

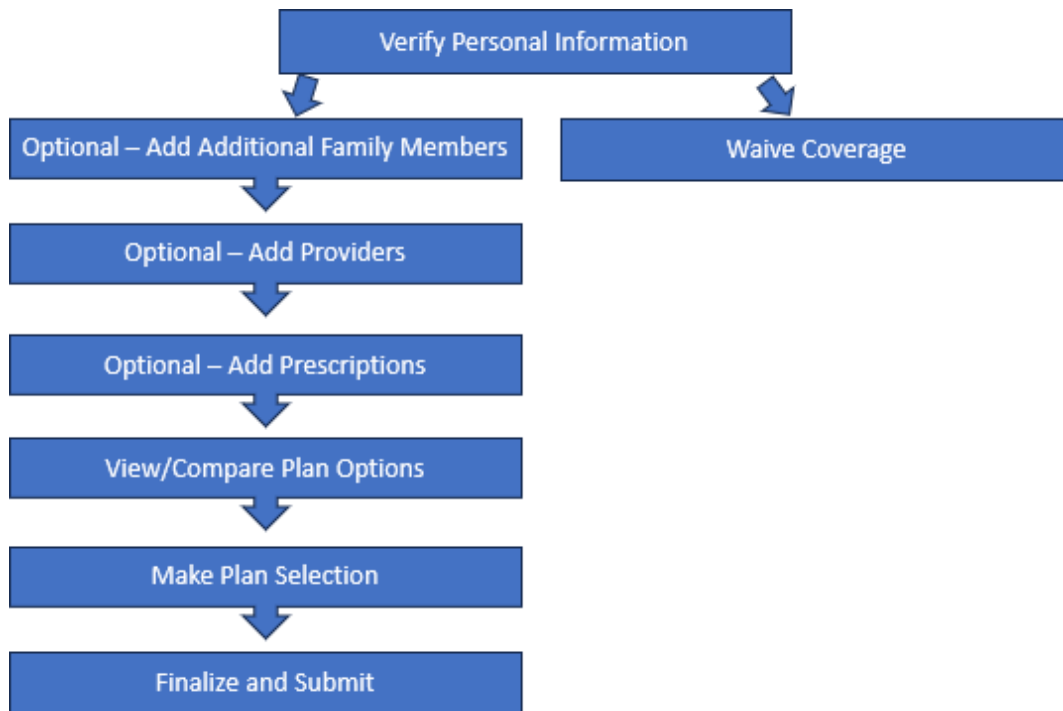
ezICHRA Employee Quick Glance

Portal Access

1. “Activate Your ezICHRA Account!”, if you have an email address. You should have received an email from the system, **noreply@ezichra.com**. Please be sure to check your spam folder and work with your HR team for assistance walking through the activation process. If you did not have an email address, you will need to see your HR person; they will need to walk you through the process.
2. Click the ACTIVATE button in the email. You will be redirected to the portal.
3. Set up your password.

Medical Insurance

Two Paths: Select a Plan or Waive Coverage



ezICHRA Portal – Employee Instruction Sheet

PORTAL ACCESS

1. Activate Your ezICHRA Account!, if you have an email address. You should have received an email from the system, **noreply@ezichra.com**. If you did not have an email address, you will need to see your HR person; they will need to walk you through the process.
2. Click the ACTIVATE button in the email. You will be redirected to the portal.
3. Set up your password.

PERSONAL PORTAL INSTRUCTIONS

The screenshot displays the user's profile information, including name, address, phone number, and employer. Below this is an 'Action Center' section with a 'Call To Action' button and links for 'Shop for Plans' and 'Waive Coverage'. At the bottom is a 'Tracker' section for 'Major Medical' coverage, showing a status of 'Coverage not selected' and a table of costs.

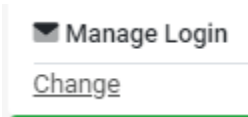
Category	Amount
Reimbursement	\$915.00
Employee Cost	\$0.00

On the left side of the screen, the information loaded will appear. The employee will need to choose from the Action Center, “Shop for Plans” or “Waive Coverage”.

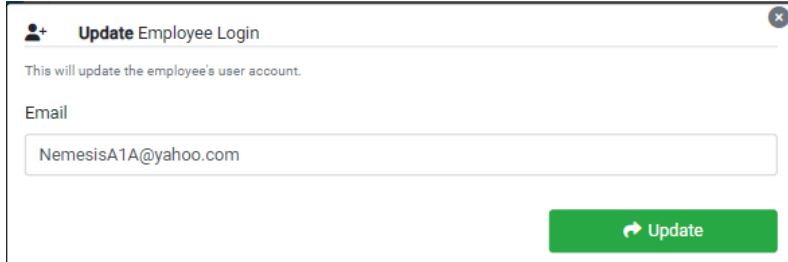
This close-up shows the 'Action Center' header and a 'Call To Action' button. Below the button are two links: 'Shop for Plans' and 'Waive Coverage'.

If “Shop for Plans” is selected, the Personal Information Screen will appear. All the information on this screen will need to be verified and complete before selecting “Next”. The information is for the employee only and will be the foundation for the plan selection and enrollment; this information is required.

Manage Login – Add or change your email.



By selecting “Change,” a pop-up will appear to add or change your email.

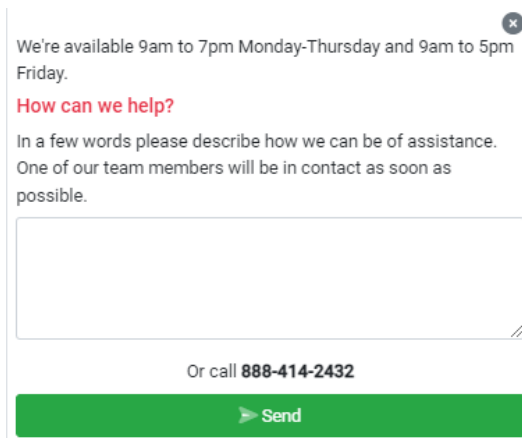


FEATURES

FEATURES

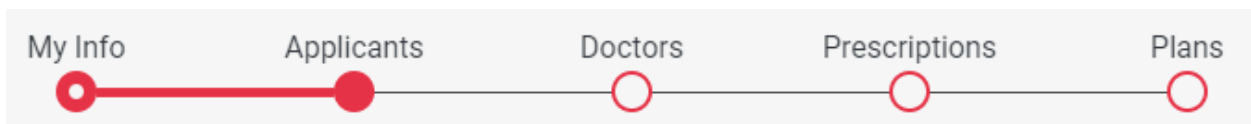


Support - Selecting this feature will provide a pop-up to get assistance from a team member and provide the phone number to call a team member directly for assistance.

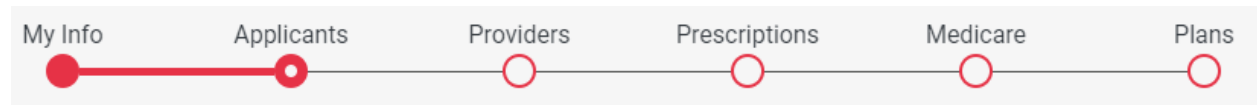


“Breadcrumbs” Tool

At the top of the screen, you will find “breadcrumbs” that will allow you to navigate back and forth once you have gotten to the next step. In the example below, I am on the applicant screen; however, now I can go quickly back to “My Info” to make an update.



If you have an individual listed under applicants who is of Medicare age, the “breadcrumbs” tool will look slightly different. The Medicare individual will have a screen that will need completion. Also note, that the **plans that are shown will not include** the Medicare individual; they will have a different method for enrollment.



A Log

The system will log your action. Your employer will be able to see where you are in the process.

In the future, the Documents tab will contain the Compliance Documents as well.

Tasks	Documents	Communications			
Open Tasks					+ Add New
Assigned	Type	Action	Note	Updated	
InsureOne Benefits	Enrollment		Plan selection was made	09/13/2023 4:10 pm	
Historical Tasks (0)					

Coverage Information

Beginning with the Applicants page, the Coverage Information boxes will be visible. You will be able to see how many people will be enrolled, the number of doctors added, and number of drugs added in the top box. The box below will share key information regarding the enrollment. The coverage date is set by the system, the reimbursement tier is automatically pulled into the system based on the applicant information, which will be used along with the age as of coverage date to pull the correct reimbursement rate from the table. The reimbursement will be automatically populated based on the information above it.

My Plan

1
Person

1
Doctor

1
Drug

Coverage Date	10/01/2023
Reimbursement Tier	EE
Age as of Coverage Date	25
Total ICHRA Reimbursement	\$255

ADDING DOMESTIC PARTNERS/SPOUSES/DEPENDENTS

Once “Next” has been selected, if domestic partners/spouses or dependents are going to be considered, the employee will be able to do so on this screen. If no one else will be considered for insurance, the “Next” button can be depressed to skip to the next step.

Applicants

Who will be included with your health insurance coverage? Add or exclude a spouse or any dependents

Me Added Employee Male DOB:September 7, 2023	Spouse spouse example Female DOB:January 1, 2023 Included <input checked="" type="checkbox"/>
<input type="button" value="Add New"/>	

To add another individual, select the “Add New” button. This will provide a new pop-up screen with the information that will be required to include the individual in the quoting process. All fields are required to move forward.

Add Applicant ✕

Legal First Name	Legal Last Name
<input type="text"/>	<input type="text"/>
Date of Birth	Relationship with Employee
<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>	<input type="text" value="Select"/>
U.S. Citizen or U.S. National?	Social Security Number
<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text"/> <input type="button" value="👁"/>
Sex	Tobacco User?
<input type="button" value="Male"/> <input type="button" value="Female"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>

Also, if your organization has a spousal carve out, an extra question will appear,

Are you offered group coverage through your current employer?

. Also, if the spousal carve out is in effect, the reimbursement tier would not show EE+SP and have the appropriate reimbursement to match, EE or EE+CH.

Notice that the added individuals can be quickly and easily removed from the quote by selecting the “Included” button. This will give you the opportunity to enter all your family members and play with the cost of insurance by switching that button on and off without having to re-enter their personal information multiple times. They will remain stored in your profile. (See the difference below.)

Spouse spouse example Female DOB:January 1, 2023 Included <input checked="" type="checkbox"/>	Spouse spouse example Female DOB:January 1, 2023 Excluded <input type="checkbox"/>
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MEDICARE

Medicare individuals will select “Next” bypassing the doctors and pharmacy tabs. Once you are on the Medicare tab, you will be asked a series of questions.

Plans – Medicare

Please complete the Medicare questionnaire below. An ezICHRA Medicare specialist will contact you directly to review plan options.

There are applicants that are eligible for Medicare. Answer the questions for each applicant below.

Johnny Slick

Do you have an original Medicare card?

Yes

No

- **NO** - If you are 65 or turning 65, and they select “**No**” because you have not applied for Medicare yet, our team will notified to reach out once the submission is complete.
- **YES** - If you have a Medicare card and select “**Yes**”, you will be prompted to complete the information. This will provide the employer with the information necessary for Medicare reimbursements, if applicable.

Plans – Medicare

Please complete the Medicare questionnaire below. An ezICHRA Medicare specialist will contact you directly to review plan options.

There are applicants that are eligible for Medicare. Answer the questions for each applicant below.

Johnny Slick

Do you have an original Medicare card?

Yes

No

Medicare Id

Part A

Effective Date

mm/dd/yyyy



Monthly Premium

\$

Part B

N/A

Effective Date

mm/dd/yyyy



Monthly Premium*

\$

*Standard Part B premium – adjust if necessary

Do you have an Advantage or Supplemental Plan?

Advantage

Supplemental

No

Do you have Part D?

Yes

No

Example with MAPD – Advantage Plan

Plans – Medicare

Please complete the Medicare questionnaire below. An ezICHRA Medicare specialist will contact you directly to review plan options.

There are applicants that are eligible for Medicare. Answer the questions for each applicant below.

Johnny Slick

Do you have an original Medicare card?

Yes No

Medicare Id

asjd-23j-as23

Part A

Effective Date

07/01/2000



Monthly Premium

\$0.00

Part B

N/A

Effective Date

07/01/2005



Monthly Premium*

\$164.90

*Standard Part B premium – adjust if necessary

Do you have an Advantage or Supplemental Plan?

Advantage Supplemental No

Advantage

Effective Date

07/01/2005



Carrier

Ambetter



Monthly Premium

\$10.00

Example with Medicare Supplemental Plan and a Part D Prescription Plan

There are applicants that are eligible for Medicare. Answer the questions for each applicant below.

Johnny Slick

Do you have an original Medicare card?

Yes No

Medicare Id

asjd-23j-as23

Part A

Effective Date

07/01/2000



Monthly Premium

\$0.00

Part B

N/A

Effective Date

07/01/2005



Monthly Premium*

\$164.90

*Standard Part B premium – adjust if necessary

Do you have an Advantage or Supplemental Plan?

Advantage Supplemental No

Supplemental

Effective Date

07/01/2005



Carrier

Ambetter



Monthly Premium

\$215.16

Do you have Part D?

Yes No

Part D

Effective Date

07/01/2005



Carrier

Independence Blue Cross



Monthly Premium

\$12.75

Once “Submit” has been selected, the individual’s dashboard will show their costs. The employer will reimburse up to the reimbursement amount, if applicable.

Tracker		
Medicare		
Medicare	asjd-23j-as23	\$392.81
Medicare		\$164.90
Medicare Supplemental		\$215.16
Medicare Part D		\$12.75
Reimbursement		\$255.00
Employee Cost		\$137.81

PROVIDERS

The providers' screen will allow you to enter the names of doctors, enter their location zip code, and radius to make the appropriate selection. This is optional; however, if you need to know which doctors will be in-network based on the current database, this is the best place to start.

Providers

Please enter your providers' information to confirm which plans they accept.

Doctor Name Search	Zip Code	Radius	
<input type="text"/>	<input type="text" value="44256"/>	<input type="text" value="5 Miles"/>	<input type="button" value="Search"/>

ⓘ We strive to keep our provider network data up-to-date, however doctors and healthcare providers join and leave plans regularly. Please contact your doctor to confirm they currently accept your plan.

Once the information has been entered and "Search" has been selected, select the correct name.

Doctor Name Search	Zip Code	Radius	
<input type="text" value="bartal"/>	<input type="text" value="44130"/>	<input type="text" value="5 Miles"/>	<input type="button" value="Search"/>

JASON L BARTAL Anesthesiology
JOSEPH BARTAL Podiatrist Foot & Ankle Surgery

The locations that the doctor uses will pop-up, so select the location you use. This will wrap the location with a green box; then, depress the "Select" button.

Select Address ✕

18697 Bagley Rd Middlebrg Hts OH, 44130	(440) 816-6051 (440) 816-8000
7255 Old Oak Blvd Ste C308 Cleveland OH, 44130	(440) 816-2735 (440) 816-2786 (440) 816-4551 (440) 816-5390
6820 Ridae Rd	(440) 842-1744

Select

The doctor’s name and location will then appear above the search line.

JOSEPH BARTAL ✕

Podiatrist (440) 816-6051
 Foot & Ankle Surgery (440) 816-8000

18697 Bagley Rd
 Middlebrg Hts OH, 44130

Doctor Name Search Zip Code Radius

 Search

Once all doctors have been entered, you can select the “Next” button.

PRESCRIPTIONS & DRUGS

This is an optional task and can be skipped by selecting “Next”. If you have medication and are concerned about costs, knowing the prescription is covered by the carrier is helpful.

Prescription Drugs
 Add your prescription drugs to confirm they are covered by your plan selection.

Drug Name Search

In the Drug Name Search field, begin typing the name of the drug. A pop-up list will appear. The correct name will need to be selected.

Prescriptions & Drugs

Selecting your prescriptions will help us show which plans will cover your prescriptions

Drug Name Search

- Amlodipine and atorvastatin
- Lipitor
- Amlodipine besylate and Atorvastatin calcium
- Azor

A new pop-up list will appear, and the prescription details will need to be selected. This list, depending on the drug, may have multiple screens to get everything.

Drug Name Search

- atorvastatin 80 MG Oral Tablet**
- atorvastatin 20 MG Oral Tablet**
- atorvastatin 10 MG Oral Tablet**
- amlodipine 2.5 MG / atorvastatin 40 MG Oral Tablet**
- amlodipine 10 MG / atorvastatin 80 MG Oral Tablet**

Select Package

- Atorvastatin Calcium**
atorvastatin calcium
90 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (0378-3951-77)
Active Ingredient Strength: 20mg/1
- Atorvastatin Calcium**
atorvastatin calcium
50 BLISTER PACK in 1 CARTON (0904-6291-06) / 1 TABLET, FILM COATED in 1 BLISTER PACK
Active Ingredient Strength: 20mg/1

Select

Once the final detail has been selected, a green box will appear around the detailed box. Then, press the "Select" button. This will move the prescription above the Drug Name Search field.

Atorvastatin Calcium ✕

atorvastatin 20 MG Oral Tablet

atorvastatin calcium

90 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (0378-3951-77)

Active Ingredient Strength: 20mg/1

Drug Name Search

Once all drugs have been selected, press “Next”.

AVAILABLE PLANS

The available plans will appear. (Sample of one plan offering below.) The basic information is provided on this screen. More details are available by selecting a spot within the box.

Carrier Name ->	CareSource Just4Me	Where the plan is offered	\$207.01 / mth	<- Employee Cost after Company Contribution
Plan Type ->	EXPANDED_BRONZE - HMO (ON-EXCHANGE) (OFF-EXCHANGE)		employee responsibility after ICHRA reimbursement	
Actual Premium ->	\$462.01 per month			
Plan Name ->	CareSource Marketplace Bronze First Dental, Vision, & Fitness		✔ 2 of 2 In-Network Providers	<- Doctors In-Network
More plan details ->	Deductible: In-Network: \$8,000 / Out-of-Network: Not Covered Generic Drug: In-Network: \$20 / Out-of-Network: Not Covered Doctor Visits: In-Network: \$40 / Out-of-Network: Not Covered			
Opens the -> Summary of Benefits	Benefits Summary		+ Compare	<- Compare up to 3 Plans

The details that will be revealed if the plan is selected to view.

View Plan Details

Medical Mutual
 CATASTROPHIC - HMO (ON-EXCHANGE) (OFF-EXCHANGE)
 Market HMO Young Adult Essentials - Northern Ohio

\$0 / mth after ICHRA Reimbursement
\$188.90 per month

Deductible
 In-Network: \$9,100 / Out-of-Network: Not Covered

Coinsurance
 In-Network: 0% / Out-of-Network: Not Applicable

Out-of-Pocket Limit
 In-Network: \$9,100 / Out-of-Network: Not Covered

Emergency Room Visits
 In-Network: \$0 after deductible / Out-of-Network: \$0 after deductible

Prescription Drugs
 Generic Drugs: In-Network: \$0 after deductible / Out-of-Network: Not Covered
 Preferred Brand Drugs: In-Network: \$0 after deductible / Out-of-Network: Not Covered
 Non-Preferred Brand Drugs: In-Network: \$0 after deductible / Out-of-Network: Not Covered
 Specialty Drugs: In-Network: \$0 after deductible / Out-of-Network: Not Covered

[Benefits Summary](#)

Doctors
 JUSTIN J SMITH

Doctor Visits
 Primary Doctor: In-Network: first 3 visit(s) \$40 then \$0 after deductible / Out-of-Network: Not Covered
 Specialist: In-Network: \$0 after deductible / Out-of-Network: Not Covered

Prescriptions
 atorvastatin 20 MG Oral Tablet

Callouts:
 - Doctors In-Network and Out-of-Network
 - Drugs covered or not covered

[Select Plan](#)

COMPARING

You can select up to three (3) different plans at a time. You will select the **+ Compare**. Once you have selected two or three plans to view, elect the “Compare” in the top right corner, [Compare](#).

Compare

<p>Medical Mutual CATASTROPHIC - HMO (ON-EXCHANGE) (OFF-EXCHANGE) Market HMO Young Adult Essentials - Northern Ohio</p> <p>\$0 / mth after ICHRA Reimbursement \$188.90 per month</p> <p>0 of 1 In-Network</p> <p>Deductible: In-Network: \$9,100 / Out-of-Network: Not Covered Generic Drug: In-Network: \$0 after deductible / Out-of-Network: Not Covered Doctor Visits: In-Network: first 3 visit(s) \$40 then \$0 after deductible / Out-of-Network: Not Covered</p> <p>Benefits Summary View Compare Compare</p>	<p>Medical Mutual CATASTROPHIC - HMO (OFF-EXCHANGE) MedMutual HMO Young Adult Essentials - Northern Ohio</p> <p>\$0 / mth after ICHRA Reimbursement \$188.90 per month</p> <p>0 of 1 In-Network</p> <p>Deductible: In-Network: \$9,100 / Out-of-Network: Not Covered Generic Drug: In-Network: \$0 after deductible / Out-of-Network: Not Covered Doctor Visits: In-Network: first 3 visit(s) \$40 then \$0 after deductible / Out-of-Network: Not Covered</p> <p>Benefits Summary View Compare Compare</p>
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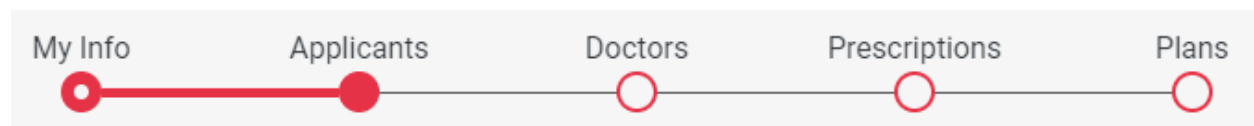
The comparison view will be similar to the screen below.

View Plan Comparison		
	Medical Mutual Market HMO Young Adult Essentials - Northern Ohio <input type="button" value="Select Plan"/>	Medical Mutual MedMutual HMO Young Adult Essentials - Northern Ohio <input type="button" value="Select Plan"/>
Plan Tier	catastrophic	catastrophic
Network	NORTHERN OHIO HMO	NORTHERN OHIO HMO
In Network Benefits		
Single Deductible	In-Network: \$9,100 / Out-of-Network: Not Covered	In-Network: \$9,100 / Out-of-Network: Not Covered
Family Deductible	In-Network: \$18,200 / Out-of-Network: Not Covered	In-Network: \$18,200 / Out-of-Network: Not Covered
Single Max Out-of-Pocket	In-Network: \$9,100 / Out-of-Network: Not Covered	In-Network: \$9,100 / Out-of-Network: Not Covered
Family Max Out-of-Pocket	In-Network: \$18,200 / Out-of-Network: Not Covered	In-Network: \$18,200 / Out-of-Network: Not Covered
Coinsurance	In-Network: 0% / Out-of-Network: Not Applicable	In-Network: 0% / Out-of-Network: Not Applicable
Emergency Room	In-Network: \$0 after deductible / Out-of-Network: \$0 after deductible	In-Network: \$0 after deductible / Out-of-Network: \$0 after deductible
Primary Care Visit	In-Network: first 3 visit(s) \$40 then \$0 after deductible / Out-of-Network: Not Covered	In-Network: first 3 visit(s) \$40 then \$0 after deductible / Out-of-Network: Not Covered
Specialist Visit	In-Network: \$0 after deductible / Out-of-Network: Not Covered	In-Network: \$0 after deductible / Out-of-Network: Not Covered
Preventative Care	In-Network: \$0 / Out-of-Network: Not Covered	In-Network: \$0 / Out-of-Network: Not Covered
Generic Drugs	In-Network: \$0 after deductible / Out-of-Network: Not Covered	In-Network: \$0 after deductible / Out-of-Network: Not Covered
Preferred Brand	In-Network: \$0 after deductible / Out-of-Network: Not Covered	In-Network: \$0 after deductible / Out-of-Network: Not Covered
Non-Preferred Brand	In-Network: \$0 after deductible / Out-of-Network: Not Covered	In-Network: \$0 after deductible / Out-of-Network: Not Covered
Specialty Drugs	In-Network: \$0 after deductible / Out-of-Network: Not Covered	In-Network: \$0 after deductible / Out-of-Network: Not Covered
Monthly Cost	\$188.90	\$188.90
Cost with ICHRA	\$0.00	\$0.00

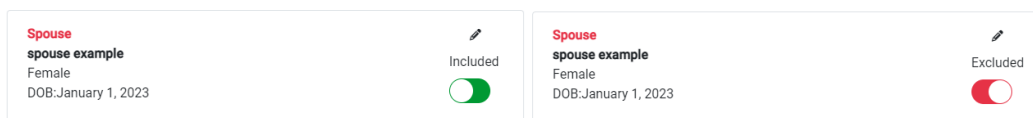
MAKING DECISIONS

Changing Who May Be Included on the Plan

If you decide after looking at plans, that you want to see what the cost would be if you remove a specific individual. You can use the “Breadcrumb” Tool and select the red bubble under applicants.



Then, select the button under “Included”. This box will switch to “Excluded”.




Once all of the updates are complete, select “Next” at the bottom until you are back at Plans.

Adding/Removing Doctors and Prescriptions

If you decide to update doctors and prescriptions, use the “Breadcrumb” Tool to go to that location. Make the appropriate updates and select “Next” at the bottom until you are back to Plans.

SELECTING A PLAN


Once you have made your decision, select the  button.

You will review and respond to the submission questions, and then, selected the “Submit” button,



Hit Select for the Wrong Plan??? As long as you have not selected the “Submit” button,



, you can make a change. The plan you selected will show the details. On the right side of the screen, you will see the image below. Select “Change Plan,” , and this will bring you back to the Available Plans screen.



SUBMITTING for ENROLLMENT

After the plan is selected, the last step will be to review the Terms and Conditions and select the “Submit” button for the selection to be sent to the enrollment team. The Terms and Conditions are shown below for convenience.

By clicking submit you agree to the attached [terms and conditions](#).



Terms and Conditions

- 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. 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.