



# EMPLOYEE GUIDE

Reference for Your ICHRA Health Insurance

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# Employee Key Information

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# eZICHRA Employee Key Information

## *Introduction*

### What is an 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.

### How is ICHRA different from traditional group health insurance?

- With an ICHRA, employees can choose a plan that is available to them based on the state and county they live in that best suit their personal medical and financial needs.
- The premium is paid in full on your behalf by the company; however, you are now the policyholder and the owner of the policy.
- Should you leave the company, you can keep your insurance as long as you pay the premium and will not have to pay the COBRA fee.

### How much will it cost?

- 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 works best for them. In the end, employees decide for themselves, not only their health plan design, but also their monthly budget.

## *Viewing Options and Enrollment or Waiver*

### Where do I go for more information?

- Your administrator will enter your name and email address in the eZICHRA portal. You will receive an email to activate your portal. Once you select “Activate”, you will create a password and be able to access the portal.
- If you need to return to the website, you will visit <https://online.ezichra.com/login> to get you to the sign in page.

### When Can I Enroll?

- Newly eligible employees will be given their eligibility date by their HR administrator. The eZICHRA team has access to the date, so you can make a plan selection in advance of the deadline for your eligibility date.
- All plan selections must be submitted by the 14<sup>th</sup> at 12p the month prior to the eligibility/effective date. For example, if you are eligible for a May 1, your plan selection must be received by April 14<sup>th</sup> at 12p to receive a May 1 effective date.



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- If you miss your initial eligibility date for enrollment, you have one more month to make a plan selection. For example, if you are eligible for a May 1, your last opportunity for a plan selection must be received by May 14<sup>th</sup> at 12p to receive a June 1 effective date.
- If you miss the second opportunity for your plan selection, you will need a qualifying event to enroll prior to Open Enrollment, which occurs from November 1 – 30 each year. Plan selections made during open enrollment will be given a January 1<sup>st</sup> effective date.
- Qualifying Events are:
  - Loss of Health Coverage – losing existing health coverage, turning 26 and being removed from a parent’s plan, or losing Medicare, Medicaid, or CHIP eligibility.
  - Changes in Household – getting married or divorced, having a baby or adopting a child, or death in the family.
  - Change in Residence – moving to a different zip code, state, or county, student attending school away from state, moving to or from a shelter or other transitional housing.
  - Other Approved Qualifying Events – gaining membership in a federally recognized tribe or status as an ANCSA Corporation shareholder, becoming a US citizen, leaving incarceration, or AmeriCorps members starting or ending service.

### Waiver

If you find that you do not need coverage, whether you are on a spouse’s policy, are covered by military health insurance, or don’t desire to take insurance for any other reason, you will need to waive coverage. If you waive coverage during your open enrollment opportunity, you will need a qualifying event to access coverage until the next open enrollment window.

### What Happens Once I Make My Selection

Once you have selected and submitted your plan, our ezICHRA team will complete the enrollment and binder payment on your behalf.

### Preparing for the Transition

Once you have selected your plan, it is time to prepare to transition from your current insurance to the new insurance.

#### *Old Policies:*

It is important that if an employee has a current individual policy that they cancel that policy prior to the effective date of the ICHRA policy. This is especially vital if the employee has an On-Exchange plan, which means that it was purchased through Healthcare.gov or the state health insurance exchange. They also may be receiving a subsidy, and individuals cannot have an ICHRA and a policy with a subsidy. When we complete the enrollment for the new ICHRA plan, we are not notified by the carrier if there is dual coverage. The carrier will

contact the policy owner to cancel one of the plans. If you receive a call from the insurance carrier, **please contact the ezICHRA team at 888-414-2432 prior to cancelling any policy.**

### *Prescriptions and Appointments*

We recommend you make sure **prior** to the end of your old insurance that you have refilled medication and have no appointments scheduled for the first week of the month. This is a precaution in case any issue should arise on the carrier's side.

### *Member ID Cards*

Individual carriers will send the member ID cards directly to the address on file. Some carriers send these in unmarked envelopes, so you should check all mail until their cards are received. You will also receive a welcome packet; this may be separate from your Member ID cards and also may be in an unmarked envelope.

### *Compliance*

HealthCare.gov Requirements – Sometimes HealthCare.gov requires documentation to prove certain things, such as citizenship. Usually, these requirements are prompted by data matching information. These requirements are necessary, and if the compliance has not been met, the individuals requiring documentation can be terminated by HealthCare.gov.

- In addition to our team's outreach, you will also receive multiple letters from HealthCare.gov. You can reach out to us for assistance; however, you must comply by the deadline.
- Non-compliance can result in the termination of your policy by HealthCare.gov. Our office does not receive notification of the termination.
- In the event you or a spouse or dependent loses coverage due to non-compliance, we will have to re-enroll for the following month; however, this option is not guaranteed.

## *What to Know About Being an ICHRA Policyholder*

### *What does this mean?*

- You will **receive a monthly invoice**. We recommend that you take a quick glance at the invoice to verify that everything looks correct. If it does, disregard the invoice. If you notice something does not look correct or have questions, please call our office so we can research any issues.
- Any changes, such as adding/removing a spouse/dependent(s), should be completed through our ezICHRA team. This allows us to update your payment card and ensure the new monthly premium and payroll deductions are correct.
- Your employer cannot cancel your policy for you.
- Your policy does not end on the day your employment does. In the event you leave the employer who has the ICHRA, you will need to either cancel the policy prior to the first of the next month

by letting the ezICHRA know or make the premium payment for the month following the coverage end date set forth by your employer. If you do not remit payment, the individual policy will terminate for non-payment. Note: Any outstanding balance may be required to be paid prior to re-enrolling with the carrier in the future. You can call the ezICHRA team to cancel your policy or set up new payment options at 888-414-2432.

**KEY POINTS**

- **You own the insurance policy.**
- **You will receive an invoice – do not pay anything without contacting the ezICHRA team.**
- **Contact ezICHRA to make any changes to your policy.**
- **If you leave employment, contact ezICHRA to either keep or cancel your policy.**

**Premium Payments**

- The ezICHRA team will make your full monthly premium payments on your behalf from an account funded by your employer. Any difference between your premium and your ICHRA reimbursement will be deducted from your paycheck. Please see HR for any issues you may have with your payroll deductions.
- Depending on your carrier, a member of the ezICHRA team may reach out to you via phone or email, to get your member/subscriber ID to make manual payments. We will cc the designated individual person connected with your employer to let you know our request is legitimate. It is important to get the necessary information if the carrier requires manual payments. Some carriers require us to use a payment portal. We may reach out to you to set up your portal to make your payment.
- A virtual credit card or virtual checking account created by ezICHRA's payment technology will be used to make your payment. If applicable, the virtual credit card or virtual checking account will be used to set up recurring payments. Please do not deactivate this autopayment. If you are concerned about the payment method when you visit your personal portal, please contact ezICHRA first before deactivating or deleting the payment method. This is important as it ensures your premium payments are made in a timely manner.
- If you have an existing individual policy that you are currently paying for and are newly eligible for your employer's ICHRA program, please be sure to deactivate any existing autopayments. ezICHRA is unable to obtain any carrier refunds for any issues due to a premium being paid from your personal account. If this situation should arise, you will need to work with your carrier to obtain a refund.

**KEY POINTS**

- **Do not make payments to your carrier directly; ezICHRA will pay your monthly premium through an account funded by your employer.**



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- ezICHRA may need to contact you to establish your payment – please be available.
- Contact ezICHRA before you make any payment changes with your insurance carrier.
- If you currently have an individual policy, deactivate your old payment method to allow your new payment to be made.

### Changes to your Policy

- All changes, such as a move or adding or removing a spouse or dependent, should be made directly through the ezICHRA team.
- Changes affect the premium and reimbursement, and carriers do not notify us of these changes. Lack of change reporting could result in incorrect payroll deductions.

#### KEY POINTS

- All changes must be made with the ezICHRA team directly.

### *Termination of the Policy Is Your Responsibility*

- If you have a qualifying event to go onto another family member's policy or choose not to have insurance, please contact our office to terminate the policy. Cancellations cannot be backdated; therefore, it is important to request the cancellation prior to the end of the month.
- If you terminate your employment with your ICHRA employer, you must contact our office to let us know how you are proceeding with your health insurance plan. If you want to cancel your policy, please contact our office immediately. If you do not cancel your policy and let the policy cancel for non-pay, you may be responsible for any past balance prior to re-enrolling into a new individual plan later.

#### KEY POINT

- If you choose to cancel your policy for any reason, be sure to contact ezICHRA immediately.

## APPENDIX A – Terms of Service

Below is a copy of the terms of service that is agreed to upon making a plan selection in the eZICHRA portal.

### Terms and Conditions

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- By completing an application through the eZICHRA portal, you are appointing UROne as your agent to secure your coverage and manage your plan throughout the calendar year. You agree to our Terms of Service, including without limitations, caps on our liability and our agreement to arbitrate disputes, and the practice of our privacy policy.
- I confirm that the information I provided is accurate and complete.
  - I understand that errors in county name, date(s) of birth, and smoking status can affect the premium.
  - I understand that spelling of names and correctness of date(s) of birth and social security number(s) will cause claims to be declined until corrections can have been made.
  - Also, names submitted must match the name on the Social Security card otherwise proof of citizenship documentation will be required.
- I understand that once this plan selection is submitted, I am unable to change my plan selection until the next open enrollment unless I have a qualifying event throughout the year.
- If applicable, I authorize the cancellation of my previous plan in order for this policy to be enrolled.
- I consent to having my enrollment information shared with eZICHRA to receive my assigned reimbursement. I understand that as an eligible employee, eZICHRA will make the monthly premium payments on my behalf, and you authorize your employer and the eZICHRA team to set up recurring payments on your behalf using the eZICHRA payment option. I understand that I will receive a monthly invoice from the carrier. I can disregard this invoice after reviewing it to ensure there are no issues that may need addressed; if so, I will contact the eZICHRA team if I receive anything that needs clarification.
- I consent to having my enrollment information shared with eZICHRA to receive my assigned reimbursement. I understand that as an eligible employee, eZICHRA will make the monthly premium payments on my behalf, and you authorize your employer and the eZICHRA team to set up recurring payments on your behalf using the eZICHRA payment option. I understand that I will receive a monthly invoice from the carrier. I can disregard this invoice after reviewing it to ensure there are no issues that may need addressed; if so, I will contact the eZICHRA team if I receive anything that needs clarification.
- I understand that I must make all changes through UROne and the eZICHRA platform/team. These changes include but are not limited to a change of name, change of address, the removal or addition of a spouse or dependent, cancellation of the policy, etc.
- You understand that your health insurance agreement between you and your selected carrier.
- You confirm that you have verified that your preferred doctors are in-network and accept the insurance plan that you're selected as in-network coverage. Your selected plan. You also understand that doctors can disassociate from the plan at any time without prior notification. It is always good practice to verify that the provider(s)/facility(ies) is/are in-network prior to incurring any claims.
- You confirm that you have reviewed the Summary of Benefits associated with your selected plan and are purchasing the plan based on those Summary of Benefits.
- All of the information provided on the application is true, accurate, and complete.
- You are the individual named in the signature line.