

Your employer has decided to offer medical coverage through an Individual Coverage Health Reimbursement Arrangement (ICHA). This page will cover how ICHRAs differ from coverage you may have had in the past.

### What Is An ICHRA?

An ICHRA is an employer-funded health benefit used to reimburse employees for individual medical insurance premiums and other qualified medical expenses.

Your employer will provide you with a sum of money, often called a defined contribution. That sum of money will be a contribution towards your medical insurance premiums. You will see the full cost of the medical plans in your given market and will utilize the contribution amount from your employer to purchase coverage.

### What if a plan costs more than the contribution my employer gives me?

You may purchase coverage that costs more than your employer's contribution. Anything above your employer's HRA contribution, the remainder, will be your responsibility. ICHRAs allow you the flexibility to find the coverage that works best for you and your family regardless of cost.

Shopping on the individual market provides you with more choice and plan options than before. This enrollment checklist helps sort your options.

### Enrollment Checklist

To help you with navigating the individual market, you will want to know the following to choose the best plan to meet your needs:

- Affordability:** How much is your employer providing? How much are you willing to spend above your employer's contribution?
  
- Upcoming Procedures or Utilization of Care:** Do you have an upcoming surgery, pregnancy, or planned procedure? You'll want to take into account any planned procedures as well as the frequency with which you visit doctors today.

Understanding you or your family's utilization will help guide you to a plan that's affordable not only with monthly premiums but also in expected out of pocket costs.

- Network:** Do you have specific doctors that you need to see and would not be willing to change? Have a list of you or your family's doctors ready to search within the plan's network to ensure that they are in-network with that plan.
  
- Coverage:** What type of deductible or upfront medical expenses are you willing to cover before the plan co-insurance kicks in? What dollar amount would you like your maximum out of pocket to be?
  - Are there other plan benefits you use and want to confirm are covered? Chiropractic or virtual health benefits are examples.
  
- Prescriptions:** What prescriptions do you or your family take regularly? Create a list of current prescriptions. You can use this list to narrow down your selection to plans that cover your prescriptions.
  
- Service:** Are there reviews on the level of service from the carriers that are available? Do they offer the types of service you need or expect?
  
- Payment:** Payment can vary compared to employer sponsored coverage and you might be expected to provide a bank account or credit card to enroll or "effectuate" your coverage. You will want to confirm with your employer how to best use the contribution to shop for coverage.

