



Gallagher

Insurance | Risk Management | Consulting

What is Individual Coverage Health Reimbursement Arrangement? What's in it for me?

Nye Health Services



Why Are We Changing Our Medical Plan Options?

Our group medical plans through Blue Cross Blue Shield have experienced significant cost increases over the past few years, resulting in higher expenses for both employees and NYE Health Services. By transitioning to this new model, we can provide employees with more healthcare options while enabling employers to better manage and control overall healthcare costs.

1 Provide **GREATER CHOICE** for employees to select plans that best fit their individual and family needs

2 Create opportunities for **COST SAVINGS FOR MOST TEAM MEMBERS**

3 Give both employees and the organization **BETTER CONTROL AND PREDICTABILITY OVER HEALTHCARE COSTS YEAR OVER YEAR**



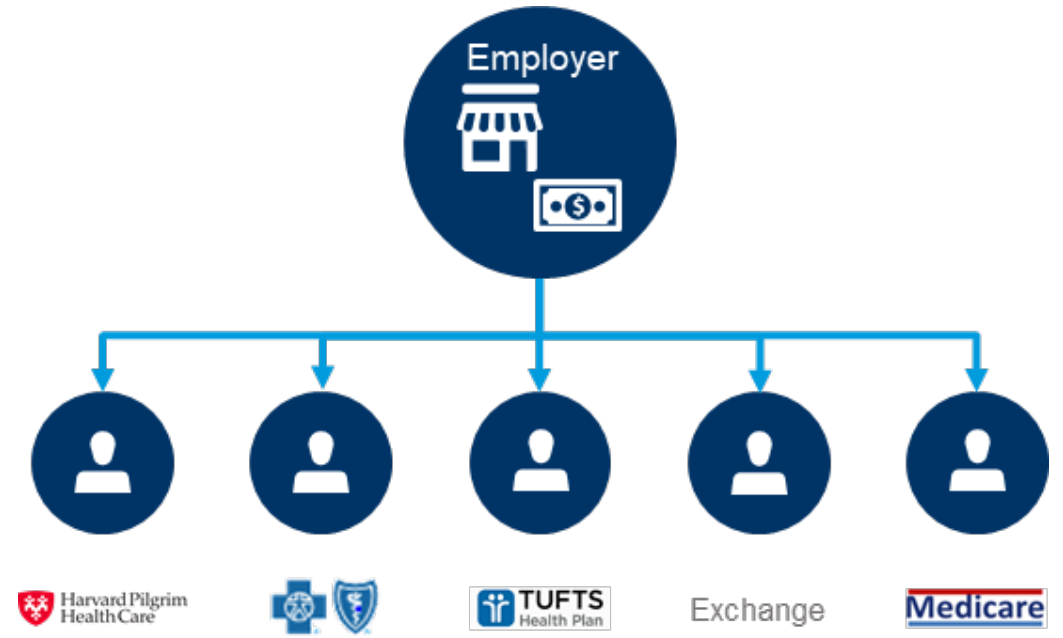
What is an Individual Coverage Health Reimbursement Arrangement?

The newest stand alone account that allows employers to provide a contribution to employees to purchase an individual health insurance plan of their choice and still allow a pre-tax contribution from employees to pay their share.



How It Works – Simplified

- 1** The company provides a monthly medical defined contribution to employees
- 2** Employees use the company funds to purchase their own medical plan on benefitbay. (Third Party Administrator)
- 3** Any employee premium responsibility beyond the employer contribution is deducted via payroll (similar to group insurance).
- 4** Employees also choose the plan design and insurance carrier that fits their specific needs



Non-Group Rates Based On:

- Rating Area – within each state by zip code
- Member age and age of oldest three dependents

Individual Plan Accessibility

Modernizing the employee medical experience



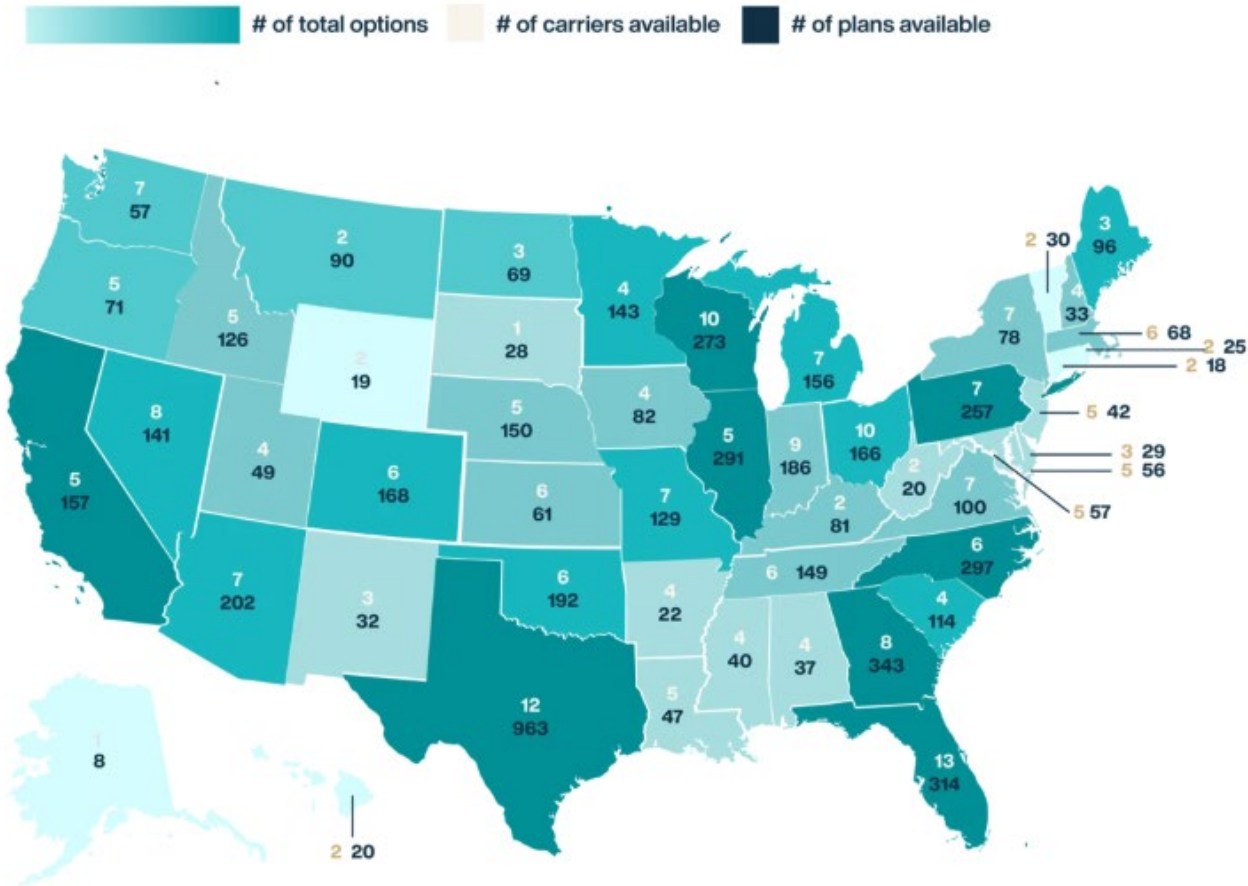
- Guaranteed Issued Plans
- No Pre-existing Condition Clauses
- No Rate Impact for Health Conditions

Plans & Carriers Differ by State

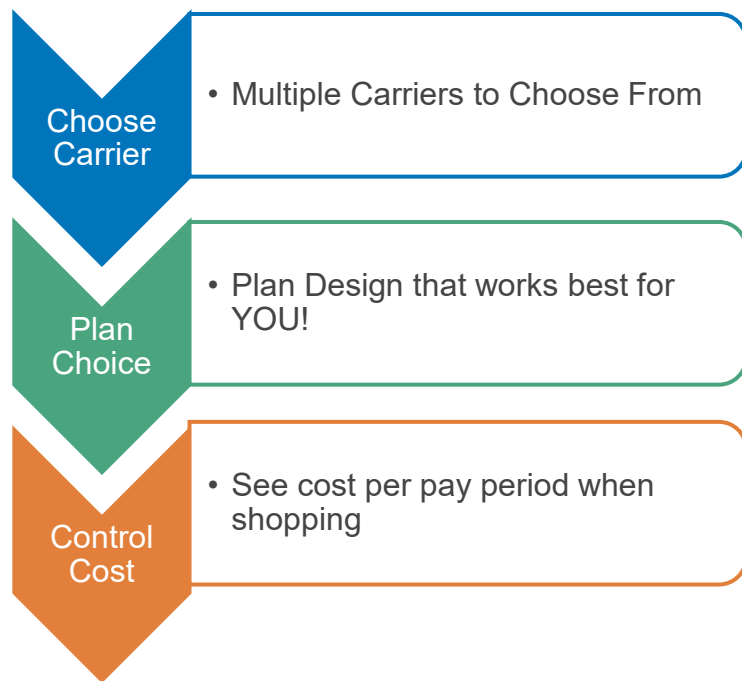
Availability by States

- NE - 5 Carriers, 50+ Plans,
 - EPO & PPO options available
- IA - 5 Carriers, 48 Plans
 - HMO & EPO options available

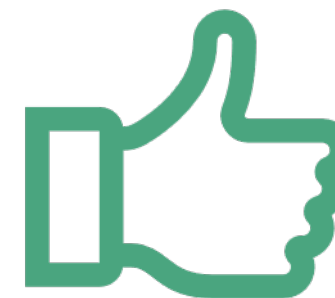
**Plan and carrier availability within states are dependent on MRAs (medical rating areas).*



What's In It For Our Team Members?



YOU select the Carrier, Network, and Plan that works best for you!



BlueCross

UHC

Medica

**Individual Medical Carriers:
Ambetter & Oscar**

**Plan and carrier availability within states are dependent on MRAs (medical rating areas). Ambetter and Oscar plans may be available as well (Individual Medical Carriers)*

Who Is benefitbay?

benefitbay™ platform

benefitbay is a leader in ICHRA administration. We have partnered with benefitbay to assist with and support your upcoming medical shopping experience.

benefitbay believes that health and wellness coverage decisions are best made by the individual, and should be empowered by information, access and affordability.



How Employees Review Plans and Enroll

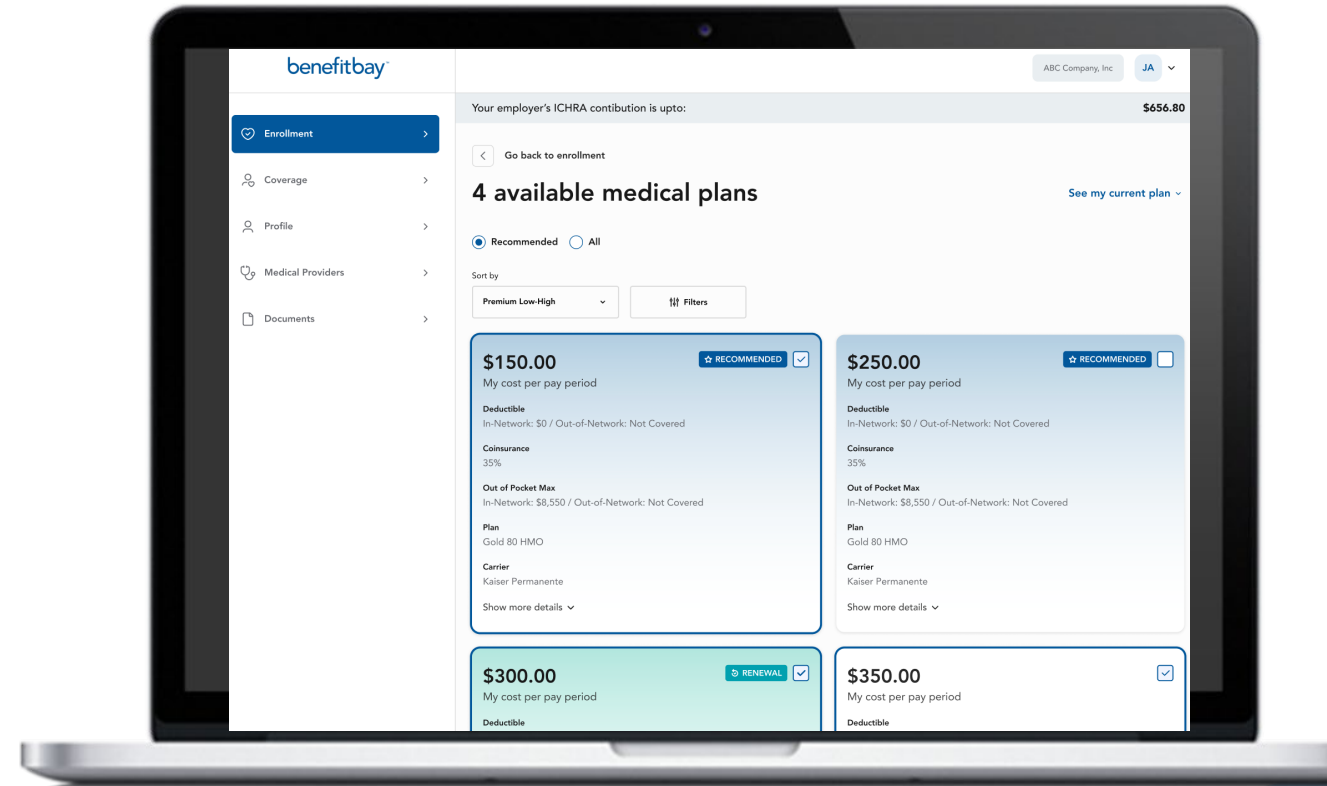
Administration Platform

On the platform you can:

- Update your information
- View employer contributions
- Include or update dependents
- Shop & enroll in plans
- Manage benefits

Why should I use the Benefitbay platform?

- Easily view and compare coverage options
- Review your specific premium contribution for coverage specific to you own needs and situation
- Pre-tax premium contribution



Medicare

Medicare Eligible Employees & Spouses

Medicare eligible employees and spouses will enroll in Medicare under the ICHRA plan.

- Contributions from NYE Health Services can be used towards your **Medicare part B, supplemental, and Medigap plans.**
- Enrolled in an Employee Plus plan?
 - **YOU still receive the employee + spouse contribution**
- Employee or spouse under 65?
 - **The Individual under 65 will select a plan using benefitbay!**



Medicare Concierge

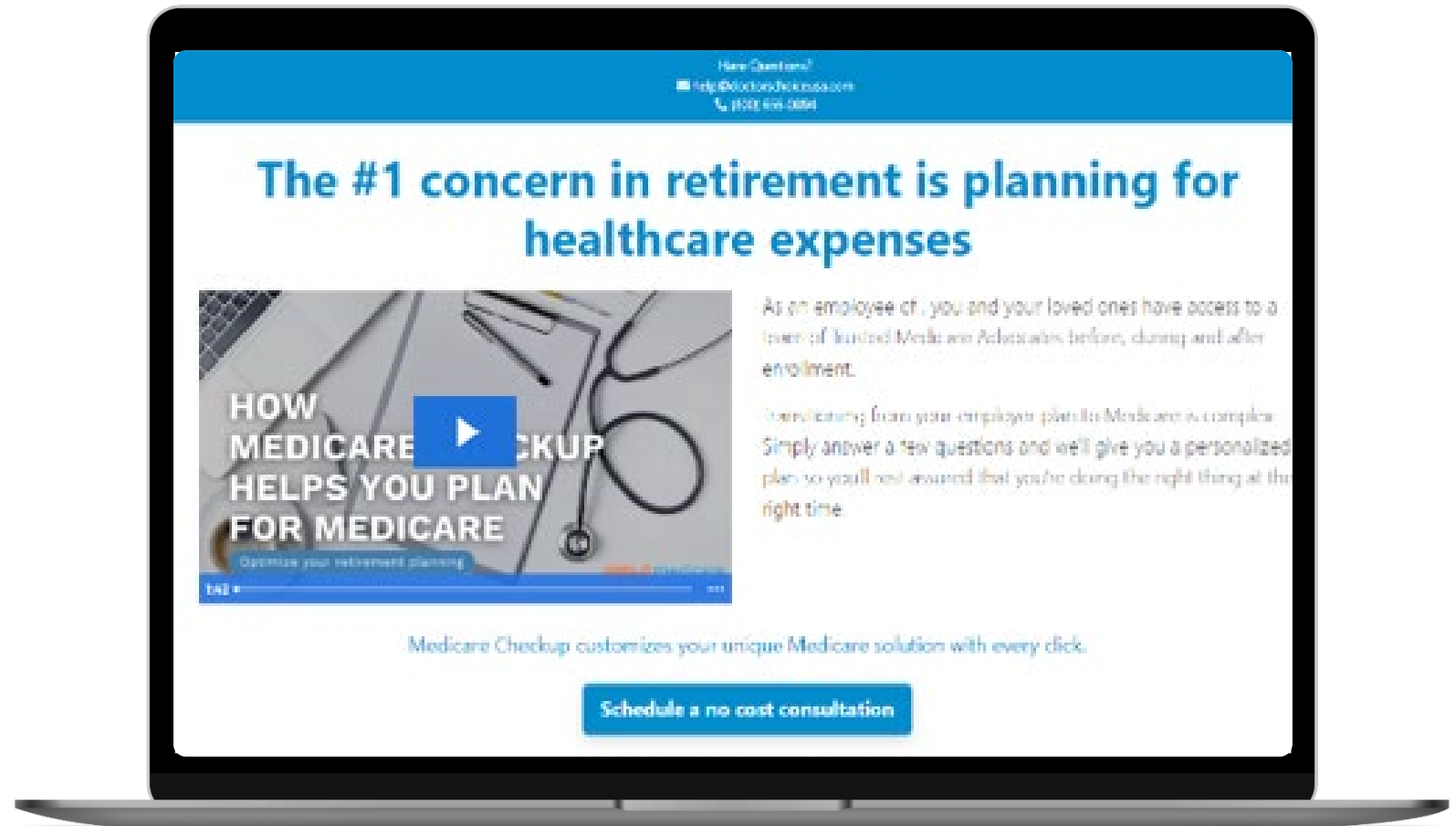
Medicare Eligible Employees & Spouses

Medicare eligible employees and spouses will enroll in Medicare under the ICHRA plan.

- Medicare eligible employees are often the happiest employees.
- Medicare eligible employees also receive the largest contribution from their employer based on their age.
- Only under ICHRA, can Medicare eligible employees use their employer contribution to pay for their Medicare Advantage or Medicare Supplement plans.
- This frequently often reduces significantly or eliminates their health insurance contribution.



[Nye.medicarecheckup.com](https://nye.medicarecheckup.com)



Doctor's Choice

ICHRA Services Overview

How Doctor's Choice Assist With Medicare Transitions

1. Individual Planning-

- Guide employees, spouses, and loved ones through the process of signing up for Medicare, navigating over 2000+ plan combinations nationwide to make the right healthcare decisions based on their personal situation, health status and budget
- Assistance with the entire Medicare process (planning, enrolling in A/B, additional coverage)

2. benefitbay Coordination

3. Post-Enrollment Support

1

Our advocates meet with employees to go over the enrollment process and we also assist with the paperwork

2

Once an employee enroll through us, our team will update their coverage information into benefitbay to ensure a smooth reimbursement/payment process

3

Doctor's Choice will be available for any questions/concerns around Medicare for both members and HR



Important Dates



15 _____
20 _____
16 _____
30 _____
17 _____
30 _____
18 _____
30 _____
19 _____ 30 _____

Key Reminders

Mastering Medicare

Virtual – To be determined

**Employees and Spouses of Medicare age are encouraged to attend!*

Open Enrollment Education

What is ICHRA? – 4/20 – 4/23 in person and virtual

How to Enroll – To be determined – in person and virtual the first week of June

Enrollment Dates*

June 1st -12th

** Please note there will not be an extension of these dates you must elect coverage in the benefitbay platform by June 12th to maintain or have coverage effective July 1st.*

ICHRA Effective Dates*

July 1, 2026 – December 31, 2026

**current plan will be discontinued effective 7/1*

What Does a Mid-Year Transition Mean?

Deductible Reset: 7/1/2026

Plan Renewal / Deductible Reset: 1/1/2027

What are your options?

- You can choose to enroll in a \$0 plan for 7/1/2026 – 12/31/2026
- You can choose to enroll in a higher deductible plan and save money in your paycheck
- You can choose a new plan effective 1/1/2027 with whichever deductible you choose!

MEDICAL- WHAT IF I NEED HELP?




benefitbay Support Team

During Open Enrollment

- benefitbay support team will assist with enrollment help via the chat feature or by scheduling a time for a 1-1 with a licensed support team member
- Support team will assist Employees in setting up an account with their carrier and auto-payments as well as needed information requested by chosen carrier

Two ways to access benefitbay support

- Email support at support@benefitbay.com
- Access the  icon in benefitbay to chat with a support member
- <https://knowledge.benefitbay.com/employee>



Doctors Choice

Medicare Eligible

Set an appointment with Doctors Choice

- To review your current election or to shop for the first time please set an appointment

To set an appointment:

- Call 800-656-0894
- Email help@doctorschoiceusa.com
- Log into benefitbay and select “Need help selecting a plan”
- [Nye.medicarecheckup.com](https://www.nye.medicarecheckup.com)



Are you or a loved one approaching Medicare?

Navigating Medicare can be confusing. Doctor's Choice helps individuals approaching Medicare either due to age or disability navigate the complexities of the Medicare system.

Founded by a Brown University-trained Physician as a way to make transitions to Medicare easy, Doctor's Choice is the premier service advocate for Medicare, delivering best-in-class service to seniors before, during and after their transition to Medicare.

Offering coverage across the country from the most reputable companies, we provide concierge-level service and healthcare advocacy to our members for life.



How We Can Help

- Medicare Education
- Individual Guidance
- Enrollment Support
- Post-Enrollment Advocacy

How to Work With Us

If you have a Medicare question, or are planning to transition to Medicare, please reach out to us by phone, email, or directly schedule a consultation through the website below

Get In Touch!

-  1 (800) 656-0894
-  help@doctorschoiceusa.com



Medicare Made Easy

On demand and virtual live workshops geared towards giving you a solid understanding of your major Medicare decisions



Tailored Guidance

Confidential and personalized planning through our team of advocates and our Medicare Checkup software to give you the confidence that you're making the right decisions



Enroll Seemlessly

Assistance through the entire enrollment process to ensure that you're preventing penalties and getting proper coverage



Gallagher

Insurance | Risk Management | Consulting

HEALTHCARE TERMS AND DEFINITIONS



Types of Plans

HMO

A budget-friendly plan

A Health Maintenance Organization (HMO) plan is one of the most affordable types of health insurance. While it may have coinsurance, it generally has lower premiums and deductibles. It also often has fixed copays for doctor visits. It's a good choice if you're on a budget.

HMOs require you to use doctors in the HMO network. When you sign up for a plan, you'll choose a primary care physician (PCP). This is the person you'll see for regular checkups. Your PCP will need to give you a referral before you can see a specialist, like a dermatologist. Because all your health services go through your PCP, it's important to find one you trust.

Example: Gayle doesn't have any serious health problems. Her regular doctor and allergist are part of the HMO's network. Her main doctor will be her PCP, who'll give her referrals to in-network specialists like her allergist. She doesn't mind getting referrals. She'll get the care she needs at a price she can afford.

EPO

A larger network makes life easier

An Exclusive Provider Organization (EPO) is a lesser-known plan type. Like HMOs, EPOs cover only in-network care. But the networks are generally larger. They may or may not require referrals from a primary care physician. Premiums are higher than HMOs, but lower than PPOs. (We'll talk about PPOs next.)

Example: Karen, 35, manages a chain of restaurants across the country. She has asthma, and usually sees her specialist a couple of times a year. Because she travels a lot for work, Karen uses an open access EPO with a large national network. If she ever needs care away from home, she knows she'll be able to find an in-network specialist. Her EPO doesn't require referrals. That's a convenience she's willing to pay a bit more for.

PPO

The plan with the most freedom

A Preferred Provider Organization (PPO) has higher premiums than an HMO or POS. But this plan lets you see specialists and out-of-network doctors without a referral. Copays and coinsurance for in-network doctors are low. If you know you'll need more health care in the coming year and you can afford higher premiums, a PPO is a good choice.

Example: Jenelle, 38, of Jacksonville, FL, has been married for five years. The couple is having trouble conceiving. They've been to a number of fertility specialists. When offered three choices for health plans, Jenelle picked the PPO. She pays more to see a particular fertility doctor who's out of network, but she doesn't mind. Her mission is to get pregnant..

Terms and Definitions

Deductible

A deductible is how much you spend before your insurance company will pay for your medical services. ***Example:** John and Margaret had their first baby in February. The hospital charged \$7,000 for the medical services associated with the delivery. John and Margaret's deductible was \$5,000, so they owe the hospital \$5,000. For any amount above \$5,000, the insurance company will pay a portion, and John and Margaret will pay their coinsurance portion.

Coinsurance

Once you have met your deductible, you are responsible for a portion of the cost of the covered medical services you receive. The exact amount varies by plan but typically ranges from 10%-40%. **Example:** Going back to John and Margaret, the total cost of their delivery was \$7,000, and their co-insurance requirement was 20%. John and Margaret paid the first \$5,000 and satisfied their deductible. For the remaining \$2,000, John and Margaret will pay \$400 (their co-insurance obligation), and their insurance company will pay \$1600.

Co-payment (copay)

A copay is a *fixed* amount you pay for certain medical services. *For example*, when you visit your primary care doctor you may have a \$25 co-pay. Your co-pay does not count toward your deductible, but it does count toward your out-of-pocket max.

Out-of-pocket maximums

An *out-of-pocket maximum* is the total amount you are required to pay during a policy period (usually a year). Once you have met your *out-of-pocket max*, your insurance company is responsible for paying for 100% of all covered procedures. **Deductibles, coinsurance, and copays** all contribute to your *out-of-pocket maximum*. However, **premiums are not included in your out-of-pocket max.**

Premium

What you pay your insurance company in order to maintain your plan. Your premium is paid monthly and is a fixed cost regardless of whether you have a major medical procedure or you have no medical costs at all.

Healthcare 101

Terms and Definitions

Tax Premium Credits (subsidy)

The subsidy is provided by the Federal Government to offset the cost of insurance premiums to make them affordable. During enrollment, many carrier websites may check your eligibility for a tax credit, but not be aware of your company's contribution.

- If your company is **NOT** providing an affordable contribution, then you may be eligible for a subsidy. However, upon selecting the tax credit, you will not be able to take advantage of the company contribution.
- If your company is providing an affordable contribution, you are **NOT** eligible for a tax credit. If you select a subsidy without qualifying for one, you could be subject to IRS tax fines and penalties during tax season.

Bronze, Silver, Gold, and Platinum Metal Tiers

ICHRA Medical Plans are identified as **Bronze, Silver, Gold, and Platinum Metal Tiers**. These metal tiers differentiate each plan and determine how you and your insurance carrier will share the medical costs for your health care. They have nothing to do with the quality of care or coverage.

Bronze Plans have the lowest monthly premiums when compared to the other plan levels. These plans pay approximately 60% of an individual's covered medical costs. Bronze Plans typically have high deductibles and many of them qualify as high-deductible health plans (HDHPs). HDHPs have lower premiums but require you to pay higher deductibles before your insurance carrier starts to pay its share. With their low premiums, Bronze Plans can be a good cost-saving option for people who are relatively healthy and do not require frequent visits to a doctor, prescription medications, or other healthcare services.

Silver Plans pay approximately 70% of an individual's covered medical costs. The Silver Plans have slightly higher premiums but lower deductibles than Bronze Plans. Consequently, Silver Plans do not qualify as high-deductible health plans (HDHPs). With lower deductibles, you will pay less in out-of-pocket expenses to meet your deductible prompting your insurance carrier to begin paying its share of your medical expenses faster.

Healthcare 101

Terms and Definitions

Bronze, Silver, Gold, and Platinum Metal Tiers Cont.

Gold Plans pay approximately 80% of an individual's covered medical costs. Compared to Silver Plans, the Gold Plans have a higher monthly premium but don't require you to pay as much toward a deductible before your insurance carrier begins paying its share of your medical expenses. This plan can be a good option if you are going to have expensive medical needs throughout the year that the plan covers, which will allow you to easily reach your deductible.

Platinum Plans pay approximately 90% of an individual's covered medical costs. Platinum plans usually have the highest monthly premiums of any plan category but pay the most when you get medical care. They can be good for people who need to visit the doctor often, take multiple medications, and are worried about high out-of-pocket healthcare costs.

Once you have determined your consumer preference regarding costs, you can access the ICHRA Marketplace through the benefitbay® platform. There, you can review details about the specific plans and choose the plan that best fits your needs!

What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan (HDHP) is a plan with a higher deductible than a traditional insurance plan.

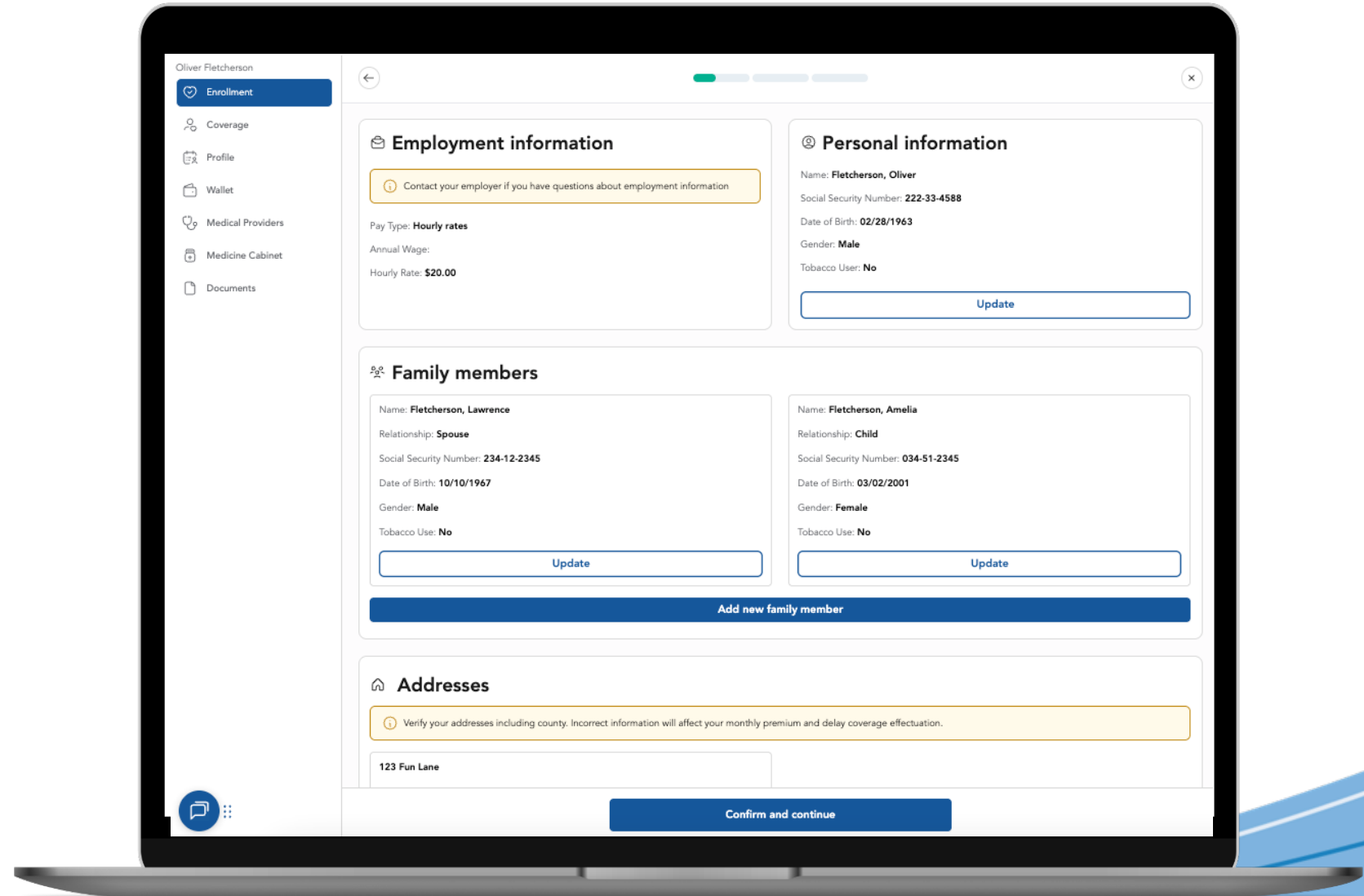
The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). **A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.**

A high-deductible health plan might be right for you if:

- You're healthy and rarely get sick or injured.
- You can afford to pay your deductible upfront or within 30 days of receiving a bill for that amount if an unexpected medical expense comes up.
- You have the means to make significant contributions to an HSA each month.
- You are healthy and are interested in using an HSA as a way to save or invest money.

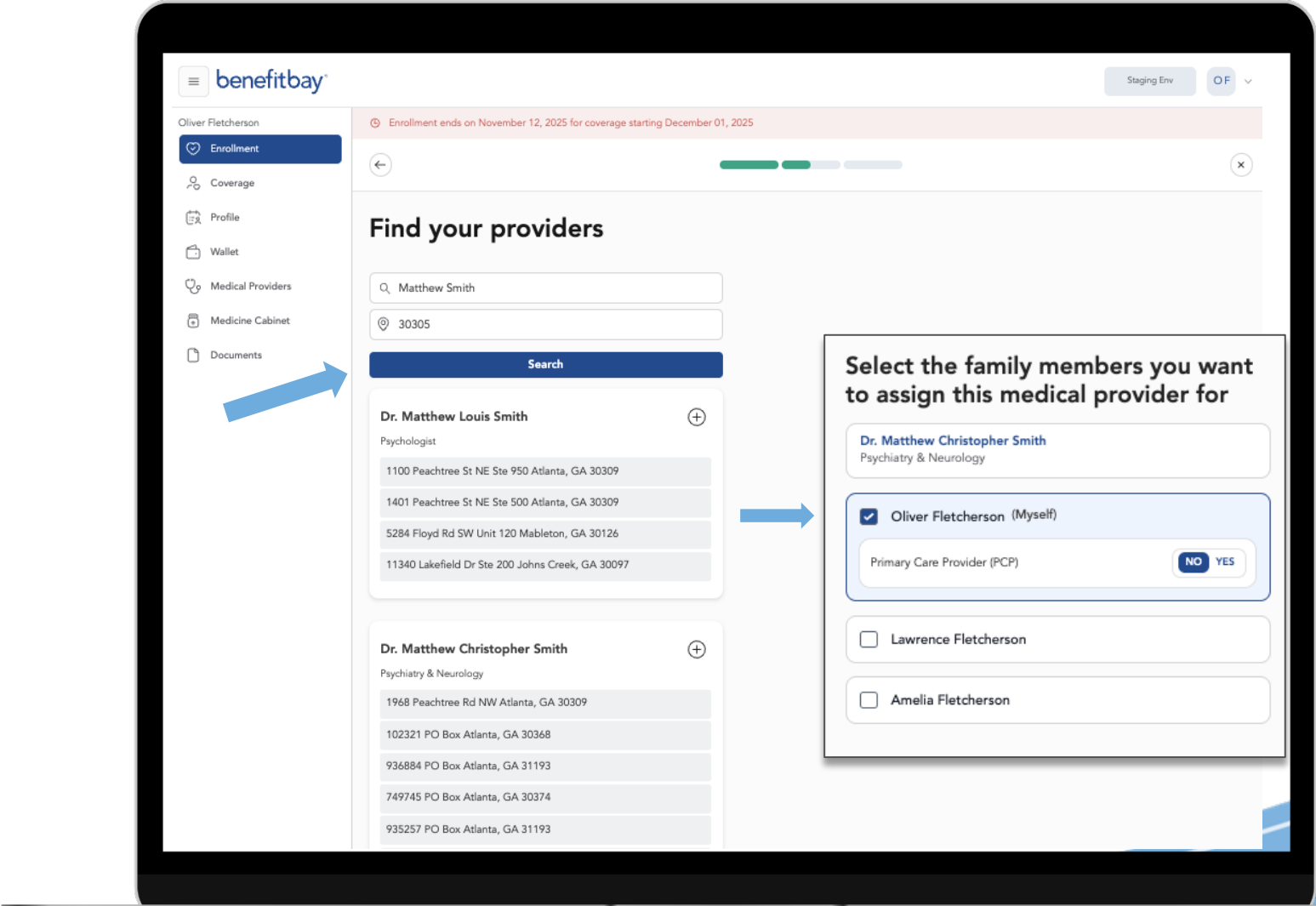
Benefitbay platform features

Update and Verify
personal and
dependent
information



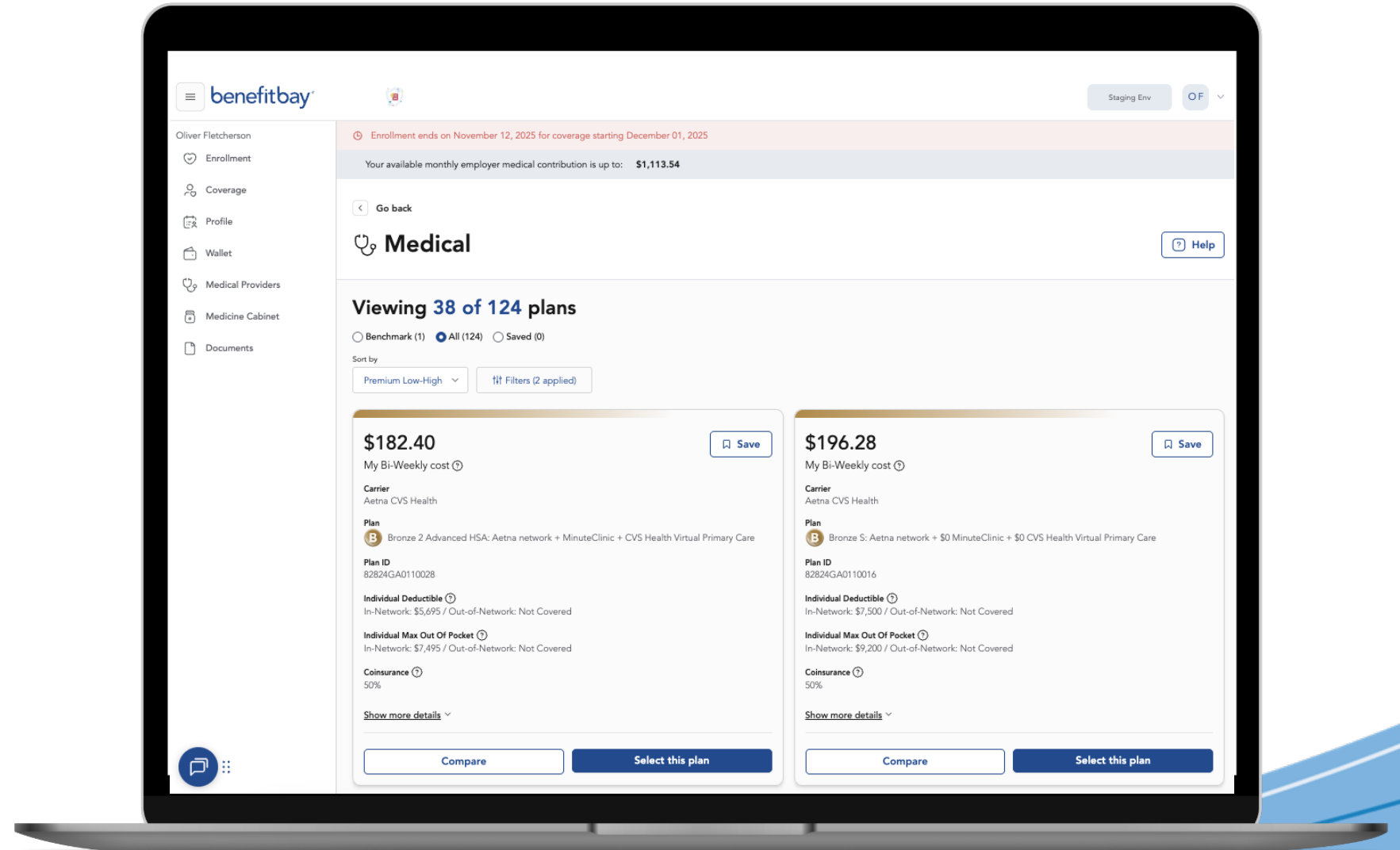
Benefitbay platform features

Add providers and prescriptions for you and your family members



Benefitbay platform features

Shopping Screen View
employer contribution,
team member
contributions and plan
options



Benefitbay platform features

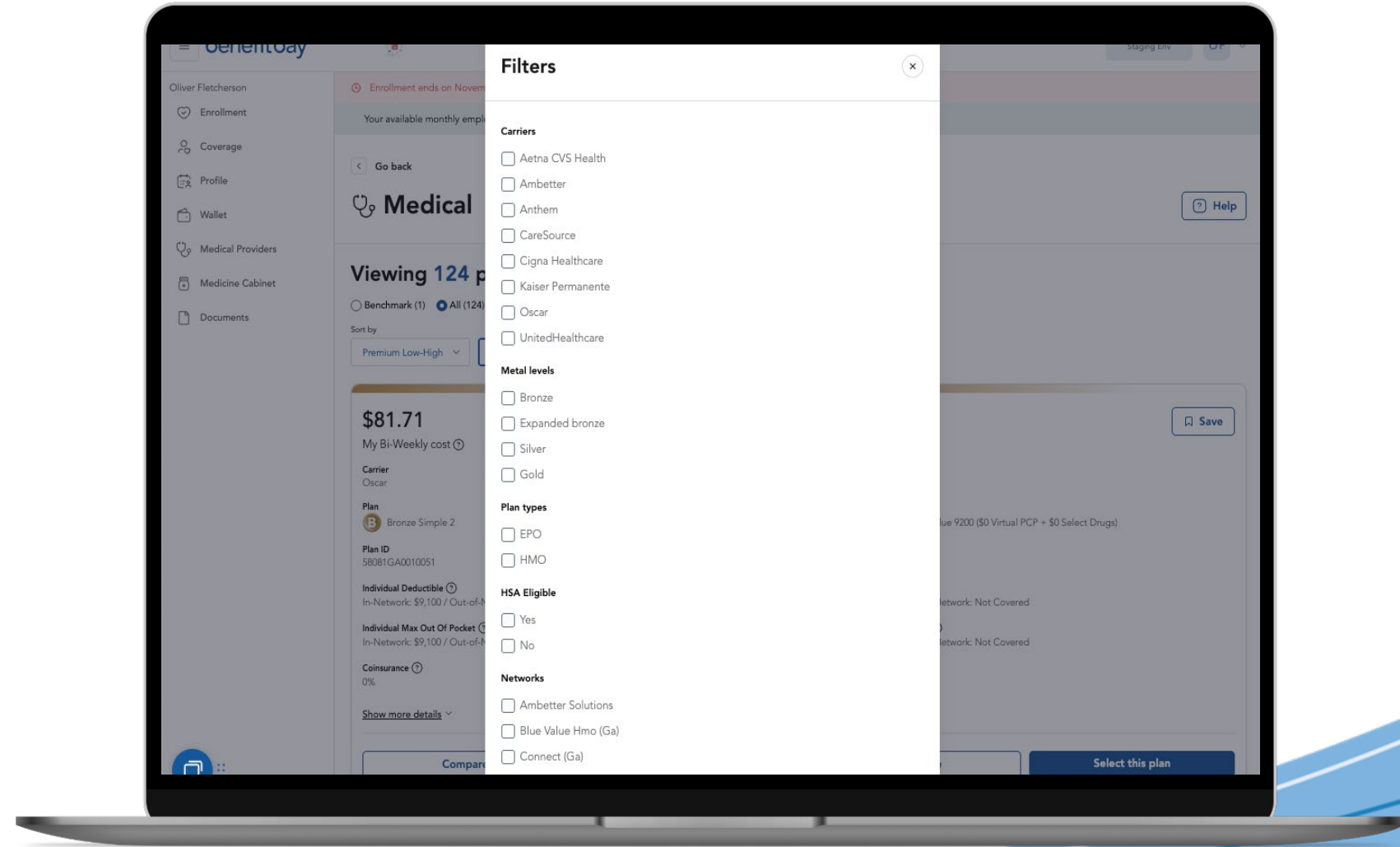
Shopping Section

You can filter by:

- Carrier
- **Metal levels**
- Plan type
- HSA Eligible
- Network
- Providers

There is also a sort by:

- Premium Low-High
- Premium High-low
- Deductible Low-High
- Deductible High-Low



Contact us

Get in touch to let us know how we can help.

Elena Kyle

ICHRA Implementation Support

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