

Health Insurance With You In Mind



OUR EMPLOYEE BENEFITS PHILOSOPHY

WHAT IS AN ICHRA?

HOW MUCH WILL IT COST?

When it comes to health insurance, one size doesn't fit all. We believe that expanding the options our employees may choose from results in a better outcome. That's why we offer what's called an Individual Coverage Health Reimbursement Arrangement or ICHRA.

An ICHRA is an employer sponsored Health Reimbursement Arrangement which allows an employee to choose a health plan that best fits their needs and budget, from the expansive choices available on the individual market.

Each employee receives a predetermined monthly dollar amount to use towards their health insurance policy, based on their age and enrollment tier. With that amount in mind, each employee elects the plan that best works for them. In the end, employees decide for themselves, not only their health plan design, but also their monthly budget.

Open Enrollment November 1 - 30, 2022

Visit <https://ezichra.com/employees/cicloh/> or call our partners at InsureOne Benefits for a helpful review of the health insurance options in your area!


InsureOne Benefits™
An Oswald Company

ezICHRA
1-888-414-2432

Renewal Guide



Questions? Call 888.414.2432

ALREADY ENROLLED IN AN ICHRA PLAN?

Follow the steps below to help guide your renewal process

STEP 1: REVIEW YOUR RENEWAL: Prior to November 1, your current insurance carrier will be mailing (and/or emailing) you a renewal for the upcoming year. It will include the new monthly premium and any plan modifications your insurance carrier has made to your current plan. Be sure to carefully review this information when it arrives. If you were not sent a renewal, please call ezICHRA for help.

STEP 2: CALCULATE YOUR MONTHLY COST: Use the formula and worksheet below to determine your cost.

		Write it Down Below
New 2023 Monthly Premium		\$ _____
– Monthly Employer Contribution (found on your ezICHRA Portal).....	-	\$ _____
= Your Monthly Cost	=	\$ _____

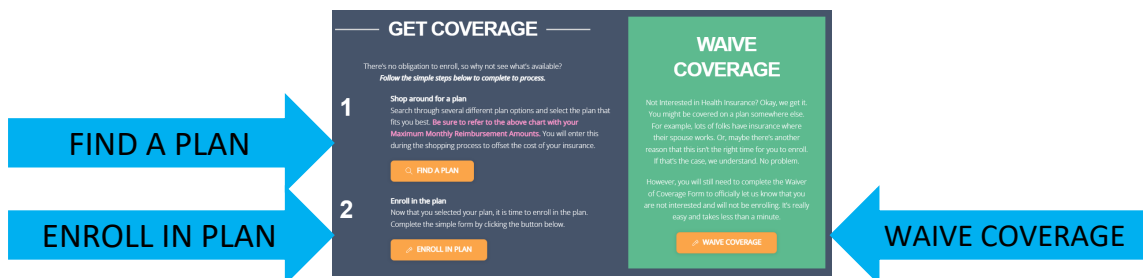
STEP 3: KEEP MY PLAN, MAKE A CHANGE, OR WAIVE COVERAGE

KEEP MY PLAN: If you like your current plan, are satisfied with your new monthly premium, and have no changes to the persons currently enrolled on your plan, you do not need to take any action. Your plan will be automatically renewed with your new monthly premium. **-OR-**

MAKE A CHANGE: If you would like to make a plan change or a change to the persons currently enrolled on your plan, please log in to your ezICHRA Portal and follow the instructions listed on the portal to either **“FIND A PLAN”** or to schedule an appointment to speak with an ezICHRA Advisor. **-OR-**

WAIVE COVERAGE: If you would like to waive coverage for the upcoming year, please go to the ezICHRA Portal, click **“WAIVE COVERAGE”** and complete the online waiver form.

IF YOU DECIDE TO SHOP AROUND USING THE “FIND A PLAN” FUNCTION



Use the space below to note several items

Write it Down Below

Your Monthly Employer Contribution \$ _____

(Found on your ezICHRA Portal, web address on front side of this page. Based on employee age as of January 1 and enrollment tier. You'll need to enter this amount during the shopping process).

When you find a plan you like, note the information below, return to the ezICHRA Portal to **“ENROLL IN PLAN”** and enter your plan selection into the online form provided. **DO NOT** enroll through the Stride Health shopping site because you'll be required to make a payment – your company will make your payment for you which is why you need to note the information below and communicate your selection through the **“ENROLL IN PLAN”** link in the ezICHRA Portal (address found on the front of this form).

Your Selected Plan Carrier Name: _____

Your Selected Plan Full Monthly Premium: \$ _____

Your Selected Plan Name: _____