



EMPLOYEE GUIDE

Reference for Your ICHRA Health Insurance

Employee Guidebook

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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 the employee's needs and budget from the expansive choices available on the individual market.

How is ICHRA different from traditional group health insurance?

- With an ICHRA, each employee can choose a plan that is available to them based on the state and county the employee lives that best suits his/her personal medical and financial needs.
- The premium is paid in full each month by the company; however, the employee is now the policyholder.
- Should the employee leave the company, he/she can keep the same insurance by paying the premium directly to the carrier without a COBRA fee.

How much will it cost?

Each employee receives a predetermined monthly dollar amount to use towards his/her health insurance policy based on his/her age and enrollment tier. See your company's Model Notice for the reimbursement table grid. With the reimbursement amount in mind, each employee selects the plan that works best for him/her.

Viewing Options and Enrollment or Waiver

When Can I Enroll?

- Once the HR team adds you to the ezICHRA portal, you will receive an activation email. Your eligibility date will be visible in your portal to the right of your name.
- You must make plan selections no later than two business days prior to the end of the month for a next month effective date. Example: Effective date 3/1/24; plan selection must be made by 2/27/24 for 3/1/24 effective date. However, if you live in a state exchange state, the deadline is the 14th of the month, unless it falls on the weekend and then it is the Friday prior.
 - **IMPORTANT - State Exchanges** (Arkansas, California, Colorado, Connecticut, DC, Georgia, Idaho, Illinois, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, and Washington – 2025 and 2026) **will not allow next month effective date enrollments if enrollments are made after the 14th of the month prior to the selected effective date.**
- Employees have 60 days to make selections from his/her eligibility, so if the first window is missed, there are 30 more days to make the selection. However, the policy cannot be backdated to the previous month; it will be made effective for the next month. Example: Employee misses the 2/27 deadline for a 3/1; they have until 3/28 to submit a plan selection but will have a 4/1 effective date. **(See Appendix B - 2025 New Hire/QLE Deadline Schedule and Appendix C - 2026 New Hire/QLE Deadline Schedule for those dates)**

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Where Can I Enroll?

- Your employer will add you to the ezICHRA portal. You will receive an email from the ezICHRA portal, noreply@ezichra.com. This email will allow you to activate your account and set-up your password. This email is only active for 24-hours; if you do not activate it in time, please see your HR person to resend the activation email to you. 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 of getting your account set-up, and then, the ezICHRA team can assist with your plan selection.
- If you activate your account and leave the portal, to return to the portal you will visit <https://online.ezichra.com/login>. Instructions are on the New Hire Flyer.
- Before reaching out for support with a plan selection, please complete the Personal Information tab and the Applicants tab in your personal portal. With this information, a plan advisor can assist you with making a plan selection that is specific to you and your family.
- The plan costs in the portal are quotes and may not reflect the exact cost. The information in the portal is provided by a clearinghouse that has received their data directly from the carrier. On occasion, when the carrier receives the enrollment there might be a price variation. If the variation is more than \$20, the employee should be contacted regarding this change; when this notification occurs will depend on whether the enrollment is being made through technology automatic or via an individual enroller. If the enrollment is done by automation, our team will not be made aware until the binder payment has cleared during our monthly audit.

What if I'm Medicare-age?

- If you are Medicare eligible, it is in your best interest to be enrolled in Medicare because the ICHRA is not considered a qualified group plan under Medicare guidelines. If you are on a spouse's qualified group plan, you will be able to remain there until you lose coverage without penalty.
- If you are enrolled in Medicare or turning 65, you will need to go into the portal to complete the Personal Information and Applicants tabs. If you are within the Medicare eligible window, you will be prompted to answer questions regarding your current Medicare status. If you have not enrolled in Part A and/or Part B, your response(s) to the question(s) will notify our team that you need to speak to a plan advisor. If you have Medicare in place already, you will complete the information in the portal and provide your HR person with documents for substantiation (an invoice for each of your premium costs). We will process your information in our system, so your employer can reimburse you for your Medicare premiums.
- If your employer's rate table includes an Employee + Spouse tier, you can include your spouse's Medicare premium expenses as well, or they can be enrolled in an ACA plan, if needed.

What if I want to Waive?

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- 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.
- 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.

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. **A plan change cannot be made after the plan selected is submitted** in the ezICHRA portal.

Enrollment Process:

States with State Exchange Only - If you are being enrolled On-Exchange in a state that only allows enrollments through the state's exchange, you will have an enroller from the ezICHRA team reach out to you to set up or access your portal. Your enrollment will not be completed until they have access to a portal. Please make yourself available.

Notifications:

On-Exchange - If you were enrolled On-Exchange, you may receive documentation from HealthCare.gov. If you receive an Eligibility Results document that says you need to enroll in a plan, you can disregard the notice. However, if you receive an Eligibility Results (ER) requiring proof of citizenship or immigration status, these will need to be addressed as soon as possible. You will continue to receive notifications until you comply, or your policy is terminated for non-compliance. Please provide a copy of the required documentation to our team by uploading it into your portal under the Documents tab or providing it to your HR person who can send the document to the appropriate ezICHRA Success Manager.

Request for Special Enrollment Period or Qualifying Event Document

- You may disregard the Special Enrollment Period notification. The enroller submits the documents at the time of enrollment.

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- If you have a Qualifying Event, please provide a copy of proof of your Qualifying Event to our office by uploading it into your personal ezICHRA portal under the Documents tab or provide it to your HR person to provide this to our office.

Invoice – You will receive an invoice every month. The ezICHRA team will make the payment to the carrier; however, you will still receive notification. Please disregard the notification.

Recurring Has Been Set Up – If we have the capability to set up recurring during the enrollment process or following the binder payment, we will. You can disregard the notification. We have done this 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 you have 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. Most carriers send these in unmarked envelopes, so you should check **all** mail until cards are received. You will also receive a welcome packet; this may be separated from your Member ID cards and may be in an unmarked envelope.

Compliance

- Sometimes HealthCare.gov or the state exchange 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

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terminated by HealthCare.gov or the state exchange.

- In addition to our team's outreach, you will also receive multiple letters from HealthCare.gov or the state exchange. 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, your spouse/domestic partner, or dependent(s) loses coverage due to non-compliance, we will have to re-enroll for the following month; however, this option is not guaranteed.

KEY POINTS

- Be sure your old policy is canceled prior to the effective date of your new ICHRA policy, especially if you enrolled through the Marketplace.
- Fill prescriptions prior to the end of your previous coverage and reschedule appointments that are scheduled for the first week of your new insurance in case of carrier issues.
- Know that ID cards will be mailed directly to you from the carrier. Please check all unmarked mail before discarding it because the carrier most likely will not have a clearly marked envelope for security purposes.
- Compliance documents may be required to be submitted. You will be contacted if this is necessary.

What to Know About Being an ICHRA Policyholder

What does this mean?

- You will receive a monthly invoice. This occurs because you are the policyholder. We are unable to stop this; however, once your policy is effectuated, you should be able to create and log in to the carrier's portal and select paperless. You will still receive the invoices, but they will be sent via email.
- Any changes, such as adding/removing a spouse/dependent(s), should be completed through your ezICHRA portal. You will need to notify your HR person to create a qualifying event for you to make the changes. At that time, you will need to provide your employer with your Qualifying Event documents showing proof of the qualifying event as these documents are required for enrollment or changes.
- 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 and wish to cancel your policy, you will need to cancel the policy prior to the first of the next month by calling the carrier directly. Due to a new CMS ruling in July 2024, policyholders must cancel his/her policy directly with the carrier using the Customer Service/Member Service phone number on the back of his/her ID cards; brokers are no longer permitted to do so on behalf of the policyholder. 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. The carrier may also submit your outstanding balance to collections.

KEY POINTS

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- You own the insurance policy.
- You will receive an invoice – do not pay anything.
- Notify HR that you need to make a change; they will set up a qualifying event in your portal, and you will make the changes directly through there. You will need to provide proof of your qualifying event.
- If you leave employment, keep or cancel your policy.
 - If you want to keep your policy, pay the carrier directly.
 - If you want to cancel your policy, call the Customer Service/Member Service phone number on the back of your ID cards prior to the first of the next month.

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 also 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 arises, 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.
- 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.

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Changes to your Policy

- Outside of Open Enrollment, you cannot change your plan without a qualifying event.
- 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.
- To make a change to your policy based on a qualifying event, you will need to notify your HR department to provide you with a Qualifying Event in the ezICHRA portal. Once that has been set-up, you will be able to go in and “Shop for Plans” to make your adjustments.
- Please provide a copy of your Qualifying Event Document to our office by uploading it into your personal ezICHRA portal under the Documents tab or provide it to your HR person to provide this to our office.
- If you have an address change, please notify your HR. They will need to open a Qualifying Event in the ezICHRA portal. Once that has been set-up, you will be able to go in and “Shop for Plans” to make your adjustments.
- If you want to cancel your policy for any reason, please contact your HR person. They will need to update your account in the ezICHRA portal. This is necessary to ensure the payment method is deactivated and prevent accidental payments towards an untermmed policy.
- **It is important not to make changes directly with the carrier or with your state exchange.** Changes directly can cause unexpected policy terminations, premium and payment issues, as well as payroll issues. Please contact your HR administrator and complete your changes in your ezICHRA portal. You will also need to provide documentation of proof for your Qualifying Event.

KEY POINTS

- Qualifying Event Changes – HR must set your account up in the ezICHRA with a Qualifying Event.
- Please provide a copy of your Qualifying Event Document to our office by uploading it into your personal ezICHRA portal under the Documents tab or provide it to your HR person to provide this to our office.
- Address Changes must be done so in the portal; see your HR person to open your portal.
- All changes to your policy must be completed in the ezICHRA portal.

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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, notify your HR person first. They will need to update your ezICHRA portal. You will then need to contact your carrier via the Customer Service/Member Service number on the back of the card to cancel your policy prior to the end of the month. Please notify HR by the 20th of the month if possible, to prevent payment issues.
- Cancellations cannot be backdated; therefore, it is important to request cancellation prior to the end of the month.
- **This plan is yours and does not end with your employment if the premiums are paid.** Once your coverage under the ICHRA ends, you have three options: cancel, keep the policy and/or see if you qualify for a federal subsidy and make the payments to the carrier yourself, or take the COBRA option which adds a 2% administration to the full cost of the premium. Our team will discuss these options with you when they call. **IMPORTANT Note** – If you do not respond to our outreach and do not call to cancel your policy, any outstanding balances may be sent to collections or should you return to this carrier in the future on the individual side, you may be required to pay the outstanding balance before your new policy can go into effect.

KEY POINT

- If you choose to cancel your policy and remain an employee, notify your HR person and call the carrier to cancel your policy.
- You are responsible for cancelling your policy with the carrier.
- Policies cancelled for non-pay may require back payment to the carrier should you re-enroll with the carrier in the future and/or may be sent to collections.

Open Enrollment Each Year

- Open Enrollment occurs in November of each year; the selected policy will go into effect as of January 1st of next year.
- Carriers are required by law to send a renewal letter to you, via email or US mail prior to November 1. Please be sure in the month of October to begin looking for these unmarked envelopes that contain information regarding the current selected plan and the plan's premium and changes for the next year.
- **Every employee must select/re-select his/her plan in the portal for the company to make the payment.** Even if the carrier letter states to “do nothing,” you must go into the portal to ensure your account remains active. This also allows for the review of the new premium and changes to the plan coverage.

KEY POINTS

- Open Enrollment occurs in November each year
- Make a plan selection/renewal in the ezICHRA portal during your Open Enrollment period NO MATTER WHAT THE CARRIER SAYS

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APPENDIX A – TERMS AND CONDITIONS

EZICHRA Consent

I have read and agree to the End User License Agreement (“EULA”). I also give my permission to The James B. Oswald Company d/b/a UROne benefits and its affiliates and representatives (“UROne Benefits”) to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize UROne Benefits as well as its technology provider(s) [anyone else we need to include here, like data warehouse, or other contractors?] to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

Searching for an existing Marketplace application; Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums; Providing ongoing account maintenance and enrollment assistance, as necessary; or Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that UROne Benefits will not use or share my personally identifiable information (PII) for any purposes other than those listed above. UROne will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by providing written notice to UROne Benefits at [I think we need to provide a physical address and an email address here].

By clicking submit on my application, I acknowledge that I am agreeing to all of the above with the same force and effect as a physical signature.

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APPENDIX B – 2025 New Hire/QLE Deadline Schedule



2025 New Hire/QLE Deadline Schedule

Effective Date of Coverage	Deadline for Submission
February 1, 2025	January 29, 2025
March 1, 2025	February 26, 2025
April 1, 2025	March 27, 2025
May 1, 2025	April 28, 2025
June 1, 2025	May 28, 2025
July 1, 2025	June 26, 2025
August 1, 2025	July 29, 2025
September 1, 2025	August 27, 2025
October 1, 2025	September 26, 2025
November 1, 2025	October 29, 2025
December 1, 2025	November 26, 2025

*Employees will also need to enroll for 2026 in November 2025

IMPORTANT - State Exchanges and certain carriers will not allow effective date enrollments next month if enrollments are made after the 14th of the month prior to the selected effective date. Therefore, we cannot guarantee a next month's enrollment in all states or with all carriers due to their policies if a plan selection after the 14th of the month.

State-Based Exchanges 2025

- Arkansas
- California
- Colorado
- Connecticut
- District of Columbia
- Georgia
- Idaho
- Illinois
- Kentucky
- Maine
- Maryland
- Massachusetts
- Minnesota
- Nevada
- New Jersey
- New Mexico
- New York
- Oregon
- Pennsylvania
- Rhode Island
- Vermont
- Virginia
- Washington

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APPENDIX C – 2026 New Hire/QLE Deadline Schedule



2026 New Hire/QLE Deadline Schedule

Effective Date of Coverage	Deadline for Submission
January 1, 2026	December 22, 2025
February 1, 2026	January 28, 2026
March 1, 2026	February 25, 2026
April 1, 2026	March 26, 2026
May 1, 2026	April 28, 2026
June 1, 2026	May 27, 2026
July 1, 2026	June 26, 2026
August 1, 2026	July 29, 2026
September 1, 2026	August 27, 2026
October 1, 2026	September 28, 2026
November 1, 2026	October 28, 2026
December 1, 2026	November 23, 2026

*Employees will also need to enroll for 2027 in November 2026

IMPORTANT - State Exchanges and certain carriers will not allow effective date enrollments next month if enrollments are made after the 14th of the month prior to the selected effective date. Therefore, we cannot guarantee a next month's enrollment in all states or with all carriers due to their policies if a plan selection after the 14th of the month.

State-Based Exchanges 2026

- Arkansas
- California
- Colorado
- Connecticut
- District of Columbia
- Georgia
- Idaho
- Illinois
- Kentucky
- Maine
- Maryland
- Massachusetts
- Minnesota
- Nevada
- New Jersey
- New Mexico
- New York
- Oregon
- Pennsylvania
- Rhode Island
- Vermont
- Virginia
- Washington