



**CREATIVE**  
SOLUTIONS

# A.M. MUNCH & LEARN

OE SEASON PREP | SEPTEMBER 22, 2022





# Agenda

1. Gear Up for OE
2. Benefit Guide Building Blocks
3. Helpful Tips for Working In Lytho (formerly inMotion)
4. BenePortal Best Practices
5. Expectation Setting + Turnaround Times
6. More Food for Thought



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WE ARE



**CREATIVE**  
SOLUTIONS

IT'S TIME TO

**Gear Up for OE!**



# Hear ye, hear ye, it's time for OE!

- WOOHOO!!! (insert sarcasm)
- Identify forthcoming changes while decisions are pending
- Nail down timelines and deliverables before submitting requests
- Let's have a conversation A.S.A.P. - we're in this together!
- **New groups** or **major changes** coming - let's set up a call
- **Existing groups** with **minimal changes** - submit requests A.S.A.P.



# Things we can easily get ahead of

- Review last year's materials with your clients and ask:
  - Do we want to do that same as last year or do we need to change it up?
  - Who will need to review/approve? Get all eyes on it as early as possible
- Submit preliminary edits to existing materials - plan year, plan designs, carrier/vendor names, contribution rates, minor text edits
- Reviewing BenePortal website content
  - Be sure to thoroughly read through website content on EACH TAB
  - Click on all document links to ensure they are current
  - Begin compiling all documentation in folders, organized by tab, to send via .ZIP or Egnyte when ready

# Things that we need to allow time for

- New communications and redesigns
- Groups with multiple versions/employee classes
- Printing
- Translation
- Adding additional lines of coverages or services to communications (i.e. new sections in the guides, affecting layout and page order)
- Substantial edits or seemingly small edits that defy the laws of space (i.e. adding text to a page that is already full)

BENEFITS GUIDE

# Building Blocks





# The Anatomy of Any Communication

- Discovery + Analysis
- Content development
- Content flow
- Design



# Discovery + Analysis

Be deliberate with messaging and focus on:

- **WHO** needs to know about this topic?
- **WHAT** do they need to know?
- **WHEN** does this go into effect?
- **WHY** should employees care about this?
- **WHERE** can they go for more information?



# Content Development

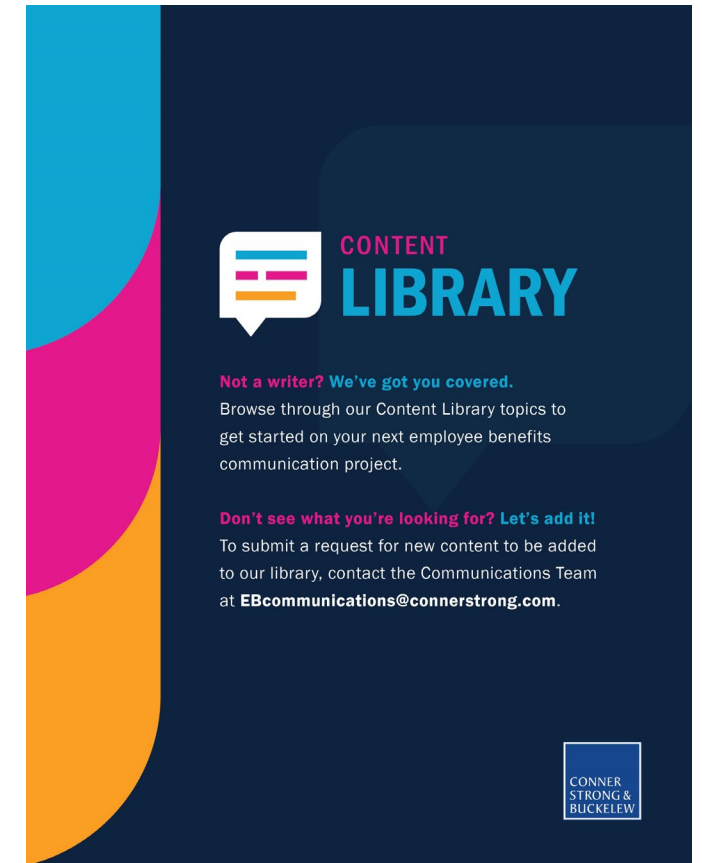
- Create an outline of the topics to include in your communication
- Review the flow of the topics with the client before drafting text
- Use the content library to compile general information by topic
- Less is More! Try not to over-complicate by over-explaining and avoid using insurance jargon. **THINK: QUALITY OVER QUANTITY**
- Employees want to know **“WHAT’S IN IT FOR ME?” (WIIFM)**
- Use bullets and tables when you can, they’re easier to scan on a page
- Place multiple plan options side-by-side whenever possible for easy comparison for readers

# Content is KING

- Identify important information about OE
  - When does it start/end?
  - Is it an active/passive enrollment?
  - Is there anything new or changing for employees?
  - How do employees enroll and/or get more information?
- Are we aware of any client/employee pain points we can address?
  - Under-utilized programs or services?
  - Other data from utilization reports (claims, ER usage, Rx)
  - Common questions from employees via Benefits MAC reporting, employee feedback to HR, surveys, committees, etc.

# Using the Content Library

- Easy to use and edit Word document
- Access via the wiki under “Tools & Resources”.
- Always access the Content Library from the wiki - please do not save it to your files to access later.
- Feel free to customize the standardized content for your clients as needed.
- Variable information such as plan year references, carrier/vendor names is [highlighted and bracketed].
- Do not share this document outside of CSB



# Using the Content Library

EBComm Content Library - September 2021 - Word

File Home Insert Design Layout References Mailings Review View ImageRight Acrobat Tell me what you want to do...

Clipboard Font Paragraph Styles Editing

Navigation

Search document

Headings Pages Results

- Welcome Messages
- New Hire/General Benefits Guide -...
- Open Enrollment Guides - Welcome...
- Eligibility & Enrollment Information
- Who Is Eligible?
- Medicare Eligibility
- How to Enroll
- When to Enroll
- Making Changes During the Plan Ye...
- Spousal Surcharge
- Open Enrollment Information
- Active Enrollment
- Passive Enrollment
- Virtual Open Enrollment
- Open Enrollment Checklist
- Glossary of Benefit Terms
- Medical Benefits
- Preventive Care Covered 100% In-N...
- Embedded vs. Aggregate Deductibles
- Embedded Deductible
- Aggregate Deductible (aka True Fa...
- Prescription Drug Plan Information
- Mandatory Generic Drugs
- Generic Drugs:

CONTENT LIBRARY

Not a writer? We've got you covered.  
Browse through our Content Library topics to get started on your next employee benefits communication project.

Don't see what you're looking for? Let's add it!  
To submit a request for new content to be added

Page 1 of 7

# Excel Plan Grid Templates

- Medical/Rx
- Dental
- Vision
- Carrier Contacts
- Multi-Group Matrix

The screenshot shows an Excel spreadsheet with the following structure:

	PLAN NAME		
1			
2			
3	<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
4	Deductible (INDICATE: Annual/Cal. Yr)		
5	Out-of-Pocket Maximum		
6	Preventive Care Services		
7	Primary Care Physician (PCP) Required?		
8	PCP Office Visit		
9	Specialist Office Visit		
10	Telemedicine		
11	Diagnostic Laboratory		
12	Diagnostic X-Ray/Imaging (MRI, CT-Scan)		
13	Emergency Room		
14	Urgent Care Center		
15	Inpatient Hospital		
16	Outpatient Surgery		
17	Skilled Nursing Facility		
18	Home Health Care		
19	Outpatient Therapies (PT, OT, Chiro)		
20	Inpatient Mental Health/Substance Abuse		
21	Outpatient Mental Health/Substance Abuse		
22	Maternity Care		
23	Infertility Services		
24	Durable Medical Equipment		
25	Vision Care		
26			
27	<b>PRESCRIPTION DRUG BENEFITS</b>	<b>RETAIL</b>	<b>MAIL ORDER</b>
28	Generic		
29	Preferred Brand		
30	Non-Preferred Brand		
31	Specialty Medications		
32			
33			
34	<b>PLEASE INCLUDE ONE OF THE FOLLOWING FOOTNOTES REGARDING DEDUCTIBLE:</b>		
35			
36	<b>EMBEDDED DEDUCTIBLE:</b> The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, the family deductible is met.		
37			
38	<b>AGGREGATE DEDUCTIBLE:</b> The entire family deductible must be met before plan pays any benefits. If you cover any dependents under the plan, the full family deductible must be met before the plan pays any benefits. However, once the family deductible is met, the individual deductibles are met.		
39			
40	<b>ADD ADDITIONAL FOOTNOTES HERE AS NEEDED AND INCLUDE ASTERISKS (*) AS NEED IN PLAN DESIGN</b>		
41			
42			
43			

**TIPS:**

- Add/remove rows as needed
- Copy columns B & C to add more plans to the right
- Use "copay", not co-pay, copayment or co-payment
- For coinsurance, include "plan pays" or "you pay"
- Specify if deductible is on an annual or cal. yr basis
- Specify if deductible is embedded or aggregate
- Make note if benefits are "after deductible"
- Be sure to include important footnotes

# Managing Multiple Versions

- What is the same for all versions?
- What varies from one version to the next?
- Create an outline or matrix
- Finalize a 1<sup>st</sup> version before others
- Save time for all
  - Less time proofing for Account Team and clients
  - Less time editing for Communications Team
  - More efficient for vendors (i.e. Translations)



# The Anatomy of OE Highlights

- OE start and end dates
- Is it an Active or Passive OE and what does this mean?
- What's new or important for employees to know?
- What do we want employees to do next?

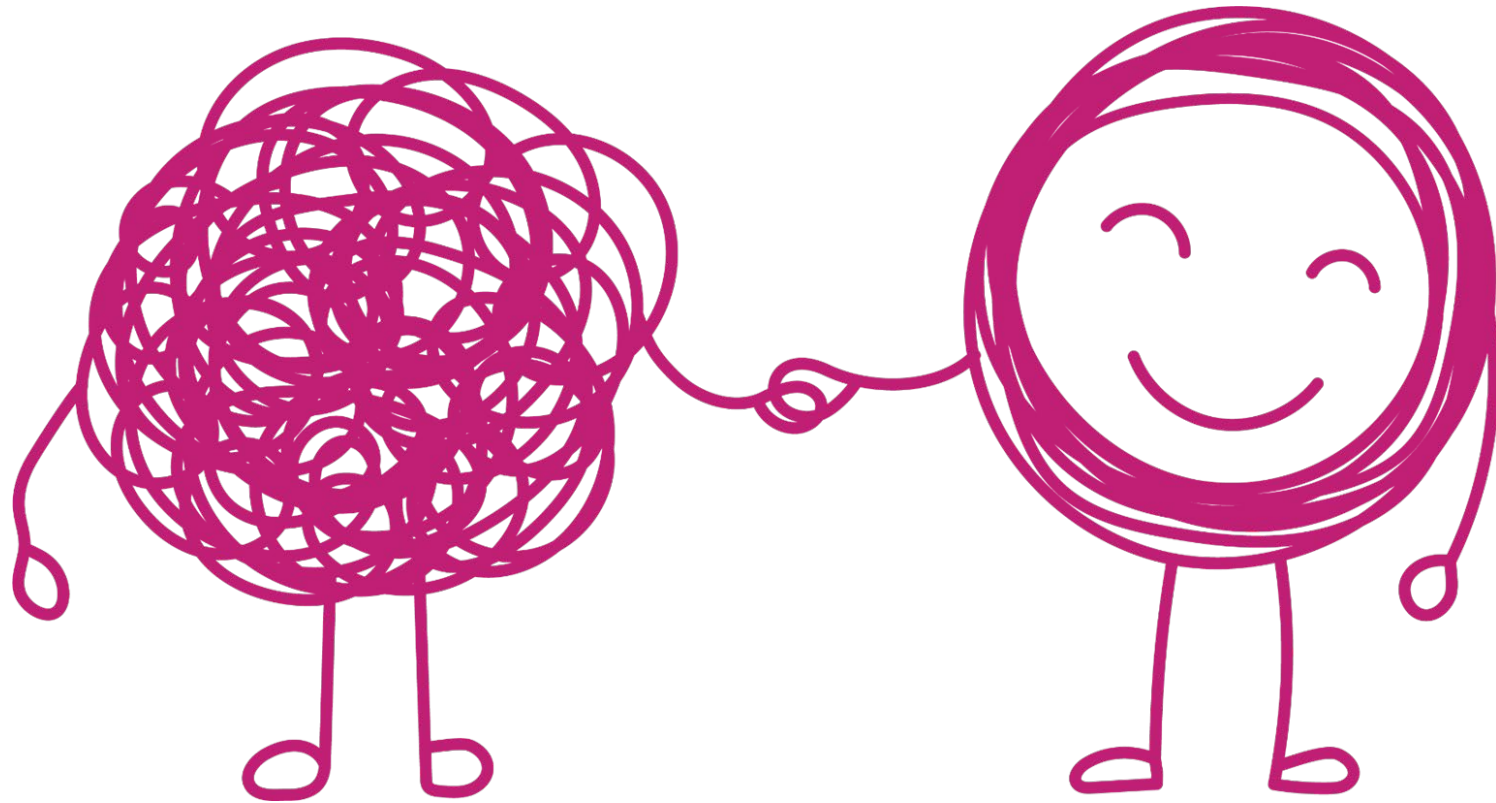


# The Anatomy of a Benefits Guide

- Cover
- TOC and/or welcome letter
- Basic eligibility language (from client)
- When to enroll and how
- Overview of all benefits/services
- Employee contributions
- Resources, Contacts, Legal Notices



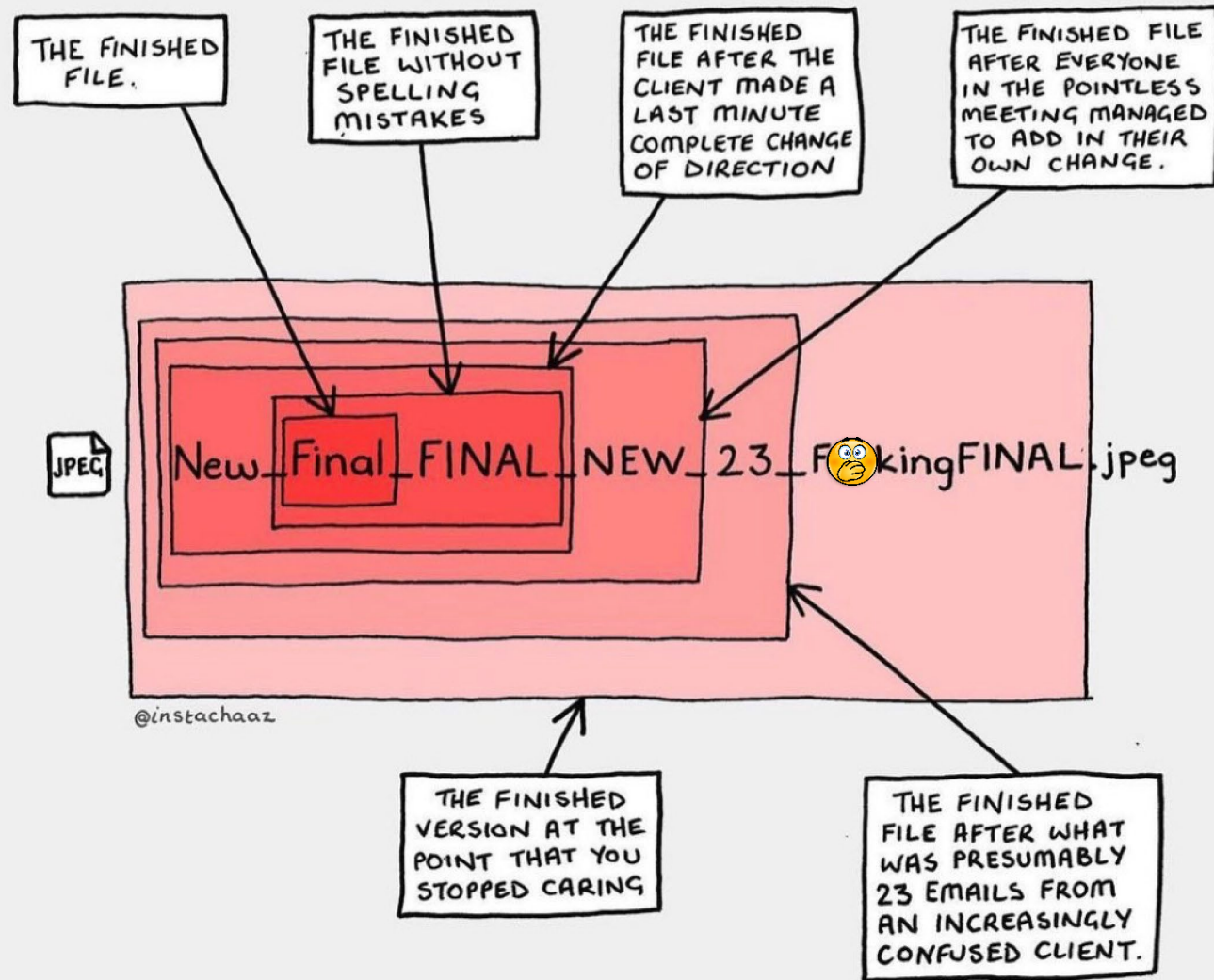
# GOAL: Make the Complex Simple



# Streamlining the Review Process

- All proofs MUST be edited via Lytho
- Account Team is responsible for providing content and peer review
- Version control best practices:
  - Avoid “piece meal” editing
    - Hold edits until client decisions are made and content is final (or close to)
    - Share with all stakeholders (CSB Team & Client) before sending edits back to us
    - View communication as a whole
    - Considering the flow of content
- Leave design/layout to us and focus on content development

# ANATOMY OF A FILE NAME



HELPFUL TIPS FOR  
**Working in Lytho**



# Navigating through inMotion

You will see **My Requests** when you first log in.

Global Search

Create & Monitor Requests

Complete Reviews

See Shared Reports

Notifications

Personal Settings

The screenshot displays the inMotion interface. On the left is a dark sidebar with the LinkedIn logo at the top, followed by icons for search, messages, requests, reports, notifications, and a profile picture. The main content area is titled 'Requests' and has a sub-header 'My Requests' with an 'Add Request' button. Below the sub-header, there are three categories: 'My Requests', 'Shared With Me', and 'Archived'. The 'My Requests' category is selected. The main content area shows a list of requests grouped by status. The first group is 'DRAFT' and contains one request: 'Winter social media ad' with a 'Draft' button. The second group is 'ACCEPTED' and contains two requests: 'Sunflower social media ad' with an 'Accepted' button and a date of 'Dec 2, 2020', and 'Sunflower Social Media Ad' with an 'Accepted' button and a date of 'Mar 11'. At the bottom, there is a pagination control showing '1-3 of 3' and a '20 per page' dropdown.

# Creating a Request

1. Navigate to the **Requests** tab
2. Select **Add Request**
3. Name your request  
(**Client Name + Description**)
4. Select the best form for your request needs
5. Fill out the form in detail — inputs are saved automatically!
6. Submit the request

## Create Request ×

Request Name \*

Cancel **Create Request**



# Request Forms

Here is where you will select the type of communication you need using our custom request forms. Each form includes important information at the top of the screen, such as turnaround times.

**NOTE:** Due dates are restricted by standard turnaround times.

The screenshot displays the 'Request Overview' section of the 'ABC Company Benefits Guide' interface. At the top right, there is a link for 'Back to Requests'. The main content area features a 'Request Form \*' dropdown menu. The dropdown is currently open, showing a list of 13 options. The first option, 'Select request form...', is highlighted in blue. The other options are listed in a standard font. At the bottom right of the interface, there is a green 'Submit Request' button.

ABC Company Benefits Guide [Back to Requests](#)

Request Overview

Request Form \*

- Select request form...
- Select request form...
- 00 - New Client Onboarding
- 01 - (NEW) OE/New Hire Benefits Guide
- 02 - (UPDATE) OE/New Hire Benefits Guide
- 03 - Communications Project Request (flyers, posters, etc.)
- 04 - (NEW) BenePortal Website - Full Build
- 05 - (UPDATE) BenePortal Website
- 06 - VOE Website Build/Edits
- 07 - Member Advocacy Letters w/Punch-Out Cards
- 08 - Benefit/Total Reward Statements
- 09 - Print Request
- 10 - Translation Request
- 11 - Rush Request
- 12 - Special Project (Out-of-Scope)

Submit Request

# When in doubt...

Access the **Quick Reference Sheet** via the Communications Wiki > Resources > inMotion User Guides

- Each form listed in numerical order
- Descriptions of each form and when it should be used
- Minimum turnaround times for 1<sup>st</sup> draft, based on request type

## QUICK REFERENCE SHEET inMotion Request Forms



This quick reference sheet can be used to help inMotion users navigate the various project request forms available in the system. Please note, minimum turnaround times vary by request type as noted below.

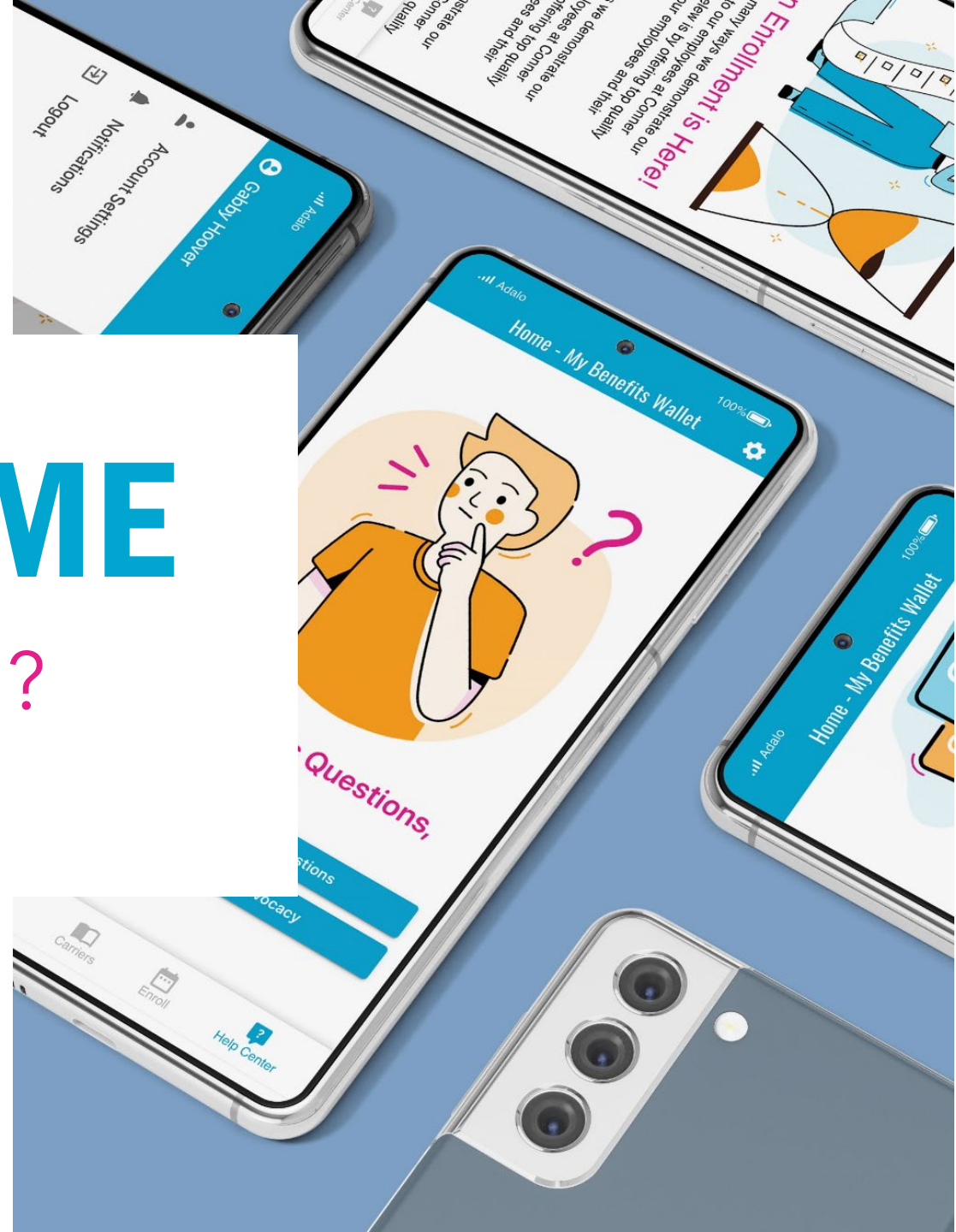
REQUEST FORM NAMES & DESCRIPTIONS	MINIMUM TURN-AROUND (1 <sup>st</sup> Draft)
<b>00 New Client Onboarding</b> Use to provide general information about new EB accounts.	After onboarding client and prior to submitting first project request
<b>01 (NEW) OE/New Hire Materials - guides, highlights, forms, etc.</b> Use to request a new materials for a client (first time or complete redesign)	First draft - 7-10 days Total - 3-4 weeks
<b>02 (UPDATE) OE/New Hire Materials - guides, highlights, forms, etc.</b> Use to update existing materials (e.g. updating last year's benefits guide)	Edit Existing - 3-5 days New - minimum 7-10 days
<b>03 Communications Project Request (flyers, posters, etc.)</b> Create communications materials not directly related to new hires or Open Enrollment (e.g. topic-specific flyers, postcards, forms, email template, etc.)	3-5 days
<b>04 (NEW) BenePortal Website - Full Build</b> Create a new BenePortal website for a client from scratch	30 days
<b>05 (UPDATE) BenePortal Website</b> Make an update to an existing, completed BenePortal website	1 day
<b>06 VOE Website Build/Edits</b> Create or update a Virtual Open Enrollment website	New - 5-7 days Edit - 1 day
<b>07 Member Advocacy Letters w/ Punch-Out Cards</b> Create Member Advocacy letters with punch out cards containing contact carriers.	2 days
<b>08 Benefit/Total Reward Statements</b> Create individual total reward statements for employees	3-4 weeks minimum
<b>09 Print Request</b> Send existing materials to be printed and distributed to employees	3-5 days
<b>10 Translation Request</b> Translate an existing material to another language	5-10 days
<b>11 Rush Request</b> Use this form if materials are needed before their standard turnaround.	Consult Communications Team
<b>12 Special Project (Out-of-Scope)</b> Create a custom project for clients. NOTE: Fees may apply	Consult Communications Team

# When Submitting New Requests

- Name all requests as follows: Client Name + Short Description (“CSB OE Guide”)
- Include all content needed to get started
- Be as accurate as possible with timing
- Remember: Project Due Dates/Draft Deadlines are not the same
- Provide as much direction as possible

# LET'S PLAY A GAME

WHAT'S NOT RIGHT HERE?





## Total Rewards Flyer

### Request Details

Client Name

How can we help you? Tell us a bit about the project.

Updates

Due Date

May 27

For Due Date, enter the date this request must be completed by.

When would you like to receive a draft by?

May 31

Additional Information

Please release 3 copies of the Total Rewards Statement: Exempt, Non-Exempt, Faculty

# Create Request



Request Name \*

DeCotiis, Fitzpatrick Cole and Giblin need to change just the med/dental/vision back to semi monthly

Cancel

Create Request

# 1 HSA & FSA: Payflex

## Health Savings Account (HSA)

If you enroll in the HDHP, you have the option of contributing funds toward an HSA on a pre-tax basis. The funds you contribute to your HSA can be used to offset your out-of-pocket medical expenses. Unused account dollars are yours to keep even if you leave the group.

If you are enrolled in the HDHP, you may have unused FSA funds prior to beginning HSA Contribution.

## HSA Highlights

- You may contribute pre-tax dollars through payroll deductions to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for eligible medical expenses and prescriptions.
- The HSA funds can be used to help you satisfy your plan's annual deductible.
- Unused HSA dollars are yours to keep even if you leave the group. Additionally, you invest your HSA dollars, so your available HSA dollars can grow over time.
- No "use-it-or-lose-it" rule. Save unused HSA funds from year-to-year and use them to reduce future out-of-pocket expenses.

## HSA Eligibility

Any employee can contribute to an HSA if you:

- Have coverage under an HSA-eligible High Deductible Health Plan (HDHP)
- Have no other first-dollar medical coverage (other types of insurance, including specific injury or accident, disability, dental care, vision care, or long-term care insurance are generally permitted).
- Are not enrolled in Medicare.
- Cannot be claimed as a dependent on someone else's tax return.

Contributions to your HSA are limited annually by the IRS. Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free.

### 2019 HSA contribution limits are:

- Single: \$3,500
- Family: \$7,000

### 13 HSA Vendor

An Group partners with PayFlex for your Health Savings Account needs. If you participate in the Archer HDHP and you wish to open an HSA with PayFlex, you may do so by completing the HSA Payroll Deduction form.

## Flexible Spending Accounts (FSA)

### 2019 FSA contribution limits are:

- Health Care Flexible Spending Account (HCFSA): \$2,700
- Dependent Care FSA: \$5,000

To contribute to the FSA, you must enroll in the FSA Benefit. Effective June 1, 2019, your new vendor will be Benefit Flex.

You have until May 31, 2019 to submit claims (for expenses incurred June 1, 2018 through May 31, 2019) via fax, mail or online.

If you have funds remaining in your PayFlex FSA at the end of the plan year (May 31, 2019), you have until August 15, 2019 to use these funds. This is known as the grace period. All claims must be submitted to PayFlex no later than August 15, 2019 via fax, mail or online.

Below are the monthly employee contributions that apply to your medical/prescription drug plans effective June 1, 2018.

Plan	Coverage Tier	2017/2018 Employee Contributions	2018/2019 Employee Contributions	Employee Contribution Difference
EPO Design #4	Single	\$202.21	1	5
	Two Adults	\$532.21	2	6
	Employee/Child(ren)	\$346.27	3	7
	Family	\$733.74	4	8
HDHP	Single	\$241.22	9	10
	Two Adults	\$658.57	11	12
	Employee/Child(ren)	\$419.65	13	14
	Family	\$904.44	15	16
OMNIA 3	Single	\$282.68	17	18
	Two Adults	\$728.45	19	20
	Employee/Child(ren)	\$497.36	21	22
Direct Access	Family	\$998.91	23	24
	Single	\$441.11	25	26
	Two Adults	\$1,098.95	27	28
	Employee/Child(ren)	\$779.52	29	30
	Family	\$1,499.63	31	32

# Expectation Setting

+ TURNAROUND TIMES





# You Can Pick 2...

- Quality Work + Cheap Cost =  
Need more time
- Quality Work + Short Timeframe =  
Need more money (cost goes up)
- Short Timeframe + Cheap Cost =  
Quality suffers



# Standard Services + Minimum Timing

- New Benefits Guide: 10 business days
- Existing Guide edits: 3-5 business days
- BenePortal: 30 days build/1-2 bus. days edits
- Benefit Statements: 30 days
- Flyers, Posters, etc.: 3-5 business days
- Edits to existing project: 24 hours
- Translations: 7-10 business days
- Printing: 3-5 business days
- Mailings: Add 1-3 days to print timing



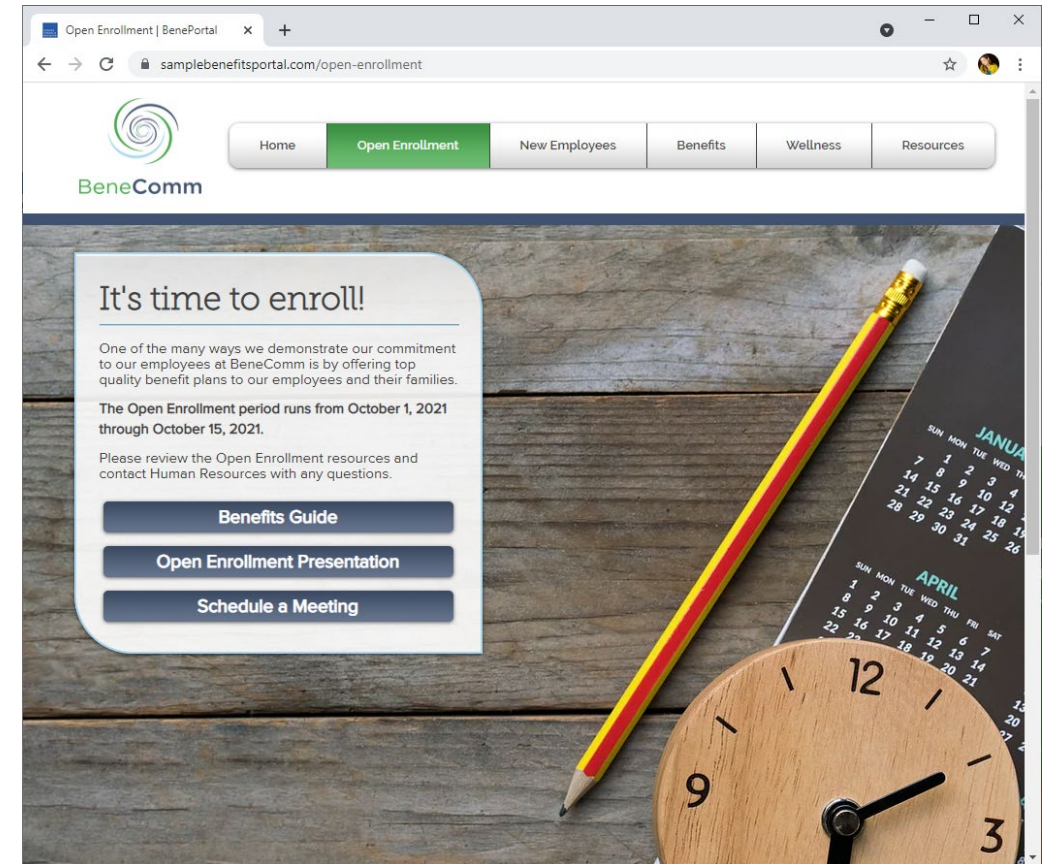
# BenePortal

UPDATES + TIPS



# BenePortal Updates + Tips

- Make content valuable and engaging
- Extend the shelf life of your content - **don't include plan years** on pages if you don't have to!
- Request "Open Enrollment" tab to review when it is not live:
  - Download Benefits guides/materials
  - View OE presentations
  - Enrollment website (if applicable)
  - ALERT US WHEN TO POST/TAKE DOWN!



Please do not  
attach multiple  
documents for  
BenePortal sites  
to your Lytho  
request

#### Request Details

**Client Name**

Cumberland County and Cumberland County DOSS

**Due Date**

Jul 5

**Please describe the changes needed**

Please add the forms on the attached email to their Beneportal. Instructions are in the email. Please let me know if there are any questions. Thank you so much!!!

Attach files here, if needed (for multiple files, please attach a compressed .zip file organized by line of coverage, with each coverage type saved in separate folders)



Cumberland County\_2022\_Enrollment Form\_UAWDOSS\_v3 .PDF



Cumberland County\_2022\_Enrollment Form\_ASAP\_v3 (2).PDF



Cumberland County\_2022\_Enrollment Form\_UAW2327\_v3 .PDF



Cumberland County\_2022\_Enrollment Form\_MGMT\_v3 (2).PDF



NVA Vision Benefit Summary.pdf



How to Print NVA ID Card.pdf



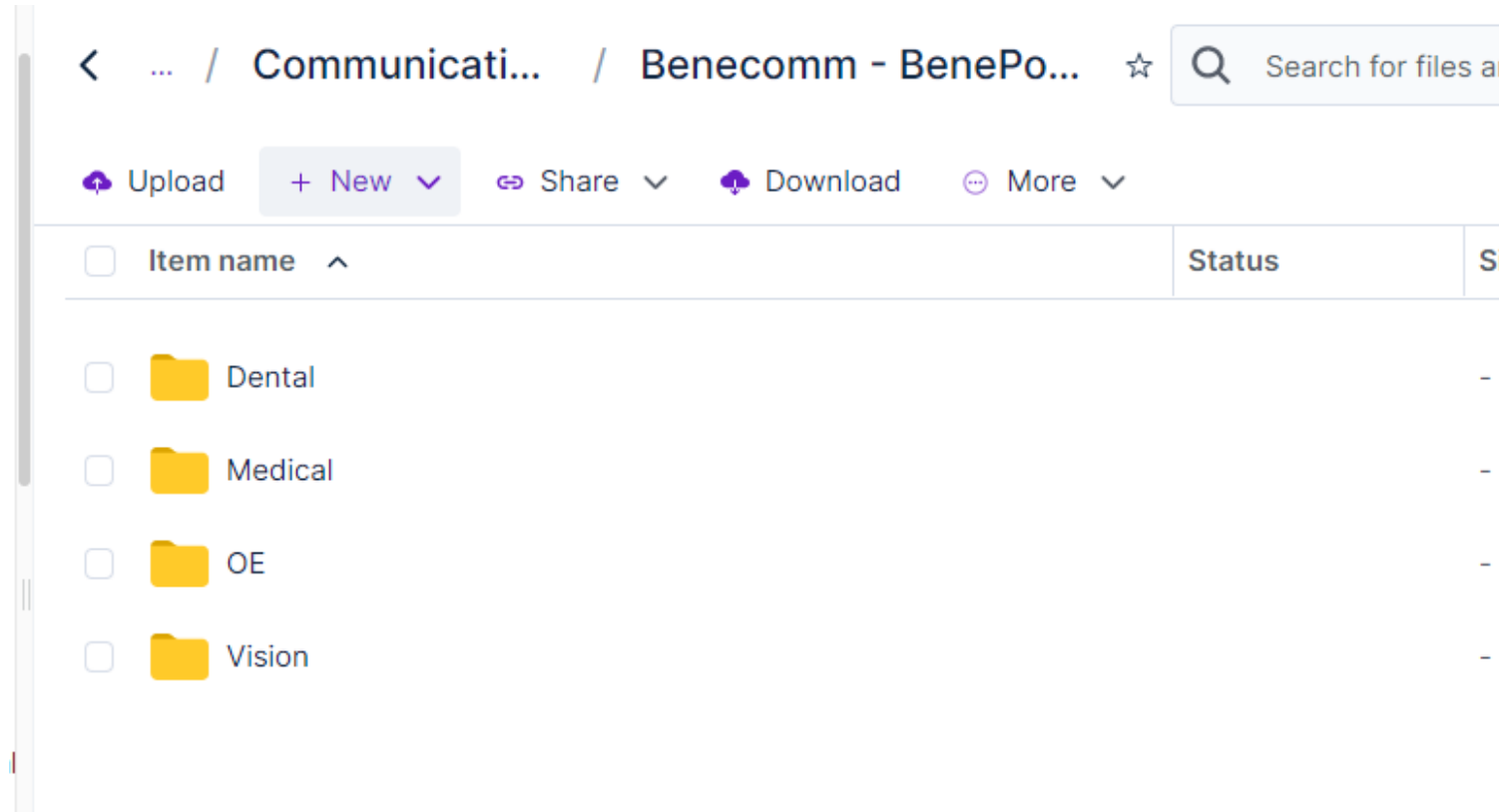
NVA Mobile App Flyer.pdf



Cumberland County - BenePortal NVA Tab.msg

# Pro Tip! Use Egnyte

You can also attach a .ZIP file to your Lytho request, with files organized by topic.



# Naming Your Documents for BenePortal

- Label all files exactly how you want them to appear on BenePortal.
- Keep file names short and easy to understand
- Try to be consistent in your naming conventions



A BIT MORE

# Food for Thought





# Know Our Standard Offerings

- Benefits Guides (OE Highlight, New Hire Benefits Guides)
- Forms & Affidavits
- CSB Value Added Services
- Topic-Specific Communications
- BenePortal Websites with Multi-Portal option
- Multi-channel campaign direction
- Wellness Communications (monthly/quarter standard templates)
- Total Rewards Statements

# Understand What is “Out-of-Scope”

- Custom design/branding - we offer a variety of standard templates we can customize with colors and imagery to suit any client
- Electronic or fillable forms
- Multiple BenePortal Websites with custom URLs for various EE classes
- Copywriting - we have various resources to gather content, but do not have a writer on staff
- Custom wellness newsletters - we have a plethora of resources for content such as HealthyLearn and Zywave which we use to populate standard newsletter templates
- RUSH turnaround times - let's all do our best to be PROACTIVE.

# Get Us Involved A.S.A.P. if...

- What the client is asking for is not standard or if you're not quite sure
  - IT'S OK TO SAY "we'll get back to you"!
  - We promise to offer a **creative solution** that works for all parties
- There are any complexities we should be aware of
- CSB is in jeopardy with the client for any reason (especially prior to making promises we can't keep)
- You foresee any challenges, such as time constraints or multiple stakeholders involved in the review process, potential logistical nightmares, anything that might keep you up at night

# Final Tips for Success

- Bookmark and use the Wikis on BenePedia and available resources
- Don't forget to bookmark Lytho IN CHROME and keep it open while you work
- Save final communications in ImageRight (don't forget to save client logos too!)
- Send final guides to the Benefits MAC team
- Reach out for assistance - **ANY TIME!**



LEVERAGE WHAT  
We Already Have

(LET'S NOT RECREATING THE WHEEL)

# Getting Out of the Newsletter Business...




**DID YOU KNOW**

## September is Suicide Awareness Month!

At **Conner Strong and Buckelew**, we believe that staying on top of your health — and healthcare — is vital. Each month, we've compiled a variety of resources so that you have quick, easy access to tips and information to help you get healthier and take better care of yourself and your family.

This month, we're focusing on **Suicide Awareness and Prevention**. To learn more, click on the attached flyers.

**INSERT LOGO**



# SEPTEMBER

*Did you know... that suicide is the 10<sup>th</sup> leading cause of death in the United States?*

**Suicide can happen to people of any age, ethnicity or gender. Everyone can help prevent suicide by knowing the warning signs and how to help.**

### Signs of Suicide

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or being in unbearable pain
- Acting anxious, agitated, or reckless
- Showing rage or talking about seeking revenge

### Causes of Suicide

Suicidal thoughts have many causes. Most often, suicidal thoughts are the result of feeling like you can't cope when you're faced with what seems to be an overwhelming life situation. If you don't have hope for the future, you may mistakenly think suicide is a solution. You may experience a sort of tunnel vision, where in the middle of a crisis you believe suicide is the only way out. **Causes of suicidal thoughts include:**

- Clinical conditions like depression, bipolar disorder, and schizophrenia
- Grief or loss of a loved one
- A side effect of some medicines
- Family history of suicide or depression
- Money and relationship problems
- Increasing use of alcohol and/or drugs

### Do's and Don'ts of Suicide Prevention

**Don't:**

- Ignore a threat of suicide
- Keep someone's threat of suicide a secret
- Dare or challenge someone who has threatened to commit suicide
- Leave a person alone if they talk about suicide

**Do:**

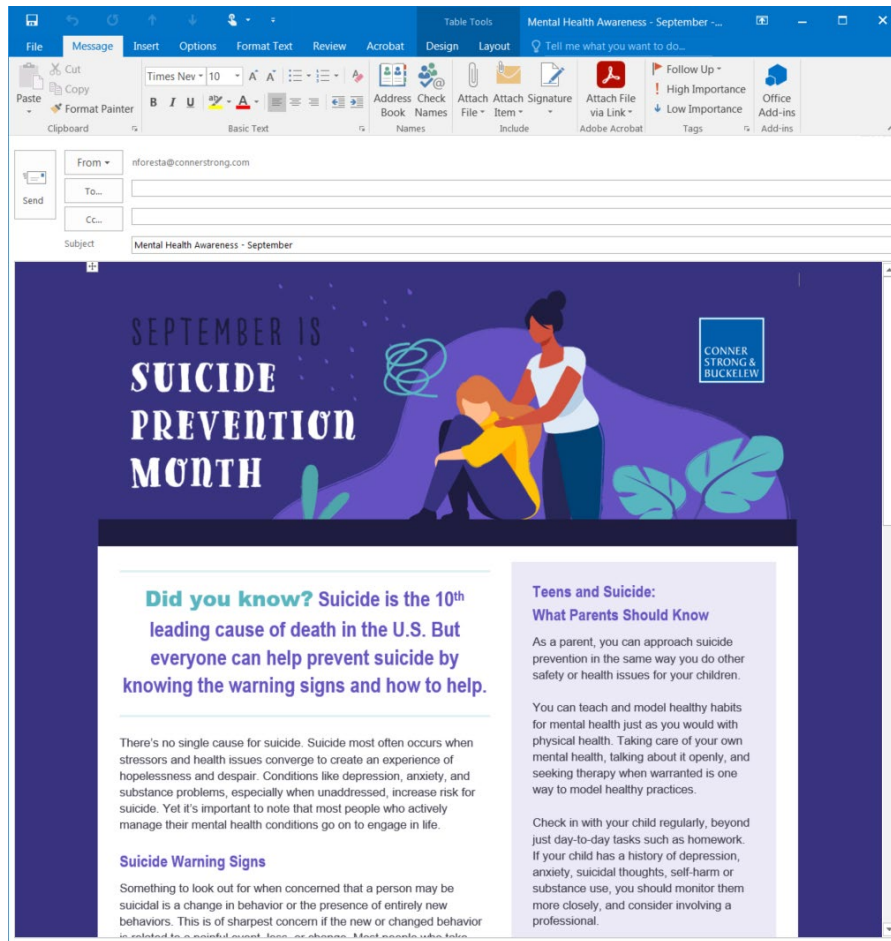
- Ask how the person plans to carry out the suicide. Has he or she acquired a gun or pills?
- Waste no time in finding help. Contact friends, family members, a family doctor, a member of the clergy, a crisis intervention center, and/or a suicide prevention hotline.

### Suicide Prevention Resources

- Suicide Prevention Lifeline: **800.273.8255**
- Crisis Text Line: Text **TALK** to **741-741**
- Local Emergency Response: **911**

You may also visit a hospital emergency room, an urgent care center, or a psychiatric hospital walk-in clinic.

# Getting Out of the Newsletter Business...



**SEPTEMBER IS SUICIDE PREVENTION MONTH**

CONNER STRONG & BUCKLEW

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

**Did you know? Suicide is the 10<sup>th</sup> leading cause of death in the U.S. But everyone can help prevent suicide by knowing the warning signs and how to help.**

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

**Behaviors that may signal risk, especially if related to a painful event, loss or change:**

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

**Take note if someone is talking about:**

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

**Don't forget the following resources are available to help you:**

- Teladoc: Call **1.800.TELADOC (835.2362)** or visit [www.teladoc.com](http://www.teladoc.com)
- EAP: Call **855.424.6400** or visit [healthadvocate.com/connerstrong](http://healthadvocate.com/connerstrong)
- For more details, visit BenePortal at: [www.csbeneportal.com](http://www.csbeneportal.com).

**Teens and Suicide: What Parents Should Know**

As a parent, you can approach suicide prevention in the same way you do other safety or health issues for your children.

You can teach and model healthy habits for mental health just as you would with physical health. Taking care of your own mental health, talking about it openly, and seeking therapy when warranted is one way to model healthy practices.

Check in with your child regularly, beyond just day-to-day tasks such as homework. If your child has a history of depression, anxiety, suicidal thoughts, self-harm or substance use, you should monitor them more closely, and consider involving a professional.

**How can I tell if my child is behaving like a normal teenager, or if something is wrong?**

When children hit puberty, there are changes in their body and brain that can and do lead to behavioral changes. But there is a normal range which can manifest as moodiness, irritability, and pushing you away.

What should be concerning is if you notice indications of hopelessness or worthlessness, a withdrawal from friends and activities, or suicidal thinking or behavior. These are not typical manifestations for teenage angst.

You know your child. You know their usual patterns, their common reactions to frustration and challenges, and what their good days and bad days look like. Trust your instincts if their behavior goes beyond these usual patterns of behavior.

**Here's how to talk to someone who may be thinking about suicide:**

1. Have an honest conversation. Talk to them in private, listen to their story, and tell them you care about them. Ask directly if they are thinking about suicide, and encourage them to seek treatment or contact their doctor.
2. Take the person seriously. Someone considering suicide is experiencing a life-threatening health crisis and may not believe they can be helped. Work with them to keep them safely away from lethal means like firearms and drugs and remind them that their suffering is temporary.
3. Get expert help. Stay with them and call the National Suicide Prevention Lifeline: **1.800.273.TALK (8255)**. If the person is actively trying to commit suicide or has already tried, call **9.11** immediately.
4. Keep in touch: If the person receives treatment, follow up with them afterward. Let them know you care, and encourage the individual to continue to work or participate in hobbies, sports, or other activities.

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# Thank you!

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