9,672 answered

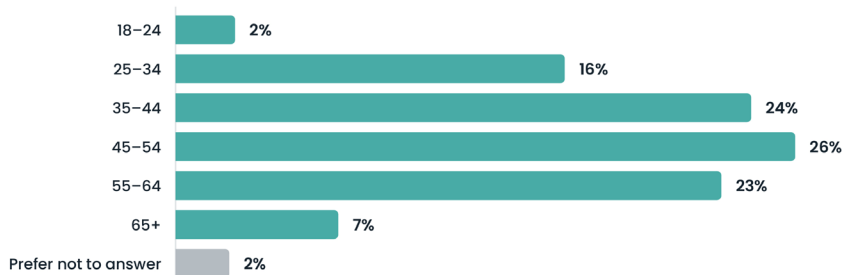
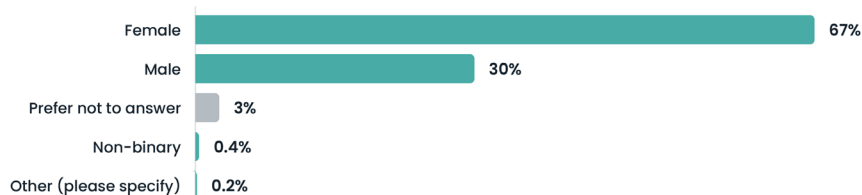


FIGURE A29

Q: What is your gender identity?

n=9,672 answered



Non-binary and Other shown to one decimal; both round to 0% at whole-number precision.

FIGURE A30

Q: What is the highest level of education you have completed?

n=9,672 answered

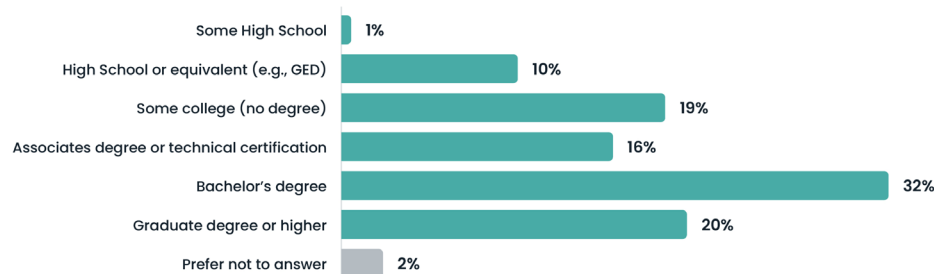
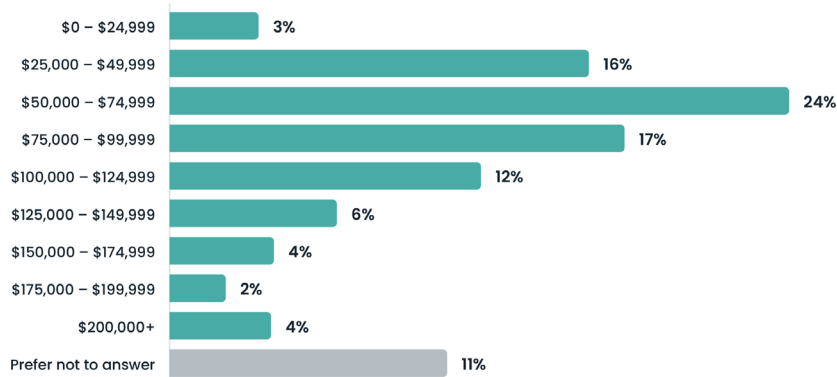


FIGURE A31

Q: What is your annual income?

n=9,672 answered

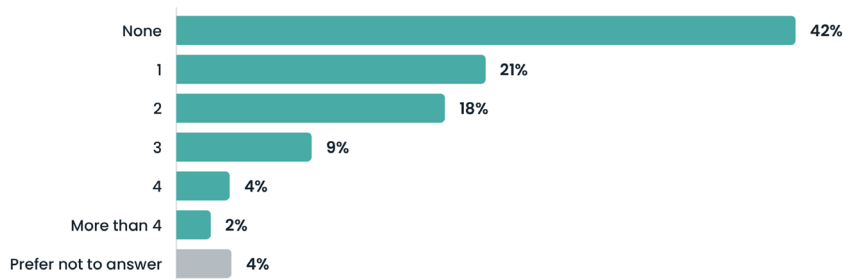


Displayed values sum to 99% due to rounding.

FIGURE A32

Q: How many dependents (children or others you support) currently live in your household?

n=9,672 answered


FIGURE A33

Q: Which of the following best describes your housing situation?

n=9,672 answered

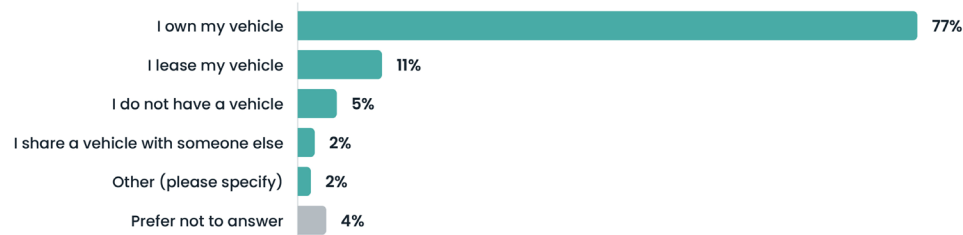


Displayed values sum to 101% due to rounding.

FIGURE A34

Q: Which of the following best describes your auto situation?

n=9,672 answered

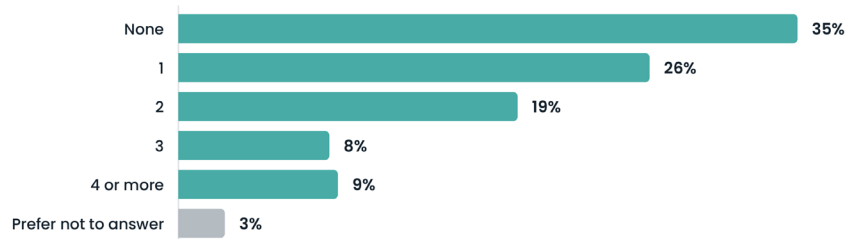


Displayed values sum to 101% due to rounding.

FIGURE A35

Q: How many pets do you currently own or care for?

n=9,672 answered



Appendix C: In Their Own Words

Verbatim responses to the survey's open-ended question
("Is there anything else you'd like us to know about your voluntary benefits?"):

ON WANTING CLEARER INFORMATION / A SUMMARY OF COVERAGE:

"A better understanding of when the coverage starts, how to use it, and when the cards are supposed to come in."

"Printable document that is simple and easy to understand, what is covered and what is not covered."

"No simple location to find certificate or information on how to file a claim or use the benefit when/if needed or if family members need to."

ON WANTING GUIDANCE / A PERSON TO TALK TO:

"I feel benefits counseling would be very helpful for all that need a deeper dive to better understand how all benefits work and the cost of such benefits."

"...there could be a link sent out to employees offering to sign up for a virtual 1:1 call with an advisor that can help walk through the process before they miss out on signing up for it. Just an idea (if not already a thing)."

"It would be nice to speak to a rep one on one, in order to get a more in depth understanding of benefits and to ask specific questions."



ON NAVIGATION / NOT KNOWING WHAT'S OFFERED:

"Navigating to find what the optional benefits are is unclear. When I go to see them, I don't know how to even learn about the other voluntary ones I didn't sign up for."

"Somehow I missed that these are offered. Would like more information."

"It should be sent out to everyone, to their work and personal emails. I didn't know anything about this."

ON YEAR-ROUND COMMUNICATION:

"I don't think we receive any information about this throughout the year. Just an email during open enrollment with dates."

"It would be awesome to have easy access to someone after the presentations and throughout the year that could answer questions for us..."



Appendix D: Methodology & Notes

Sample.

The BenefitHub 2026 Voluntary Benefits Survey was fielded to BenefitHub members between July 24 and August 3, 2026. Respondents included 12,951 U.S. employees. Because the sample was drawn from the BenefitHub member base rather than a nationally representative panel, findings describe this population and are not weighted to the United States workforce.

Bases.

Every percentage is calculated among respondents who answered that specific question. Bases therefore vary: some questions were asked only of enrollees or only of non-enrollers, and respondents who skipped a question are excluded from its base.

External benchmarks.

In reference to Finding 3's stat pertaining to employees spending under an hour enrolling

- [https://www.ebri.org/docs/default-source/fast-facts-\(public\)/ff-531-cehcs2-15may25.pdf?sfvrsn=1dd2042f_1](https://www.ebri.org/docs/default-source/fast-facts-(public)/ff-531-cehcs2-15may25.pdf?sfvrsn=1dd2042f_1)
- <https://www.prudential.com/employers/group-insurance/industry-insights/benefits-decision-making>
- <https://benely.com/employee-benefits-enrollment-guide/>

Rounding.

Percentages are rounded to the nearest whole number, so chart segments may not total 100%, and a combined figure in the text may differ by one point from the sum of the rounded values shown. All figures are calculated on unrounded data.

