BPAS

Individual Coverage Health Reimbursement Arrangement (ICHRA)

An Individual Coverage Health Reimbursement Arrangement (ICHRA) is a benefit provided by your employer that sets money aside for you to spend on eligible healthcare expenses. Instead of joining a company healthcare plan, you have the opportunity to shop and select a healthcare plan that works best for you and your family.

Your health, your plan, your choice.

Getting Started

- Review the amount of your employer contribution and what it covers.
- Explore healthcare plans at healthcare.gov.
- Some states offer their own health care websites, you may be redirected accordingly.
- If you are 65 or over, visit medicare.gov
- Compare plans to find the one that works best for you and your family, if applicable.
- Select a plan and enroll. You may be prompted to include information or documentation about the ICHRA during the enrollment process.
- Save a copy of your declaration page as you will need this to submit for premium reimbursements.

Submitting Reimbursement

Once you're set up with your health insurance plan, you'll receive information about setting up your claims portal.

From your claims portal, you'll be able to upload the insurance policy's declaration page. BPAS will then reimburse you monthly for either the amount of your policy or your employer's specified amount, whichever is less.

Frequently Asked Questions

Who is eligible?

To be eligible for an ICHRA, you must be enrolled in individual health insurance coverage or Medicare Parts A and B, or Part C. You may not be enrolled in your employer's or spouse's group health insurance plan and be eligible for an ICHRA.

What plan types does an ICHRA cover?

- Individual market health insurance premiums
- Medicare premiums Part A, B, C and D
- Medicare Supplement premiums
- ACA compliant catastrophic health plans.

Does an ICHRA cover other medical expenses?

Depending on plan design, the ICHRA offered through your employer may cover 213(d) medical expenses.

However, it's important to know that health insurance premiums need to be paid from your ICHRA prior to any 213(d) medical expenses, if they are permitted. Requesting reimbursements or payments out of this order may lead to delays or rejections of the claims.

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You choose your health plan. We'll take care of the reimbursement.

Frequently Asked Questions

What if the plan I choose is more expensive than what my employer offers to reimburse?

BPAS reimburses you, the employee, directly for the amount that your employer permits. You are responsible for paying the total premium to your insurance provider, even if it is more expensive than your alloted reimbursement amount.

What if the plan I choose is less expensive than what my employer offers to reimburse?

If you opt for a plan that is less than your employer's reimbursement amount, you may forfeit the remaining balance. If your employer permits 213(d) expenses, you may remit reimbursement for qualified medical expenses for the remaining amount after your monthly premium has been paid.

Why was a portion of my premium claim denied?

If you are requesting an amount that is higher than the premium stated on your insurance policy's declaration page, the overage portion of your claim will be denied. If the insurance provider has increased the cost of your insurance, please be sure to upload the current version of the declaration page to avoid any issues.

If my employer permits 213(d) expenses, how do I request reimbursement?

You must first ensure that your monthly premium has been paid. The remaining amount, after your monthly premium has been paid, may be used for 213(d) medically eligible expenses. You would need to submit a separate claim for reimbursement after the monthly premium.

Can I submit claims to an ICHRA if I'm part of a group employer plan?

No, you cannot have an ICHRA and be part of a group employer plan. If you are covered under a spouse's group employer plan, you cannot submit expense reimbursements to an ICHRA.

When can I change plans?

You'll have the opportunity to review and change plans annually, during an Open Enrollment period. You can enroll in coverage outside of Open Enrollment if you have a Qualifying Life Event (QLE), such as getting married, divorced, having a baby, adopting a child, a death in the family resulting in loss of coverage, or moving to a new area where your current insurance plan is not available.

What if I leave my employer?

You can continue your individual insurance plan post-separation but you will no longer be eligible for the employer-sponsored ICHRA for reimbursement of premiums.

Can I get assistance selecting a plan?

Health care assisters and agents/brokers are available through healthcare.gov and medicare.gov for interested parties. Often, these brokers are reimbursed by the insurance companies and do not charge you for their services. Be sure to ask about their compensation if you opt to work with them.

Can I open or contribute to an HSA (Health Savings Account)?

If you have opted for one of the following plan types, you can open or contribute to an HSA:

- High-Deductible Health Plan (HDHP)
- Bronze plan available through an exchange
- Catastrophic plan available through an exchange

Ready to get started?

Get In Touch
1-866-401-5272 | bpas.com
trustsales@bpas.com

One partner. Smarter benefits. **Better results.**
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