

EDUCATE EMPLOYEES ABOUT BENEFITS THAT SUPPORT MENTAL HEALTH

Internal Email Template

We thank you for being a valued employee at [Organization]. We are committed to providing you benefits and resources that support your and your family's mental health and well-being. All benefits are listed in the employee handbook or provided during new hire orientation. As a reminder, our benefits include:

[The listed benefits are examples; please edit this email to reflect your organization's offerings.]

- **Health Insurance.** [Organization] provides the following plan(s) to employees [and their families] with the following costs to employees through [Vendor]. Attached, you will find a Summary of Benefits and Coverage (SBC), an easy-to-read guide to copays, deductibles, and out-of-pocket maximums. Open enrollment for all employees takes place during [Open Enrollment Period].
 - Plan Name A, Plan Type (ex. HDHP, HMO, POS, PPO) Monthly Cost for Employee Premium, Monthly Cost for Employee + Spouse Premium, Monthly Cost for Employee + Children Premium, Monthly Cost for Employee + Family Premium
 - Plan Name B, Plan Type, Monthly Premiums
 - Plan Name C, Plan Type, Monthly Premiums
- **Short-term or Long-term Disability.** [Organization] has short- and long-term disability plans that provide salary coverage to you if you are out for an extended period on disability. If you plan to be out for a long time, or if a sudden health crisis occurs, contact your benefits team about how the application process works. A physician and [Organization] will need to file documents certifying disability. *[Share whether your organization pays for benefits and coverage. Also, share if your plan has limits on mental health and substance use benefits.]*
- **Family Medical Leave Act (FMLA).** [Organization] complies with all U.S. laws concerning FMLA. FMLA allows employees to take unpaid leave for covered individual and family medical needs. Contact your benefits team if you have any questions about whether your or your family's medical needs qualify for FMLA. For more information, visit the U.S. DOL's FMLA FAQ section.
- **Employee Assistance Program (EAP).** [Organization] offers an EAP through [Vendor]. The EAP provides a wide range of services to support employees. In addition to counseling sessions, our EAP can also help with [financial planning, nutrition, and other support]. This service is provided at no cost to the employee. *(Tip: Have an organizational leader endorse the EAP by sharing their personal experience with the system to improve EAP usage.)*
- **Paid Time Off (PTO).** [Organization] provides the following paid time off benefits: Holidays, vacation leave, sick leave, personal leave, mental health days, floating holidays, parental leave, and other types of leave (e.g., bereavement, jury duty, election days). *[For each category you provide, share the total number of hours or days an employee can use and whether all employees are entitled to holidays (e.g., Line vs. management staff).]*
- **Flexible Work Schedule.** [Organization] values its employees and wants to work with them on as flexible a work schedule as the role allows. Please discuss flexible work options with your manager. Flexible work options include [late start times, flex times, comp days].
- **Other Benefits.** [List additional mental health benefits or resources here. Benefits might include discounted gym membership, professional development funds, tuition reimbursement, access to Section 125 plans for health care or child care, or professional memberships.]

For questions about benefits, please contact [Contact Name] at [Contact Email] or visit [Website] for more information.