

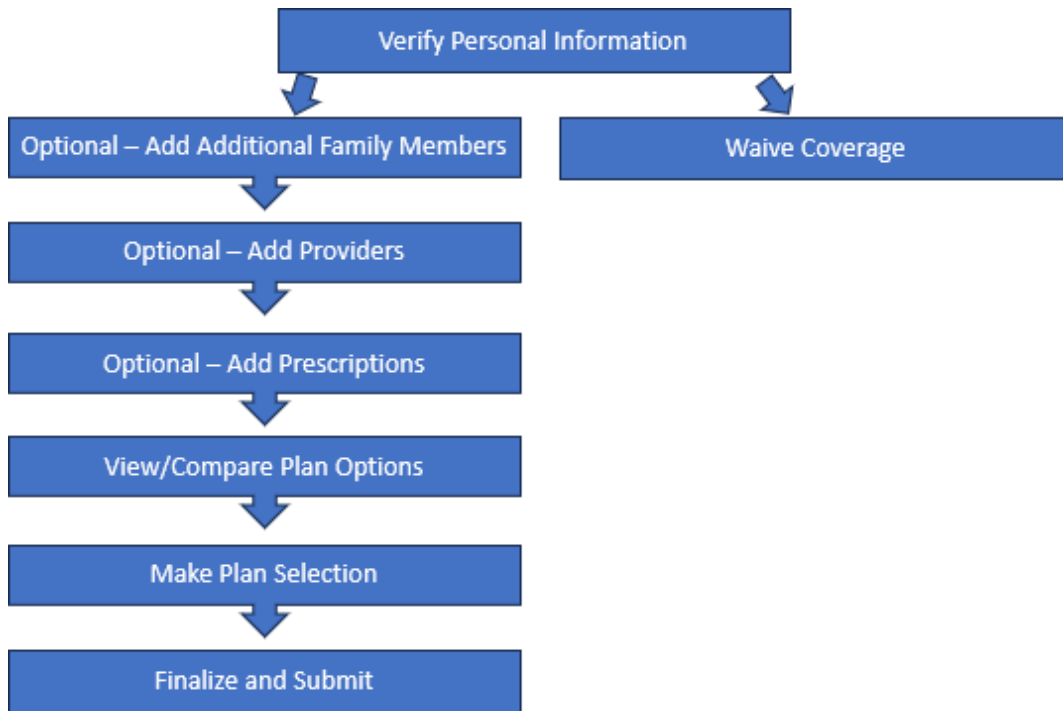
## ezICHRA Medicare Employee Quick Glance

### 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 – ezICHRA Medicare Employee Instruction Sheet

### PORTAL ACCESS

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### PERSONAL PORTAL INSTRUCTIONS

The screenshot displays the employee's profile information, action center, and a tracker table. The information section includes the employee's name, address, phone number, and employer. The action center has a 'Call To Action' button and links for 'Shop for Plans' and 'Waive Coverage'. The tracker table shows the status of 'Major Medical' coverage and associated costs.

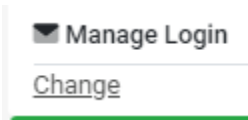
Tracker	
Major Medical	Coverage not selected
Reimbursement	\$915.00
Employee Cost	\$0.00

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”.

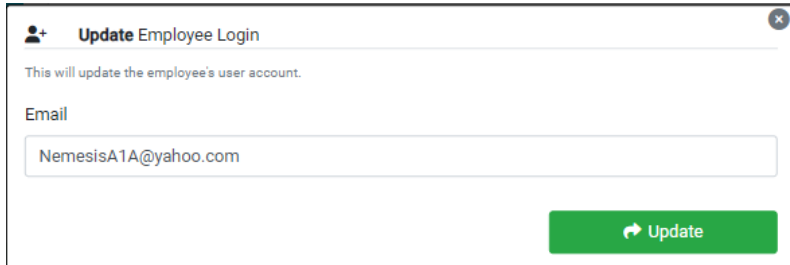
This close-up shows the 'Action Center' header, a red 'Call To Action' button, and two underlined links: 'Shop for Plans' and 'Waive Coverage'.

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”. This required information is for the employee only and will be the foundation for the plan selection and enrollment.

**Manage Login** – Add or change your email.



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

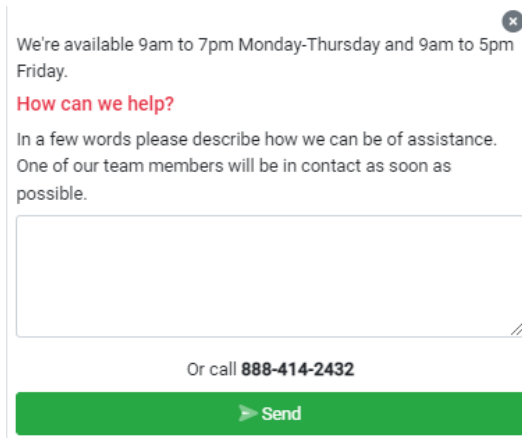


### FEATURES

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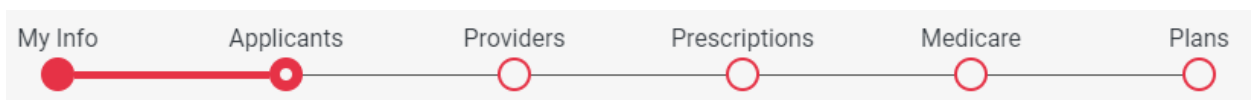


**Support** - Selecting this feature will provide a pop-up to get assistance from a team member and provide the phone number to call the ezICHRA team directly for personal assistance. **The “support” ticket will be responded to within 24 hours, with the exceptions of weekends and holidays; they should be responded to the next business day.**



### “Breadcrumbs” Tool

Based on your Medicare eligibility, the “breadcrumbs” tool below will appear at the top of your screen.



## A Log

The system will log your action(s). Your HR team will be able to see where you are in the process.

In the future, the Documents tab will contain the Compliance Documents associated with the ICHRA.

Tasks	Documents	Communications		
Open Tasks <span style="float: right;">+ Add New</span>				
Assigned	Type	Action	Note	Updated
InsureOne Benefits	<a href="#">Enrollment</a>		<a href="#">Plan selection was made</a>	<a href="#">09/13/2023</a> 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	<b>\$255</b>

## 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 add them on this screen. If no one else is being 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

<b>Me</b> Added Employee Male DOB:September 7, 2023	<b>Spouse</b> spouse example Female DOB:January 1, 2023 <span style="float: right;">Included <input checked="" type="checkbox"/></span>
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⊕ Add New

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

**Add Applicant** ✕

Legal First Name  Legal Last Name

Date of Birth  Relationship with Employee

U.S. Citizen or U.S. National?   Social Security Number

Sex   Tobacco User?

**Save**

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

Are you offered group coverage through your current employer?

If the spousal carve out is in effect, the reimbursement tier will 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. They will remain stored in your profile. (See the difference below.)

<p><b>Spouse</b> spouse example Female DOB: January 1, 2023</p> <p>Included <input checked="" type="checkbox"/></p>	<p><b>Spouse</b> spouse example Female DOB: January 1, 2023</p> <p>Excluded <input type="checkbox"/></p>
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## 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 would like to view new options with an agent or are new to Medicare, this will assist our agents in locating plans that best suit your needs.***

## 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"/>

<b>JASON L BARTAL</b> Anesthesiology
<b>JOSEPH BARTAL</b> Podiatrist Foot & Ankle Surgery

The locations for the in-network doctors will pop-up, so select the appropriate location. 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

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”. ***This is optional; however, if you would like to view new options with an agent or are new to Medicare, this will assist our agents in locating plans that best suit your needs.***

## 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. When the pop-up list appears, 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

Another 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 show everything.

Drug Name Search

Atorvastatin Calcium

**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 medication and dosage have been selected, a green box will appear around the detailed box, 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

Enter prescription name (i.e. lipitor)

Once all drugs have been inputted, press "Next".



## PROVIDING INFORMATION ABOUT YOUR MEDICARE STATUS

### 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 be 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

If you select “No” to an Advantage, Supplemental Plan and Part D, this will assign a task for an agent to reach out to you for assistance. You can also reach out to our team at 888-414-2432.

If you select, “Yes” to an Advantage, Supplemental Plan and Part D, you will complete the appropriate portion for your employer to reimburse you for your Medicare expenses up to the contribution set forth by your company, if applicable.

## 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		
<b>🏠 Medicare</b>		
Medicare	asjd-23j-as23	\$392.81
Medicare		\$164.90
Medicare Supplemental		\$215.16
Medicare Part D		\$12.75
Reimbursement		\$255.00
Employee Cost		<b>\$137.81</b>