THE ICHRA GUIDE™

Everything Employers and Brokers Need to Know About Individual Coverage HRAs

2027 PLANNING EDITION

Presented by The ICHRA Shop™

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Independent ICHRA Analysis | Market Shopping | Feasibility | Implementation

Contents

Health Insurance Is Having Its 401(k) Moment

For decades, employer health insurance has worked essentially the same way. The employer chooses an insurance company, chooses a handful of health plans, and employees choose from those plans. Every year, the employer goes through another renewal - often facing higher premiums, changing networks and fewer choices.

ICHRA changes that model.

An Individual Coverage Health Reimbursement Arrangement, or ICHRA, allows an employer to provide tax-advantaged dollars that eligible employees can use toward individual health insurance coverage they select for themselves.

The employer determines how much to contribute. The employee determines which available individual health plan works best.

Federal rules permitting employers to integrate HRAs with individual health insurance coverage or Medicare took effect for plan years beginning on or after January 1, 2020. The opportunity - and the complexity - is in everything that comes next.

What Is an ICHRA?

An ICHRA is an employer-sponsored health reimbursement arrangement. It is not itself health insurance.

The employer establishes the ICHRA and makes a defined amount of money available to eligible employees. Employees then enroll in qualifying individual health insurance coverage or, where applicable, Medicare. Depending on plan design, the ICHRA may reimburse eligible premiums and other qualified medical expenses.

Traditional Group Health Insurance	ICHRA
Employer chooses carrier and plan menu	Employer chooses contribution strategy
Employees select from employer's menu	Employees select qualifying individual coverage available to them

The employer finances the benefit. The employee selects the insurance.

A Simple Example

Imagine an employer with 100 employees. Under a traditional group plan, it might offer a PPO, an HMO and a high-deductible plan. With an ICHRA, the employer instead establishes a defined contribution. One employee may choose Bronze, another Silver, another Gold, and employees in different markets may select different carriers.

Why the 401(k) Comparison Keeps Coming Up

The 401(k) shifted retirement benefits toward a defined-contribution model: the employer determines its contribution while the employee makes more of the underlying choices. ICHRA applies a similar concept to health insurance.

From: "Here is the health plan we selected for you."
To: "Here is the amount we're contributing toward your health insurance."

The comparison is useful, but health insurance is not a retirement account. Provider networks, prescriptions, age, geography, family composition and ACA rules can materially change the result. That is why an ICHRA needs to be analyzed, not simply purchased.

Why Employers Are Looking at ICHRA

Market momentum is broadening: HRA Council data shows growth among both large and small employers.

- More predictable employer contributions - another way to manage how much healthcare cost the employer funds.
- More employee choice - particularly in markets with meaningful individual-carrier competition.
- Geographic flexibility - useful for multi-state, remote and dispersed workforces.
- An alternative to annual group renewals - the individual market can be compared against the group renewal.
- Greater personalization - employees can prioritize premium, network, prescriptions, HSA compatibility or plan richness.

ICHRA by the Numbers

Recent market data from the HRA Council's 2025 Data Report and 2026 public updates.

34%	Growth in aggregated ICHRA adoption among Applicable Large Employers (50+ FTEs), 2024-2025.
52%	Growth in small-employer, non-ALE ICHRA adoption among HRA Council Founding Members, 2024-2025.
83%	Of employers offering ICHRA or QSEHRA in the 2025 dataset had not previously offered health coverage.
0.67	Dependent coverage ratio in the 2025 dataset - evidence that employees are increasingly covering family members.
600%+	HRA Council's 2026 public characterization of ICHRA growth since inception.

Source: HRA Council, 2025 Data Report / Data Insights Hub; HRA Council public updates, 2026. *The 2025 report reflects anonymized record-level data voluntarily submitted by participating HRA Council platform members and should not be interpreted as a census of the entire U.S. ICHRA market.*

ICHRA Is Not Automatically Cheaper

ICHRA is a financing strategy - not a savings guarantee.

There are employers for whom ICHRA can create substantial savings. There are employers where the economics are relatively neutral. And there are employers where the group market remains clearly better.

A credible ICHRA analysis should begin with a comparison - not with a platform demonstration.

The first question should be: Does ICHRA actually work for this employer?

What Determines Whether ICHRA Works?

- Employee age and ZIP code
- Rating area and carrier competition
- Family size and dependent ages
- Provider networks and prescriptions
- Current group rates and renewal rates
- Employer contribution philosophy
- Employee compensation and ACA affordability
- Medicare eligibility
- On-exchange and off-exchange availability

Two employers with the same number of employees can reach completely different conclusions. The answer exists in the census and the market.

Geography May Matter More Than Company Size

Individual health insurance is local. Plans are priced and offered by geographic rating area, and networks can vary materially from one market to another.

An ICHRA can be extremely attractive for employees in one city and considerably less attractive somewhere else. For a multi-state employer, a serious feasibility study should ask:

- Which carriers and plans are actually available?
- How do premiums vary by age and rating area?
- Which hospitals and physician systems participate?
- How does the individual market compare with the group market?
- What is changing for the upcoming plan year?
- What meaningful off-exchange options exist?

ICHRA is not one national insurance market. It is a collection of state and local insurance markets.

Employer Mandate, Affordability & Employee Classes

Who Can Offer an ICHRA?

Employers of many sizes can establish an ICHRA when it is designed and administered in accordance with applicable rules, including Applicable Large Employers subject to the ACA employer mandate.

Does ICHRA Satisfy the ACA Employer Mandate?

It can. For an Applicable Large Employer, however, simply establishing an ICHRA is not the end of the analysis. Affordability matters, and the applicable benchmark can vary by employee age and location.

Employee Classes

ICHRA rules permit certain bona fide employee classes. Depending on the facts and applicable minimum class-size rules, these can include:

- Full-time and part-time employees
- Salaried and non-salaried employees
- Employees in certain geographic areas
- Seasonal employees
- Certain collectively bargained populations
- Certain temporary staffing populations
- Permitted combinations of classes

For some employers, a hybrid strategy - group for one permitted class and ICHRA for another - can be more compelling than a full conversion.

Contribution Design

The contribution is not just an administrative setting. It is one of the most important strategic decisions in an ICHRA.

Employers can structure contributions using permitted factors, including age and family size, subject to applicable rules and nondiscrimination requirements.

The objective is to understand how the contribution affects employer cost, employee affordability, different ages, families, rating areas, recruiting, retention and ACA exposure.

A good contribution strategy is designed from the census outward - not copied from today's group tiers.

The Family Question

One of the biggest mistakes in ICHRA design is focusing only on employee-only coverage.

Benefits do not stop with the employee. Spouses and children matter.

Unlike many traditional group plans that use familiar tiers such as Employee Only, Employee + Spouse, Employee + Child(ren), and Family, individual-market premiums are built from the individual members of the household.

That means the cost of family coverage can depend on the employee's age and location, the spouse's age, the age of each dependent child, the family's rating area, and the plans and carriers available in that market.

Older Children Can Cost More

A 5-year-old child and a 20-year-old dependent are not necessarily priced the same way in the individual market. As dependent children get older, their individual-market premiums can increase. We therefore sometimes see families with older dependent children - particularly college-age dependents - costing materially more than an employer expects from traditional group-tier pricing.

Under ACA family-rating rules, for a family with more than three covered children under age 21, generally only the three oldest covered children under age 21 are counted toward the family premium. Adult children age 21 and older are rated separately.

	Family A	Family B
Adults	Employee 35 / Spouse 34	Employee 52 / Spouse 51
Children	Ages 4 and 7	Ages 17 and 20

Both are families of four. Their individual-market premiums can nevertheless be dramatically different - and if they live in different rating areas, the difference can be even larger.

Under ICHRA, there really isn't one "family rate." There are individual people, with individual premiums, living in individual insurance markets.

Industry note: The HRA Council now includes “Affordability, Premium Tax Credits, and the Family Glitch” among its core ICHRA educational topics, reinforcing why family-level contribution and affordability design deserves explicit attention.

Family Affordability Strategy™

The better question is not simply, “Can we make employee-only coverage affordable?” It is: “What happens to every member of the family?”

The ACA's family-affordability rules can create situations where coverage is affordable for the employee while coverage for a spouse or dependents is unaffordable. When all applicable requirements are satisfied, those family members may potentially qualify for Marketplace Premium Tax Credits.

Why EE / SP / DEP Allowances Matter

A sophisticated ICHRA platform should be capable of separately modeling and administering employer contributions for:

Tier	Meaning
EE	Employee
SP	Spouse
DEP	Dependents

This allows the employer to deliberately decide where its healthcare dollars are going rather than relying on one undifferentiated family bucket.

Contribution intelligence is different from contribution administration.

The Spillover Question

Some ICHRA platforms allow unused employer contributions to spill over from one family member or contribution category to another.

Spillover is not inherently a problem. For an employer providing a broad family benefit, allowing available employer dollars to help another covered family member may be desirable.

But when an employer is intentionally designing contributions around family affordability, uncontrolled spillover can undermine the strategy.

For example, if the employer deliberately establishes an employee allowance with little or no spouse/dependent allowance, automatically making unused employee dollars available toward spouse or dependent coverage can change the economic benefit actually available to those family members.

The question is not: Does the platform allow spillover?
The question is: Can we control spillover based on the employer's contribution and affordability strategy?

The Technology Must Follow the Strategy

The employer should first define the objective, then design EE / SP / DEP contributions, model employee and family affordability, evaluate potential Marketplace implications, and only then select technology capable of administering the design.

The technology should administer the employer's contribution strategy - not redefine it.

Family Affordability Is Not the Same as Subsidy Eligibility

If coverage for a spouse or dependent is considered unaffordable, that does not automatically mean the family member receives a Marketplace subsidy.

It means the family member may potentially have access to the Premium Tax Credit if the other eligibility requirements are satisfied. Household income, tax filing status, availability of other coverage, Marketplace eligibility rules and ICHRA opt-out rules can all matter.

Unaffordable coverage can create potential PTC eligibility. It does not guarantee a subsidy.

What Happens to Premium Tax Credits?

An ICHRA and a Marketplace Premium Tax Credit cannot simply be stacked together. Generally, an individual offered an ICHRA must consider whether the applicable ICHRA offer is affordable. If it is affordable, the offer can prevent PTC eligibility. If it is unaffordable, an otherwise eligible individual may potentially qualify for the PTC but generally must opt out of the ICHRA to receive it.

For families, this is why the employer should understand employee affordability, spouse affordability, dependent affordability, potential PTC eligibility, and actual household premium impact before implementation.

On-Exchange vs. Off-Exchange Coverage

Individual health insurance may be available through a public Marketplace and, depending on the carrier and market, directly outside the Exchange.

The distinction matters. Marketplace coverage is central when Premium Tax Credit eligibility is involved. Employers may also permit employees to make pre-tax salary-reduction contributions toward qualifying individual policies purchased outside the Exchange under a Section 125 cafeteria plan, subject to applicable rules.

A complete ICHRA analysis should examine both on-exchange and off-exchange opportunity.

ICHRA + HSA

Beginning in 2026, federal tax law expanded HSA eligibility in ways that can be particularly relevant to individual-market coverage, including qualifying Bronze and catastrophic plans. ICHRA plan design still matters because reimbursement of disqualifying first-dollar medical expenses can affect HSA eligibility.

The combination of ICHRA + individual coverage + HSA is an important area of consumer-directed benefits strategy and should be reviewed carefully for each employer.

ICHRA and Medicare

ICHRA can also interact with Medicare. An eligible employee or dependent may satisfy the ICHRA coverage requirement through Medicare under applicable rules.

Employers must still respect ICHRA employee-class rules and Medicare Secondary Payer requirements. An employer cannot simply create a Medicare-only class as a workaround.

For employers with older workforces, Medicare can materially change ICHRA economics - but it must be modeled and administered correctly.

More Choice Is Good - Until It Becomes Confusing

Going from three employer medical plans to dozens of individual options can be empowering. It can also be overwhelming.

- Premiums
- Deductibles
- Copays and coinsurance
- Provider networks
- Physicians and hospitals
- Prescription formularies
- HSA eligibility
- Family costs

Choice + Guidance = Empowerment

Choice Without Guidance = Confusion

A strong ICHRA program should provide technology and human enrollment support.

The Provider-Network Question

The least expensive plan is not necessarily the best plan. Employees may care deeply about their physician, hospital, pediatrician, specialist, prescriptions, mental-health access, out-of-state care or national network access.

A successful strategy should answer both: “What can the employer save?” and “What coverage will employees actually have access to?”

Medical Shouldn't Live on an Island

Many early ICHRA solutions were built primarily to solve individual medical enrollment. But employees experience benefits as a package.

- Medical
- Dental
- Vision
- Life
- Disability
- Accident
- Critical illness
- Hospital indemnity
- HSA
- FSA
- LSA
- HRA

Moving medical into an individual-market platform while leaving every other benefit somewhere else can simply create another benefits silo.

Medical should not live on an island.

That philosophy helped drive the development of Choice Benefits powered by Fijoya - connecting individual medical coverage with a broader benefits experience.

What Is an ICHRA Platform?

An ICHRA platform may help administer eligibility, contributions, plan shopping, enrollment, premium reimbursement or payment, substantiation, payroll reporting, compliance support and employee service.

But platforms are not interchangeable. Some operate primarily as technology companies; some as brokers or agencies of record; some support outside brokers; some focus almost exclusively on medical; and others support broader benefit administration.

Don't Choose the Platform First

1. Analyze the employer
2. Analyze the workforce
3. Analyze the individual market
4. Compare ICHRA against group
5. Design contributions
6. Test ACA affordability
7. Evaluate employee and family impact
8. Choose the platform that fits the strategy

Technology should support the strategy. Technology should not determine it.

The ICHRA Shop™ Approach

1. Census Analysis - Age, location, family composition, eligibility, compensation and other relevant factors.

2. Individual Market Shopping - Evaluate available individual coverage rather than looking at a single carrier.

3. Group vs. ICHRA Comparison - Compare current plan and renewal against the individual-market opportunity.

4. Contribution Modeling - Model EE, spouse and dependent funding strategies - including spillover rules where relevant.

5. ACA & Family Affordability - Model employee-level and family-level affordability and potential PTC implications.

6. Market & Network Analysis - Examine carrier availability, premiums, provider access and market quality.

7. Platform Selection - Select administration only after the strategy is understood.

8. Enrollment & Implementation - Help employees understand choices and complete enrollment.

The ICHRA Shop™ Market Score

Not every individual market is equally attractive. Our market analysis is designed to move the conversation beyond “Does this state have individual insurance?” to “Is this actually a good ICHRA market?”

- Carrier Competition
- Premium Competitiveness
- Rate Stability
- Provider Access
- Meaningful Plan Choice
- Off-Exchange Opportunity
- HSA Opportunity
- Overall ICHRA Suitability

The quality of the local individual market can be as important as the employer's overall size.

What Employers Should Measure

Employer PEPM - Employer cost per employee per month.

Employee PEPM - Average employee contribution per month.

Total Plan Cost - Employer + employee.

Dependent Cost - What happens to spouses and children - including the ages of dependents.

Contribution Distribution - Who wins and who loses under the proposed funding design?

ACA & Family Affordability - Does the strategy satisfy compliance goals and what happens to family members?

Network Disruption - How many employees may need to change physicians, hospitals or carriers?

Choice - How many meaningful options become available?

A lower employer cost does not automatically mean a better benefit.

When ICHRA May Be Especially Attractive

- Large group renewal increases
- Employees across multiple states or rating areas
- Difficult regional group-carrier access
- A dispersed or remote workforce
- Meaningful individual-market carrier competition
- A desire for defined-contribution budgeting
- Employees who value greater plan choice
- Group coverage that performs poorly in certain markets

When Group Insurance May Still Be Better

- Exceptional group pricing or claims experience
- Weak individual-market networks
- Limited individual-carrier competition
- Strong employee preference for a national PPO
- Negotiated group advantages unavailable individually
- Materially worse results for important employee or family populations

The right ICHRA advisor should be willing to say: Stay with group.

ICHRA Myths

MYTH: ICHRA is insurance. REALITY: ICHRA is the employer-funded reimbursement arrangement; the employee enrolls in the underlying individual coverage.

MYTH: ICHRA is only for small employers. REALITY: Employers of many sizes can use ICHRA, including Applicable Large Employers, subject to applicable requirements.

MYTH: Every employee gets the same amount. REALITY: Contribution design can vary under permitted ICHRA rules.

MYTH: Employees must use Healthcare.gov. REALITY: Eligible coverage may exist on and off the Exchange, although PTC and pretax-payment rules differ.

MYTH: ICHRA is always cheaper. REALITY: Sometimes it is. Sometimes it isn't.

MYTH: The broker has to disappear. REALITY: The broker's role depends on the administration and distribution model.

MYTH: All ICHRA vendors are basically the same. REALITY: Contribution logic, service, technology, compliance, carrier access and broker models vary materially.

MYTH: ICHRA means employees are on their own. REALITY: They should not be. Decision support and enrollment assistance are essential.

What Brokers Should Know

ICHRA does not have to eliminate the broker. Brokers and consultants can play an important role in the ICHRA market.

A broker may want to remain the Agent of Record on medical and ancillary benefits. Another may prefer to refer the ICHRA opportunity while continuing to manage the broader client relationship. The ICHRA Shop can support both approaches.

- Independent ICHRA analysis
- National individual-market expertise
- Platform comparison
- Feasibility modeling
- Implementation
- Employee enrollment support
- Ongoing market intelligence

Questions Every Employer Should Ask an ICHRA Vendor

1. Do you shop the entire market - or only carriers and plans available through your platform?
2. Can our existing broker remain involved?
3. Can you separately administer EE, spouse and dependent contributions?
4. Can spillover be permitted or restricted based on our contribution strategy?
5. How do you model employee and family affordability and potential PTC implications?
6. Who handles ACA affordability, ERISA documentation, notices and ongoing compliance?
7. What happens when an employee needs help choosing or using insurance?
8. What happens if the analysis determines that ICHRA is not the right answer?

2027 ACA Affordability: The Number Moved Again

For plan years beginning in 2027, the ACA required contribution percentage is 10.22%, up from 9.96% in 2026. For Applicable Large Employers, that percentage is central to affordability planning and ICHRA contribution design.

2027 ACA Metric	2027	2026
Affordability percentage	10.22%	9.96%
§4980H(a) penalty	$3,780 / year $315 / month	$3,340 / year
§4980H(b) penalty	$5,670 / affected FT employee $472.50 / month	$5,010 / year

For 2027, affordability testing is not an administrative afterthought. It is part of the contribution strategy.

The Three ACA Affordability Safe Harbors

Because employers generally do not know an employee's household income, the ACA provides three employer affordability safe harbors. An employer can use the method that fits its workforce and plan design, subject to the applicable rules.

1. Federal Poverty Line Safe Harbor — Often the simplest and most conservative method. For a calendar-year 2027 plan using the 2026 one-person FPL of $15,960, 10.22% produces an illustrative maximum employee-only monthly contribution of about $135.93 in the contiguous 48 states and D.C. Alaska and Hawaii use different poverty guidelines.

2. Rate of Pay Safe Harbor — For hourly employees, affordability can generally be tested using the employee's hourly rate multiplied by 130 hours per month; for salaried employees, the monthly salary is used, subject to the safe-harbor rules. This can permit a higher employee contribution than the FPL method for higher-paid employees.

3. Form W-2 Safe Harbor — Uses Box 1 Form W-2 wages. It can work well for certain populations, but because final Box 1 wages are not known until after year-end and can be affected by salary reductions, it can be less predictable for prospective contribution design.

ICHRA Adds Another Layer to Affordability

For ICHRA, affordability is tied to the applicable lowest-cost Silver benchmark and the employer's monthly ICHRA amount. Employee age and location can change the benchmark, so a national employer can have very different affordability results across the same workforce. The employer safe harbors help with §4980H exposure, but they do not replace the separate affordability analysis used to determine an individual's Premium Tax Credit eligibility.

The ICHRA Shop can model affordability employee-by-employee, compare the three employer safe harbors, and help design contributions before open enrollment.

2027 ACA Penalties: Compliance Has a Real Price

For 2027, the indexed employer shared-responsibility penalties rise materially. The §4980H(a) penalty can apply when an ALE fails to offer minimum essential coverage to at least 95% of full-time employees and their dependents and at least one full-time employee receives a Marketplace Premium Tax Credit. The §4980H(b) penalty can apply when coverage is offered but is unaffordable or fails minimum value for a full-time employee who receives a PTC.

$3,780 vs. $5,670: contribution design, eligibility administration and ACA reporting all connect to the employer's penalty exposure.

2027 HSA & HDHP Limits

2027 HSA / HDHP Limit	Self-Only	Family
HSA contribution limit	$4,500	$9,000
HDHP minimum deductible	$1,750	$3,500
HDHP maximum out-of-pocket	$8,700	$17,400
2027 DPC safe-harbor monthly fee	$150	$300 if arrangement covers >1 person

The 2027 HSA limits reinforce why HSA strategy belongs inside the ICHRA conversation. Federal changes beginning in 2026 also expanded HSA compatibility for qualifying Bronze and catastrophic individual-market coverage, while ICHRA reimbursement design still matters to avoid disqualifying first-dollar coverage.

ICHRA + individual coverage + HSA + DPC can be a powerful consumer-directed strategy when the pieces are coordinated correctly.

Compliance Doesn't Stop at the ICHRA Notice

An ICHRA is a group health plan arrangement. A strong implementation needs more than enrollment technology. The compliance work around it can include plan documents, notices, ACA reporting, PCORI, COBRA and ongoing eligibility administration.

ICHRA Plan Documents & Employee Notices — Plan terms should reflect eligibility, classes, contribution methodology, reimbursable expenses, substantiation, opt-out rights and other required provisions. Eligible employees generally must receive the required ICHRA notice on the applicable timetable.

ACA Reporting — Forms 1094-C / 1095-C — Applicable Large Employers still have employer-mandate information-reporting obligations. ICHRA coding is more complex because affordability and the applicable individual-market benchmark can vary by employee. Accurate eligibility, affordability and offer-of-coverage data matter.

PCORI Fee & Form 720 — An ICHRA is generally a self-insured HRA for PCORI purposes. The plan sponsor may have a Form 720 filing and PCORI fee obligation. For plan years ending on or after Oct. 1, 2025 and before Oct. 1, 2026, the published PCORI rate is $3.84. Future indexed rates should be confirmed for the applicable plan year. When the employer maintains no other applicable self-insured plan besides an HRA, special counting rules can simplify the covered-life calculation.

COBRA for ICHRA — For employers subject to federal COBRA, the ICHRA itself is generally part of the group health plan continuation analysis. A qualified beneficiary may have continuation rights to the ICHRA following a qualifying event. COBRA administration, notices, election timing and the applicable premium need to be coordinated with the individual's underlying health coverage.

ERISA / SPD / Wrap Documentation — Private-sector ERISA employers should consider the ICHRA within the broader welfare-plan document and SPD structure. Coordinating medical, ancillary benefits and reimbursement arrangements can reduce fragmented compliance.

Section 125 / Off-Exchange Premiums — Where permitted, a cafeteria plan can allow employee pre-tax salary reductions for eligible individual premiums purchased outside the Exchange. Exchange premiums cannot be paid through a cafeteria plan on a pre-tax basis.

Ongoing Eligibility & Substantiation — The employer and administrator need processes to confirm eligible individual coverage, manage new hires and terminations, administer reimbursements and preserve records.

Compliance Can Be a Service — Not Just a Burden

The ICHRA Shop can help employers and brokers assemble the compliance resources around the ICHRA instead of leaving the employer to coordinate multiple disconnected vendors. Depending on the engagement and employer needs, those resources can include:

- ICHRA affordability testing and contribution modeling
- ACA eligibility and 1094-C / 1095-C reporting support
- ERISA wrap / SPD and ICHRA documentation resources
- COBRA administration resources
- PCORI calculation and filing support resources
- Section 125 coordination for eligible off-exchange premiums
- Enrollment, substantiation and ongoing administration
- Broker-facing compliance support and implementation guidance

Compliance first. Strategy second. Technology third. The goal is one coordinated ICHRA solution — not another stack of disconnected vendors.

Service opportunity: These compliance and administration needs also create legitimate ongoing service opportunities for brokers and advisors. The value is not simply selling an individual medical policy; it is helping the employer design, document, administer and maintain the entire ICHRA program.

The ICHRA Decision

At its core, an employer should know:

- What does our current group plan cost?
- What will our renewal cost?
- What insurance is actually available to our employees individually?
- How much would we contribute to employees, spouses and dependents?
- What would employees and families actually pay?
- How do dependent ages and rating areas affect cost?
- Are important providers available?
- Can we satisfy ACA requirements?
- Could family members potentially qualify for Marketplace PTCs?
- Which administration model works best?
- Will employees understand and appreciate the change?

Once those questions are answered, the ICHRA decision becomes far clearer.

The Future of Employer Health Benefits

For decades, employer health insurance combined three decisions: who pays for the benefit, which insurer provides it, and which plans employees can choose.

ICHRA separates those decisions. The employer can continue financing healthcare while the individual can have substantially more control over the underlying insurance.

The 401(k) did not eliminate employer retirement benefits. It changed how employers funded them and how employees interacted with them. ICHRA may represent a similar evolution for health insurance.

Whether ICHRA is right for a particular employer depends on the market. That is exactly why it should be shopped.

DON'T BUY AN ICHRA.

SHOP IT.

There is no single ICHRA carrier. There is no single ICHRA platform. And there is no universal answer.

The ICHRA Shop™

Independent ICHRA Feasibility | Group vs. ICHRA Analysis | National Market Shopping
Contribution Strategy | ACA & Family Affordability | Platform Evaluation
Implementation | Employee Enrollment | Market Intelligence

Send Us Your Renewal.

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The Marketplace for All Things ICHRA.

About The ICHRA Shop™

The ICHRA Shop™ is an independent advisory firm focused on Individual Coverage Health Reimbursement Arrangements and the individual health insurance market.

We work with employers, brokers and consultants to determine whether ICHRA makes financial and strategic sense before a platform or implementation strategy is selected.

Compliance first. Strategy second. Technology third.

And when ICHRA isn't the right answer, employers should know that too.

Important Information

This guide is intended for general educational purposes and does not constitute legal, tax or financial advice. ICHRA requirements involve federal tax, ERISA, ACA, Medicare and other rules that can vary based on employer circumstances and plan design. Employers should consult appropriate legal, tax and benefits advisors before implementing an ICHRA.