

2025 ICHRA/ACA Bootcamp

*Creating & Collapsing Small Employer Groups
12 Months a Year*

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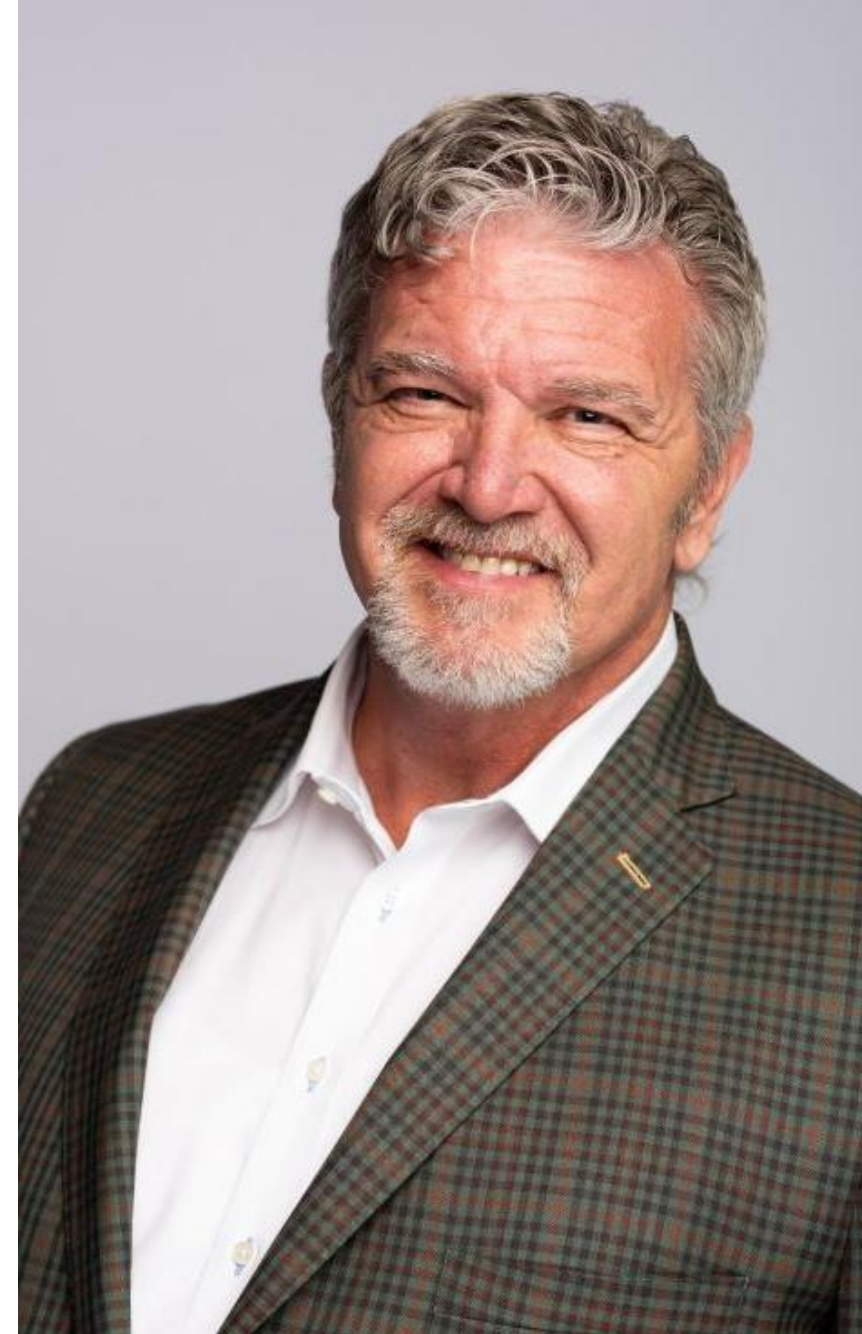


I'm Clay Peek

*Peek Performance leads the nation in
ACA sales training.*

This series of classes will teach you how to:

- Sell ACA 2 ways that **don't** require ICHRA
- Create/Collapse small employer group health plans 12 months a year
- Sell additional “Employer Paid” ancillary and “voluntary” sales;
- Share the ICHRA message and process
- Learn how to find and talk to business owners



ACA Bootcamp

Congrats on being a “Tip of the Spear” agent.

Agents who have registered for this class are appointed with PPI for ACA products and understand and agree that the technology/ER/EE premium pay and ICHRA tools referenced will be utilized exclusively through PPI.

Speakers – Peek Performance



Clay Peek

President

Peek Performance Insurance



Erik Knutson

COO

Peek Performance Insurance



David Poston

President

Poston Health LLC

Speakers – Health Sherpa & Ameriflex



Michael Levin

*Senior Vice President
ICHRA*



Christopher Estep

*Vice President of Sales
Midwest*



Fadi Nona

*Vice President of Sales
Midwest*



Schedule:

Day 1

- 8:30 AM - 8:45 AM: **Introduction** - *Clay Peek*
- 8:45 AM - 9:15 AM: **Class: Understanding Group Health** - *Clay Peek*
- 9:15 AM - 9:45 AM: **Class: Ways to sell groups without using ICHRA** - *Clay Peek*
- 9:45 AM - 10:15 AM: **Case #1 - Collapse Group No ICHRA** - *Clay Peek*
- 10:15 AM - 10:45 AM: **Class: ICRHA 101** - *Clay Peek*
- 10:45 AM - 11:00 AM: Break
- 11:00 AM - 12:00 PM: **Mike Levin - Health Sherpa**
- 12:00 PM - 12:15 PM: Lunch

Schedule: Day 1

- 12:15 PM - 1:15 PM: **Case #2 - Company with high cost, simple case** - *Ameriflex, David Poston, Erik Knutson*
- 1:15 PM - 1:25 PM: Break
- 1:25 PM - 2:55 PM: **Case #3 - Company with high cost, typical case** - *Ameriflex, David Poston, Erik Knutson*
- 2:55 PM - 3:05 PM: Break
- 3:05 PM - 4:35 PM: **Continued - Case #3 - Company with high cost, typical case** - *Ameriflex, David Poston, Erik Knutson*
- 4:35 PM - 5:20 PM: **Q&A** - *Clay Peek*
- 5:20 PM - 5:30 PM: **Assign prep exercises for tomorrow** - *Clay Peek*

Schedule:

Day 2

- 8:30 AM - 9:45 AM - **Marketing - How to Find and Talk to Employer Groups** - *Clay Peek*
- 9:45 AM - 10:00 AM - Break
- 10:00 AM - 12:00 PM - **Case #4 - Company with Unaffordable ICHRA** - *Ameriflex, David Poston, Erik Knutson*
- 12:00 PM - 12:15 PM - Lunch
- 12:15 PM - 1:00 PM - **Showcase:** Role plays by volunteers to present to group and get feedback from panel of experts - *Clay Peek*
- 1:00 PM - 1:30 PM - **Q&A** - *Clay Peek*
- 1:30 PM - 2:00 PM - **Closing** - *Clay Peek*

2 Ways to Sell ACA without using ICHRA & Market Overview

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Peek Performance Insurance

877 612 7317 or marketers@ppisales.info



Entrepreneurs need your help with Benefits

Majority of small businesses (under 10 EE's) don't have any health benefits

The rest typically have very expensive benefits

They need your help.



Understanding “*Group*” vs. “*Individual*” Health

Think of **Health** markets as if it were an **airplane**.

With a **fuselage** and **two wings**.



“Group Plans”

- State and Federal Employee Plans
- ALE's/Applicable Large Employers - Small, Medium and Large Corporate Group Employee Plans
- ALL “True Group Health Plans” must meet all requirements under the ACA.
 - Whether Fully Insured, or Self/Level Funded ERISA plans

Both Group *and* Individual plans meeting ACA requirements are referred to as “**QHP**” or Qualified Health Plans



Individual Non-ACA Plans, *Left Wing*

- Limited Medical / Hospital Indemnity Plans/MEC Plans – NOT comprehensive
- Short Term Plans
- Cost “Sharing” Plans
- “ERISA or Association” – Health Plans
(Benefits may meet the guidelines, but are usually Underwritten & do Not qualify for Tax Advantages)

*Those “Healthy and Wealthy” enough to buy!
(and don’t get a tax credit)*



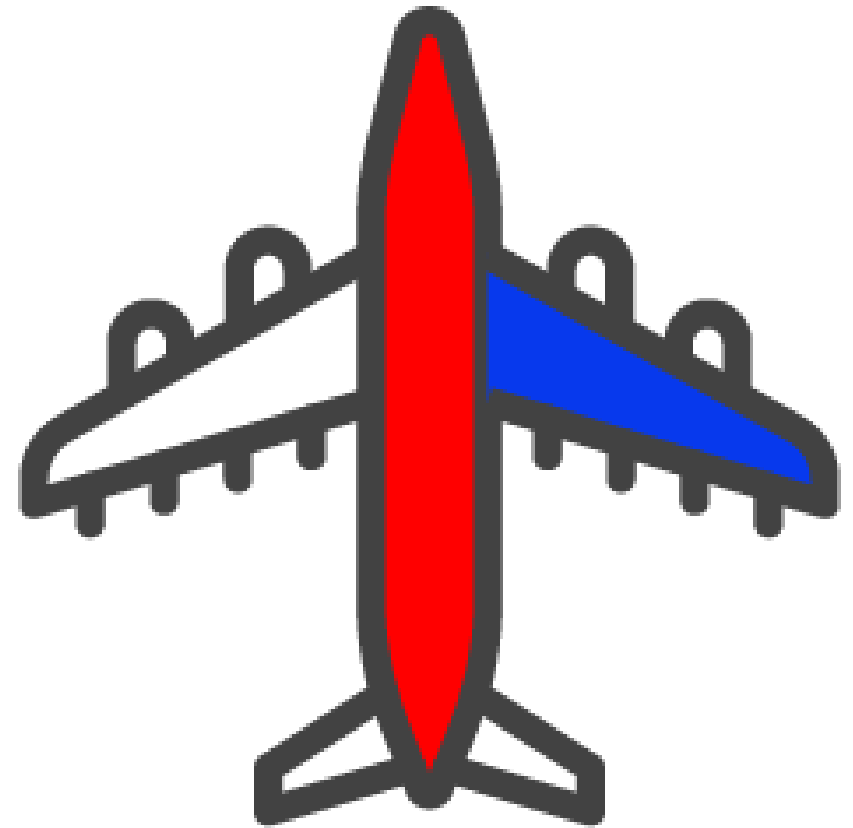
Individual ACA Plans (QHP), *Right Wing*

- **100% Guaranteed Issue**
- **No Pre-Existing Limitations**
- **100% Coverage Day 1**
- **No \$ Limits**
- **All 10 Essential Benefits**
- **Limited Networks**
- **Tax credits may be available**



30 - 50 Million people could be moving from the **Red** Section of the plane to the **Blue** Section over the next few years.

You're going to be a part of that!



Selling Seasons

3 Selling Seasons:

- **OEP Sales**
 - ACA individual sales and renewals
- **SEP Sales**
 - Life change and “**Family Glitch**” sales
 - **Collapsing** expensive ER Group plans
- **HRA Sales - 12 Months a Year**
 - Using **ICHRA** for high *income* or high-cost groups of any size



Creating? Collapsing?

- What does “**Creating & Collapsing Small Groups 12 Months a Year**” mean for your selling seasons?
- **Creating** means – bringing health benefits to an ER group where none currently exist
 - Why would they not exist?
- **Collapsing** means – there is an ER group health plan in place but it’s so expensive that it’s *crushing the ER, the EE or both*.



Selling Dependents

Understand the Family Glitch



2022 Update “Executive Order”

Executive Order on Strengthening Medicaid and the Affordable Care Act

On 4/5/22 President Biden Admin signed an **Executive Order** which **details** the ability to sell ACA plans with subsidies to dependents whose spouse/parent has an affordable employer group health plan, **but the “dependent” coverage is “unaffordable.”**

This opens millions of **new** prospects into the ACA market.

Now you may **approach employers of ANY size** re helping employees’ dependents previously affected by the
“Family Glitch”

The “Family Glitch”

*Help **Dependents** of those
covered on an expensive
employer group plan*

Get more training at
www.familyglitchfix.com

Use the “[Family Glitch Calculator](#)”

Get entire household income
Compare with total monthly cost of least expensive ER plan
If EE’s premium is affordable, they do NOT get a tax credit,
only the dependents

Understand the financial guidelines (9.02% for 2025)

Why Create or Collapse Small Groups?



The Small Employer Dilemma

- It's **hard** to *find and retain* good employees!
- **Millions** quit their jobs each month. Usually for better pay and/or benefits
- Competitive employers **offer health benefits** to attract and retain great employees.
- But, if the **cost of insurance is too high**, EEs can't cover their Employees, their dependents or afford other necessary coverage like Dental, Disability, Life, etc.
- Large (and/or) National employers offer generous employee health benefits and many also help with the cost of Dependent coverage.
- Advantage: Larger Employer!



4 kinds of ER Scenarios

- ERs who **currently** have an Employer Group Health Plan
- ERs who **had** a group health plan but **dropped** it
- ERs who **tried** to get a plan but could not meet **participation**
 - *What is true of all three kinds of employers?*
- ERs who **never tried** to get EGHP
 - Mandated ER's (50+ FTE's) with no group plan who don't know that they're about to hear from the IRS
 - Small ER's who let their EE's do whatever they want



You don't
think they'll
contribute?

Wrong!

- NOTE: even businesses that don't currently have a group health plan may choose to do this if you offer. Ask if they **ever had** or **ever tried** to **get a group health plan**. If so, their challenge was
 - **affordability** and **participation** .
- BUT the fact that they *had or tried* to get health insurance means **they did** (or were willing to) **pay \$\$\$ each month** for each employee.
- Well, now they can be **SANTA CLAUSE** and give EEs the “goodies” that they never imagined being able to provide.

Example: A Small Employer Group Health Plan.

It's NOT
COMPETITIVE



Small Group Health insurance is ***expensive*** for both the EMPLOYER/ER **and** the Employee/EE.

Example:

EE - \$800 mo (if ER pays \$600 – the Net cost to EE is \$200)

Spouse - \$800 mo

Kids - \$400 mo

Summary: EE (\$200) Spouse (\$800) Kids (\$400)

Employee must pay **\$1400/mo** to cover self and family

Annualize the Costs Small ER &

COLLAPSE the Group!



If EE premium is **\$800** per month
ER pays \$600 mo. = **\$7200 yr** and
EE pays \$200 mo. = **\$2400 yr**
Spouse **\$800**, and dependent **children will be about \$400.**
(\$14,400 a year more for the Dependents.)

Total cost for a **family of 4** (both ER and EE costs) - **\$24,000**
Employee's Cost - **\$16,800**

Average Families **CANNOT** afford this

(Ave EE costs in 2025 are approximately \$775 Month)

1. A Family of 4 Savings

Using tax credits – No ICHRA ...

Parents (age 45) and 2 teenagers – **Family Income \$75,000** a year

In most Zip Codes, this family could get an ACA plan with a **copay** for Doctor, Specialist and Drugs for **\$0 a month.**

- A savings of **\$7200** a year for the ER
- A savings of **\$16,800** for the EE

Unfair Competitive Advantage # 1



2. Better *Benefits* from my *Boss*

The employer could use some of his **\$7200 annual savings** and provide some Dental, Gap and/or Life Insurance ... say **\$150 a month**.

He still **saves \$5400 a year** *per employee*.

But now the **EE** gets additional benefits that they likely *didn't* enjoy previously – paid for by their ER.

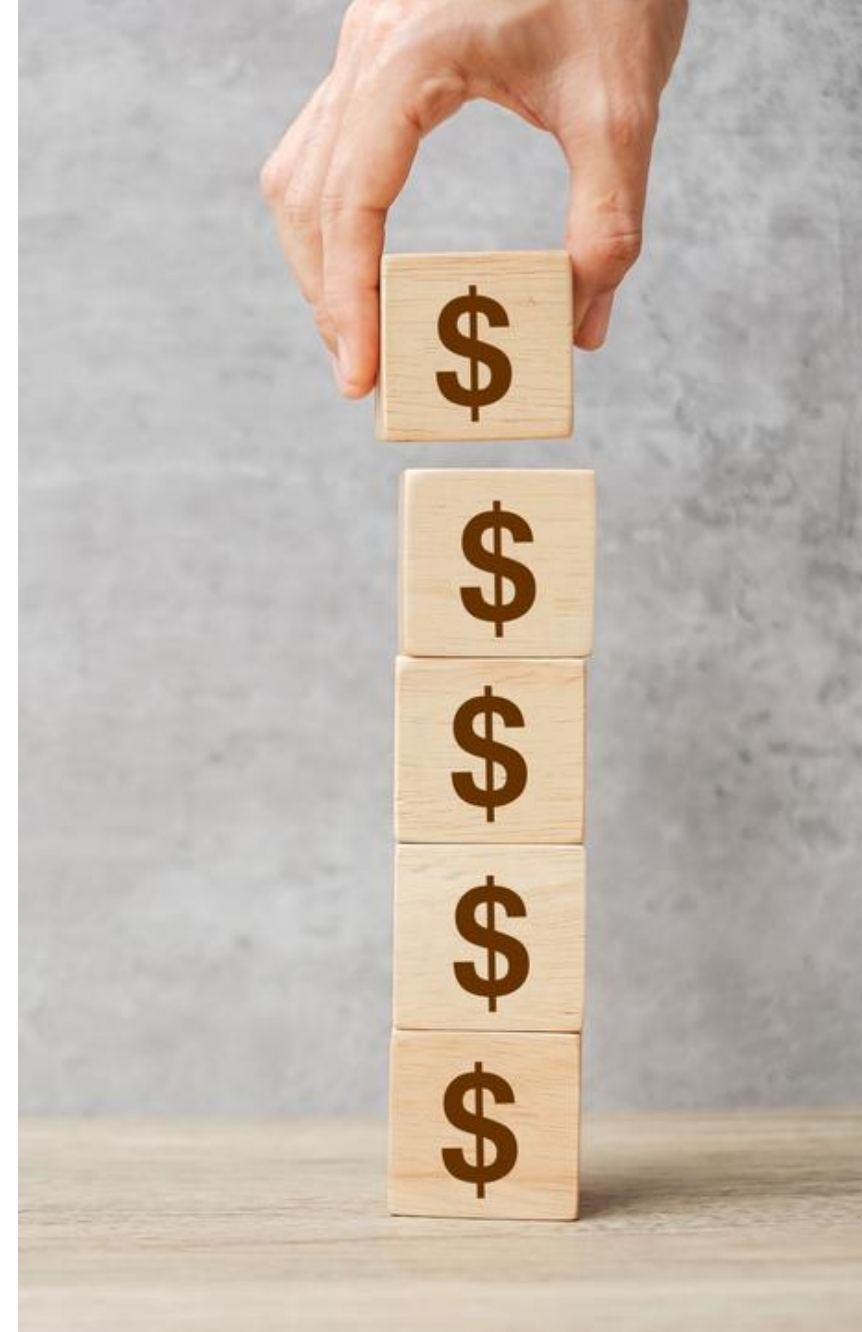
Unfair Competitive Advantage # 2



3. “*Pay Raise*” for the EE

Because the cost of health care is reduced,
the EE keeps more of their own money ...
it’s like a *pay raise* that costs the ER NOTHING!

Unfair Competitive Advantage # 3



4. *Additional Sales* for the Agent

Agent makes **3-4** sales instead of **1** and the **ER** is often paying for **2-3** of them!

Unfair Competitive Advantage # 4



5. You won't lose it

Getting the benefits (sale) is one thing.

Keeping them is another.

To *replace* it, the other agent is going to have to convince:

the *Employer*

their *bookkeeper/HR*

(or engage *another HRA platform.*)

... And that's unlikely.

It's called Persistence

Unfair Competitive Advantage # 5



6. *Who else* gets an “Unfair Competitive Advantage?”

The Employer!

Now, “*Franks HVAC*” can afford to **attract, hire** and **retain more** and **better employees *than their* competitors** because of their Health Insurance cost savings.

Unfair Competitive Advantage # 6



Value Proposition for Small Business

- Collapsing/Creating the Small Group Health Plan is **good** for both the **ER** and the **EE**.
- Saves **both** parties money.
- ER can “*Get out of the Insurance Business*” and can offer “Better Benefits” that are now “Employer Paid” like, Dental, Gap, Life.
- EE can now afford to **cover dependents**, and their insurance is *portable* should they ever change jobs.
- EE’s can choose any plan they want and not be forced to choose between the 2 options recommended by ER.



Value Proposition for **You**

- You're *Fishing with a Net, Not with a Pole*.
- You're getting 1-3 “**Employer Paid**” Ancillary sales in most cases in addition to the Health Sale for **100%** of the Employees!
- You're also getting some “**Voluntary**” sales (additional plans that the EE is paying for themselves).
- Your income **doubles or triples** PER EE.
- You have significant **referral** opportunities.
- These new clients eventually **turn 65!**
- You retire in **CABO** (or Belize is also good).



Are other agents doing
this?

...Very few
and far between





Your Target

- Are groups with more than 50 FTE's your target?
- **NO.** 50+ Groups are NOT your *initial* target. ... even if your best friends, cousin's neighbor can "get you in...."
- Stay with **2-20** until you have this in hand.

Easy Access

- There are easily **14 Million** different groups in this space that contain **30 Million additional Prospects** that are ***NOT*** on the “*Do Not Call*” list.
- Yes, you may call them. Legally.
- You may discuss this product freely *with anyone at anytime* in a simple, non-threatening and “non salesy” way.



<u>Employees on Site</u>	<u>Number of Businesses</u>
1 - 4 employees	13,115,030
5 - 9 employees	2,197,924
10 - 19 employees	1,065,752
20 - 49 employees	726,627

EE Count

- Counts by Employees On Site
(Updated February 2021) NAICS Association

Re Employer Group Guidelines

- Applicable Large Employer (ALE) groups with 50+ FTE's (Full Time Equivalents) MUST offer an "Affordable" QHP/Qualified Health Plan to their full time EE's
 - Penalty A: No Group? ER gets a "Soft Penalty" of \$2970*
 - *Penalty A occurs when no plan is offered and it applies to every FTE in the org, minus 30*
- EE's cost must be less than 9.02% of their total household monthly income/ ("Affordability" on the group plan does not apply to *dependents*)
 - Penalty B: Your plan is not affordable or does not provide minimum value? A "Hard" Penalty" of \$4460*
 - *Penalty B occurs when plan is unaffordable or not compliant and applies to every FTE who uses APTC in the marketplace.*

* 2024 figures



ER Group Guidelines continued

- Groups with less than 50 FTEs are **not required** to offer a group health plan and are **not penalized** by the government if they don't.
- ... but the **"Market"** might **penalize** the ER if they don't offer benefits.
- ER's need benefits to attract and retain great EE's.



3 Fake "Group Health" Plans



1. **MEC** (Minimum Essential Coverage) plans that do not also have a "**MVP/Minimum Value Plan**" (ACA Compliant) group health plan offered affordably to all EE's
2. **Limited Medical/Hospital Indemnity** health plans are NOT ACA compliant/QHP's
3. Some "INDIVIDUAL" Association/ERISA Plans sometime *identify* as "ACA Compliant," but *few if any are!* (There are compliant ERISA Group plans) (*Is it Unlimited Benefit\$? Is it Underwritten?*)

Quick check if the plan is comprehensive?

RX & **Chemo**: Are there \$ Dollar limits?

Annual, and/or Lifetime \$ limits?

ACA plans have no \$ limit

Replace them ASAP.

What makes it
Real?

Groups **50+**



If ER's offer a **MEC** (*Minimum Essential Coverage*) plan and/or a **Limited Medical/Hospital Indemnity** health plan, to be compliant with the ACA they **must** also offer a...

MVP / Minimum Value Plan health plan
(think, a "*Plain Jane*" Bronze Plan
with no copays).

2 Kinds of Group Health Plans



Group Health Plans are typically:

1. “Fully Insured” Expensive but
Guaranteed Issue

(U 20 are “Community” Rated by age)

2. “Self/Level Funded”

Often use “Composite Rates”

Usually at least 10 EE’s

U/W (can be *declined* or rated up)

Are usually **less expensive.**

What are Self/Level Funded Groups? 3 Buckets

There are 3 buckets into which monthly premiums are distributed:

1. A **Claims Bucket** – the dollars placed here go to pay the first portion of claims, per employee and aggregate for the entire group. Example: Max of \$50,000 per EE & \$250,000 Per Group. Some plans will, if claims are below some agreed upon threshold, return a portion (25-50%) of the funds in the “Claims” Bucket at the end of the year to the ER.
2. A **Reinsurance Bucket** – if an individual claim exceeds the max (\$50k in our illustration) the balance of the bill goes to a Reinsurance company. Same when the “Group Max” is surpassed, the balance of the bills will be paid by the Reinsurance company.

What are Self/Level Funded Groups? 3 Buckets

There are 3 buckets into which monthly premiums are distributed:

3. An **Admin Bucket** – This covers cost of all admin on the group, claims, customer service, TPA (Could be BCBS or UHC), and all admin fees and agent commissions.

Level/Self Funded Groups are **Underwritten** and have more flexibility re out-of-pocket limits.

If plan is cancelled before the end of the contract, pending claims ***may not be paid***. Claims not paid before the conclusion of the 12-month contract may **or may not** be paid. Many have “**run in/ run out**” coverage benefits. This typically covers claims incurred 3 mo prior to coverage and those paid within (usually) 12 mo after termination of coverage.

When to Collapse Groups (AKA, Don't get Sued!)



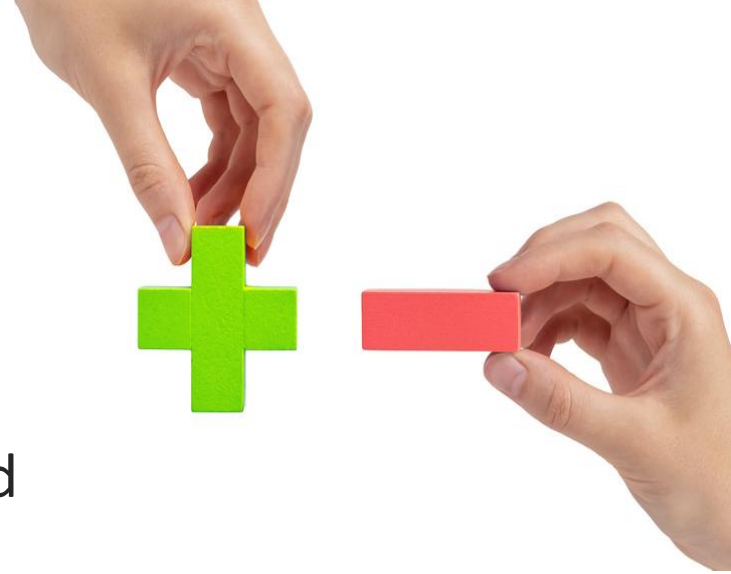
- The **best** time to collapse is at annual renewal because no EE's have spent *deductible / coinsurance* dollars.
- You should wait and replace a Level/Self Funded group at their **annual re-enrollment** and make sure that any significant claims have been/will be *settled*.



Warning re: Level/Self Funded Replacement

- You could do a **mid year** collapse if the group is **healthy** & has **not** had expensive claims - but you must be certain!
- Typically, the contract only guarantees payment of claims **if** they fulfil the **12-month contract period**, and then, usually for 12 months if “run out” coverage exists.
- *(Read their plan agreement)*

Advantage / Disadvantage



Both ACA Compliant Group or Individual plans have Unlimited coverage for “10 Essential Benefits” & No Pre-Ex.

The difference is primarily
Price and Network

Group plans typically cost much more but offer **PPO**’s and “**out of network coverage**” ... some also offer HMO and EPO’s

Individual/ACA plans cost less but have **limited networks (HMO/EPO)**.



Group Enrollment Periods

About 65% of small Groups re-enroll in the **4th quarter** each year.

Group plans can add new employees at **any** time.

(Based on their 30/60/90-day new EE wait guidelines.)



Case Study #1



Case Study #1: Frank HVAC

Overview

- Type: **Collapse Group**
- Company Name: **Frank HVAC**
- Description: **High cost, moderate income**
- ER Goal: **Find and Retain EE**

Case Study #1:

Frank HVAC



Employee Count

- Total Employees: **11**
- FT Employees > 30 hr/wk Total: **11**
- FT Employees > 30 hr/wk on plan: **9**
- PT Employees < 30 hr/wk Total: **N/A**
- PT Employees – Avg. hr/wk: **N/A**
- Managers: **N/A**
- Calculated - EE count for purpose of ICHRA: **11**
- Dependents on plan: **2**

Case Study #1:

Frank HVAC



- Which states do employees live in?
 - GA
- Hourly vs Salary:
 - Number of salary employees: 2
 - Number of hourly employees: 9
- Income:
 - Avg EE income is: \$55,454
 - Avg household income is: \$75,000
 - Avg Management EE income is: N/A
 - Avg Management household income is: N/A
- Ages:
 - Employee Avg Age: 55; Owner and spouse 65+

Case Study #1:

Frank HVAC



- **Benefits**
 - Current plan is comparable to Bronze, Silver or Gold? **Silver**
 - Employer is subsidizing dependent coverage? **No**
 - Employer contributes to an HSA? **No**
- **Employee Cost:**
 - Monthly average employee contribution: **\$400**
 - Monthly total employee contribution for employee coverage: **\$3,600**
- **Employer Cost:**
 - Monthly average employer cost after employee contribution: **\$400**
 - Monthly total employer contribution for employee coverage: **\$3,600**
 - Rate increase percent last year: **30%**
 - Gross Monthly Cost per Employee: **\$800**

Case Study #1: Frank HVAC

Notes:

ICHRA 101

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877 612 7317 or marketers@ppisales.info



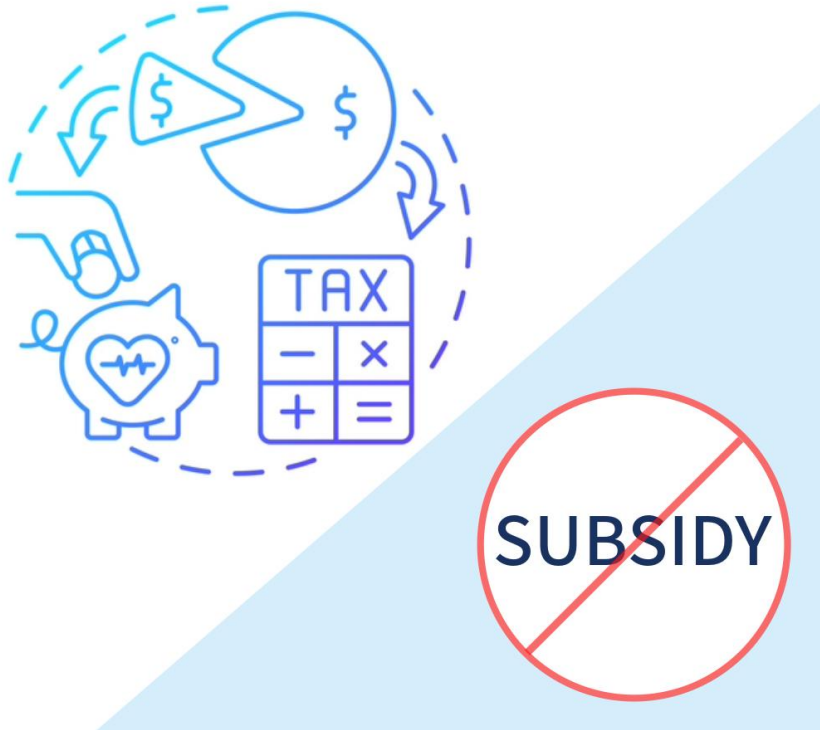
ICHRA – *Individual Coverage*
Health Reimbursement
Arrangement

QSHRA – *Qualified Small*
Employer Health
Reimbursement Arrangement



ICHRA – ER Paid Premiums are *Pre-Tax*, But **NO** *subsidy*!

Pre-Tax ER Premiums 



- Can use **ACA** to provide health insurance for **employer** groups of **any** size
- Can enroll groups **12** mo. a year
- Can **add EE's anytime**
- Some call it “**Individual Group**” or “Managed Individual” insurance
- If the “**group**” cost is high ... Use ICHRA and ACA to replace it!
- If you get **ER ICHRA Dollars** – you get **NO SUBSIDY**

Group vs ACA “Heat Maps”

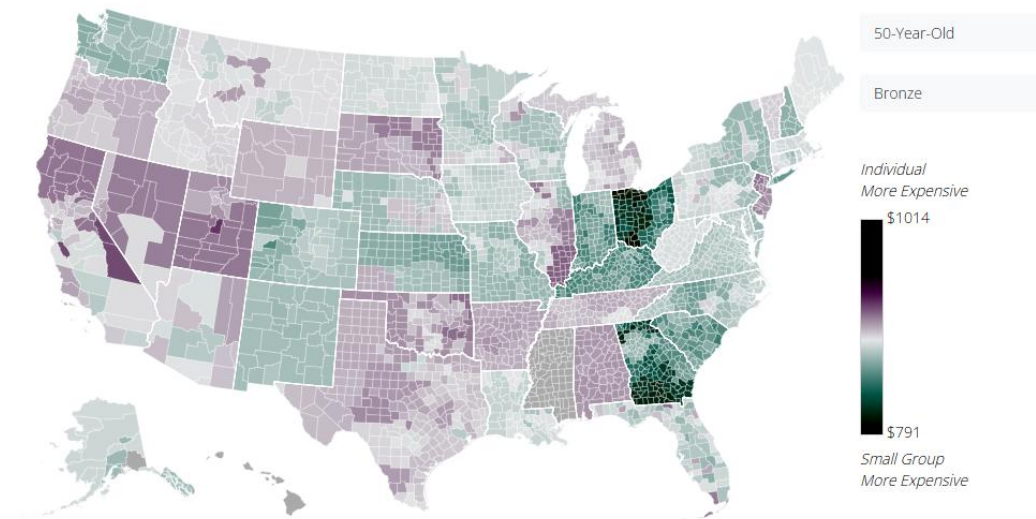
The following heat maps show the difference between the lowest cost Bronze/Silver Plans on the Individual and Small Group ACA Markets by County, 2025

- 50 Year Old – Bronze
- 27 Year Old – Bronze

[LINK TO HEAT MAPS](#)

Difference Between the Lowest Cost Bronze Plans on the Individual and Small Group ACA Markets by County, 2025:

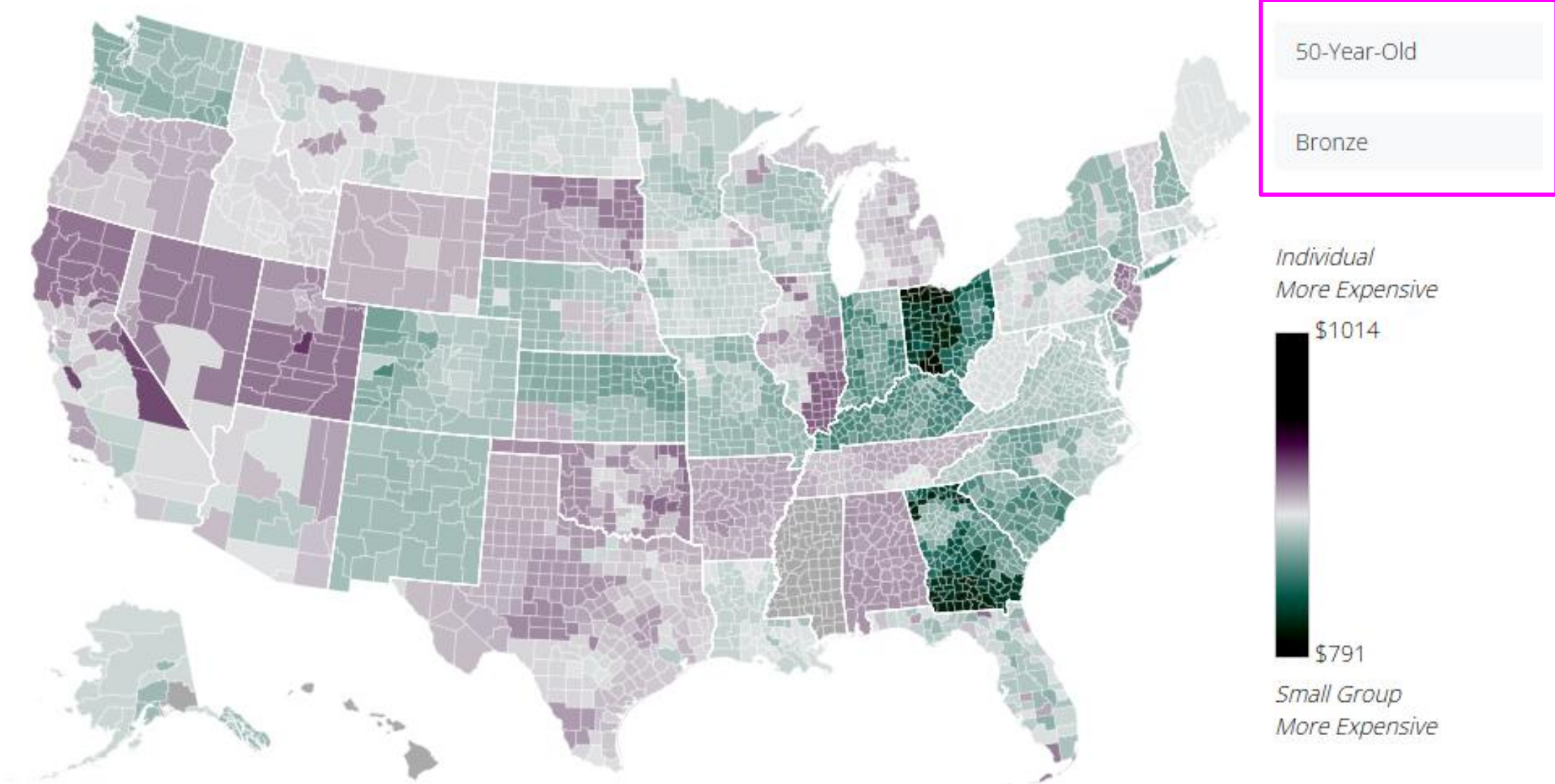
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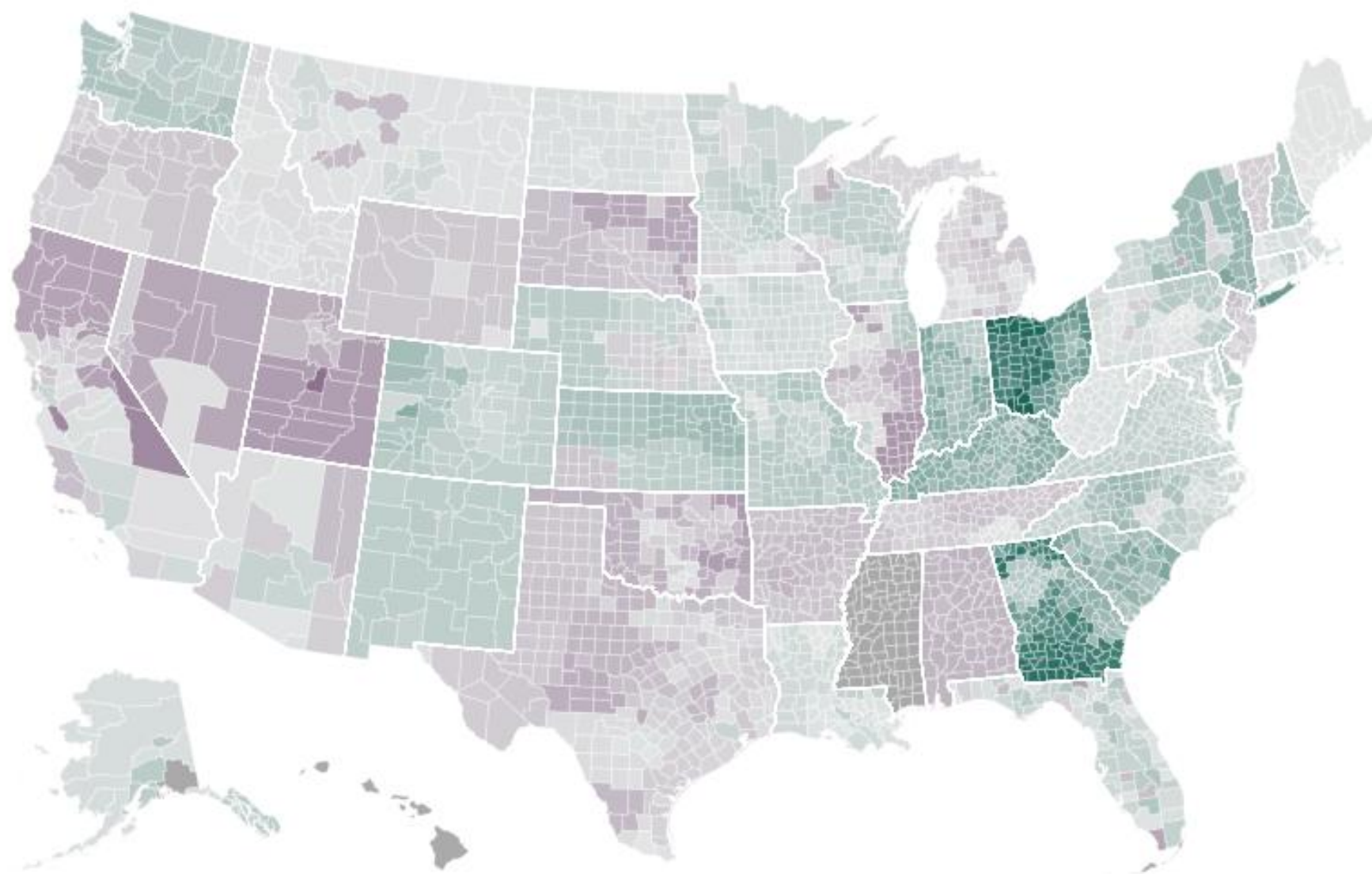
Note: Includes all individual ACA-compliant plans sold on or off the state and federal exchanges. For the purposes of this map, plans and premiums are assumed to be available in a county if they are offered in any part of the county

Map was updated on 11/22/2024 for the 2025 plan year.
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Difference Between the Lowest Cost Bronze Plans on the Individual and Small Group ACA Markets by County, 2025:



Difference Between the Lowest Cost Bronze Plans on the Individual and Small Group ACA Markets by County, 2025:



27-Year-Old

Bronze

*Individual
More Expensive*

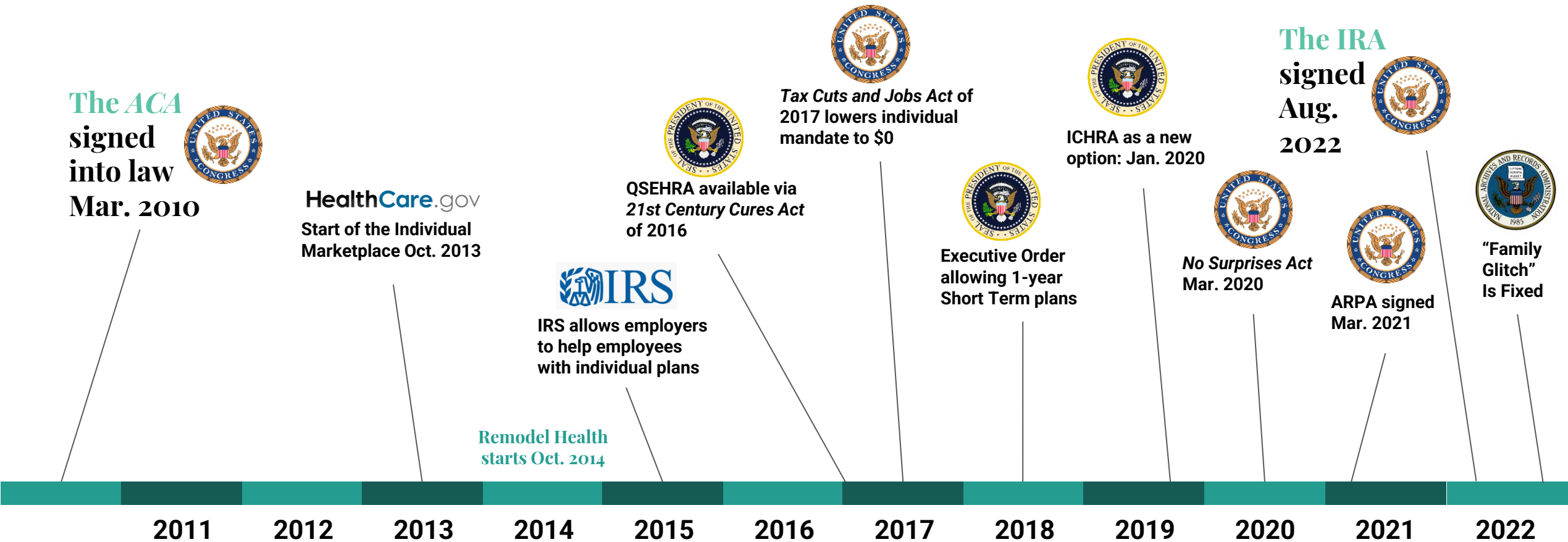
\$1014



\$791

*Small Group
More Expensive*

How we got here: Health Benefits Law Improvements



Managed “Individual” Health



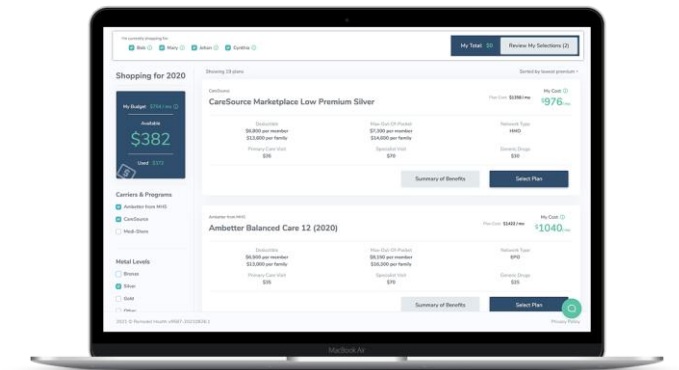
1. **Employer** provides a contribution.



2. **Employee** selects the plan they wish to purchase.



3. **Software** for **one bill** to manage it all.



+ Added Benefits:



On-Going Support



Telemedicine



Ancillary Options



Resource documents

EE “CLASSES” ICHRA

Some basics to HRA classes and keeping it legal



Employee Classes

- Waiting Period
- Full-Time and Part-Time
- Seasonal
- Collective Bargaining Agreement
- Non-resident Alien
- Geographical Area
- Salary and Non-salary
- Staffing Firm Employees
- New Hire Subclass
- Combination thereof



Class Size Requirements

- No minimum *if* employer does not offer group health plan
- If group plan *is* offered, these minimums required:
 - 10 for employers with fewer than 100 employees
 - 10% (rounded down) for 100-200 employees
 - 20 for employers with 200+ employees

Rating Options:

- Age (1:3)
- Dependents

OTHER DETAILS **ICHRA**

Some more obscure but important HRA info



Enrollment

- **ICHRA** opens Special Enrollment Period (SEP)
- 60-day window to choose new plans
- Can start up or switch over any time of the year
- Cannot be used for *spouse's plans* at their spouse's job
- Can roll-over budgets if allowed by Employer



Classes

- May have multiple “classes”
- Each class may have different allowances

Practical Use of ICHRA

What kind of Employers should consider this option?



Small Employers with High Income Employees (Young IT Pro's)

Employers with Over 50 EE's (No QSEHRA for 50+. ICHRA only)

Anytime "Group Health" costs more than ACA (without the Tax Credit)

Let *Ameriflex* Help you

Comprehensive Quoting and Comparison w all plans

Agent makes additional HRA fees PEPM on all ACA sales, permanently

Agent can make ancillary sales to group

Need **Census, Current Monthly Bill and Summary of Benefits** for Group plan

RECRUIT TO YOUR (*OUR*) MARKET ADVANTAGE

Very few agents are
aware or engaged in the
ER Group w/ACA
opportunity



Almost **no** other FMO's
teach this
(Do they even
understand it?)



PPI can take agents to a
deep level of
understanding and
expertise



This is part of what
makes **Your/PPI's** "***Value
Prop***" so powerful as
you recruit agents

WHY OUR MESSAGE IS *DIFFERENT*

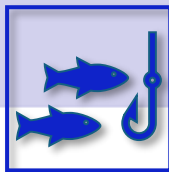
More Profit

- In this space, you CAN make the **2nd**, **3rd** and **4th** **sale** ... and the **Employer** will **pay** for them.
- Pick up additional **Medicare** sales too!



More Participation

- Now you're "Fishing with a **Net**, Not with a **Pole**."
- Why wouldn't you want to write ACA plans by the **dozen**?
- When the employer pays, **everyone** is offered and is getting the ancillary sale.



More Persistency

- It's very hard to steal a group.
- Our 3rd party admin keeps the premium payments compliantly current, so you don't lapse policies.



More Prospects

- **10+ Million** small employers **under 50 EE's** means **30 – 50 Million** Prospects!



Group Individual & Family Rate Increases over time



Coverage Type

☐ Single☒ Family

☒ Premiums☐ Worker Contributions

1999 to 2020

Optional Filter A

Optional Filter B

☒ Compare

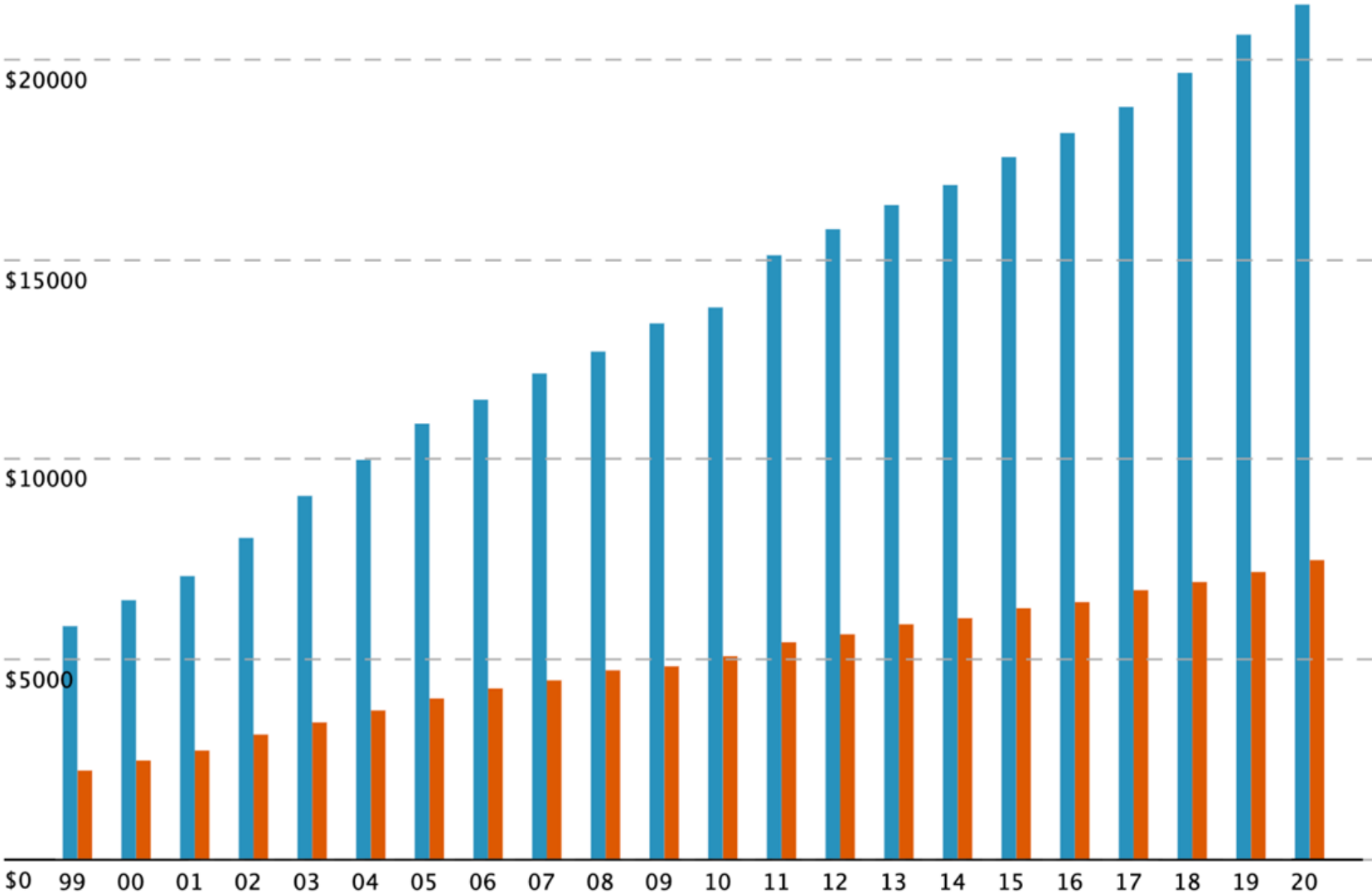
Coverage Type

☒ Single☐ Family

☒ Premiums☐ Worker Contributions

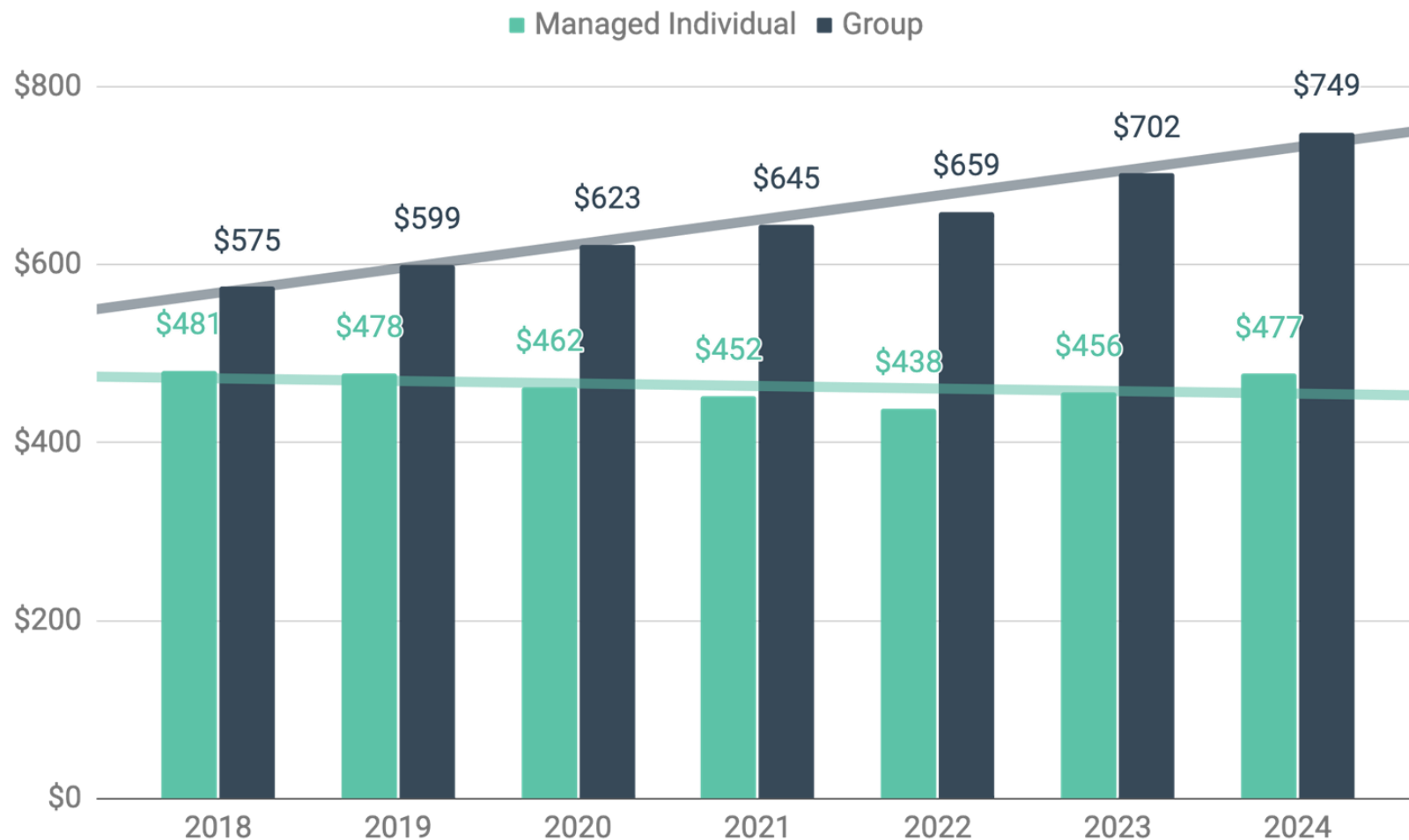
Optional Filter A

Optional Filter B





Side-by-Side Comparison



Monthly Total Health Insurance Premiums
for Employee Only Plan
via **Group** vs. **Managed Individual**

KFF

Total Addressable Market (i.e. the opportunity!)



- **4,533,903** total employers with **10** employees and **under**
- **Only 24.9%** of these employers offer health benefits in 2024
- **3,404,961** total employers need to start offering health benefits
- **11,127,846** total employees are ready to be served



Source: https://meps.ahrq.gov/data_stats/summ_tables/insr/excel/2022/ ⁷⁹

How Can You Catch This Wave?





PERFORMANCE HRA

Employer Health Insurance in the U.S. is Broken

**Premiums, employee contributions, and deductibles
are rising at a staggering rate. It's not sustainable!**

43%

Increase in employer group health
plan premiums (2012 - 2022)

71%

Increase in employee plan
contributions (2012 - 2022)

150%

Increase in average group health
Plan deductibles (2012 - 2022)

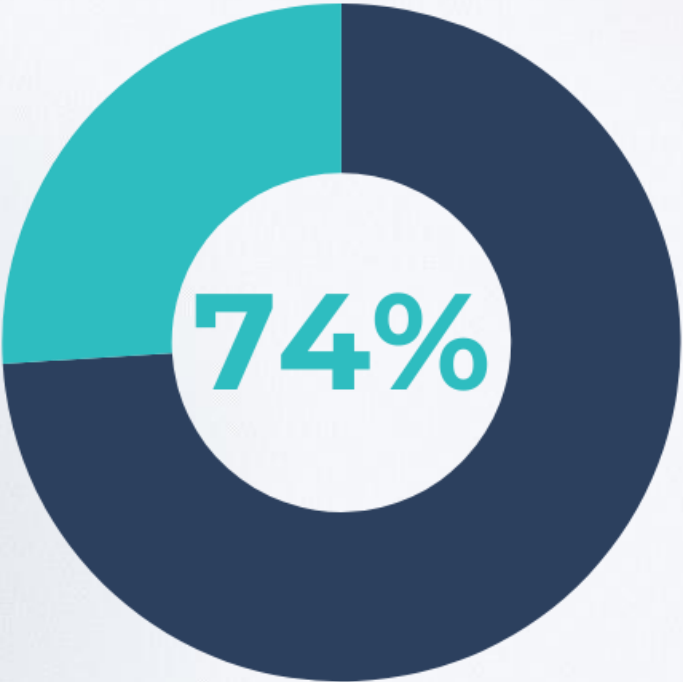
Source: Kaiser Family Foundation's 2022 Employer Health Benefits Survey

This has contributed to Employee financial stress which has reached unprecedented levels.

Half of Working-Age Americans Struggle to Afford Medical Care

- Even people with coverage have trouble paying health costs
- Americans delay care, prescriptions because of expense

By [Cailley LaPara](#)
October 26, 2023 at 12:01 AM EDT



feel anxiety over financial situation and seek help with financial decisions, crises, and/or life events.

57%

are Unable to Afford a \$1,000 Unexpected Expense year because of cost

51%

have put off or skipped some sort of health care

1 in 4

report difficulty affording deductible

37%

carry medical debt

A large, billowing mushroom cloud of smoke and debris rises from a cityscape, symbolizing a catastrophic event. The cloud is dark and dense at the base, with a lighter, more dispersed top. The city below is visible in the foreground, with various buildings and structures. The sky is a pale blue, and the overall scene conveys a sense of disaster and crisis.

And

87% of employers believe they will be
unable to offer health benefits to
employees within 5 – 10 years.

Many believe health insurance tax laws have been the biggest obstacle to change

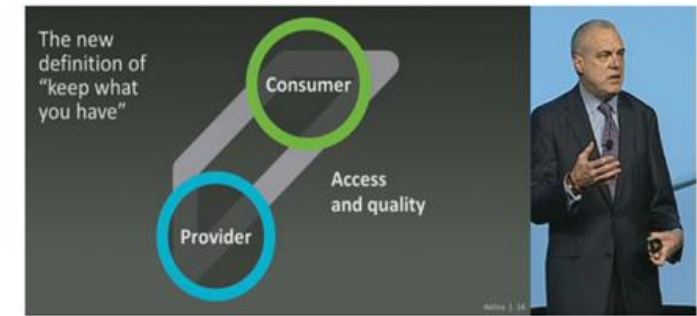
The United States has the highest health care costs in the world and are the only country where the employer chooses the plan for the consumers.

*"It is **our financing system** that drives **inflation** in our health insurance market."*

Gov't. Rep.

Mark Bertolini – Ex CEO of Aetna

"This is an impossible formula to solve."



*"Not too far away from now – in the next 6-7 years – **75 million** Americans will be retail (**ACA**) buyers of healthcare. And they'll come to the marketplace with their own money and either a subsidy from their employer or a subsidy from their government. And it doesn't much matter – they'll be spending their money."*

The Catalyst for Change

January 1, 2020
Health Insurance Tax Laws
Changed

For the **First Time in 75 Years** a
QHP Individual Health Insurance
Plan Can be Purchased Through
Employers on a *Pre-tax* Basis

Enactment of **Individual Coverage**
Health Reimbursement Account
(ICHRA)

In simple terms, employers, rather than choosing an insurance plan for all employees, can give people money, and each employee can choose the plan they wish from the individual health insurance marketplace.



ICHRA IN ITS SIMPLEST TERMS

Modification to Health Reimbursement Accounts


1. Made the **premium** of an **individual health insurance** policy (including **Medicare**) an **eligible expense** under an HRA
2. **Raised** the HRA **limit** to accommodate higher expense

ICHRA Has Opened the Flood Gates

160 Million Americans

Traditional Employer *Group* Health

- 1 – 3 Plans
- 1 Carrier



Move to
Individual (ACA)
Market

Individual Health Exchanges

- 30 – 150+ Plans per Market
- Many Carriers



Components of ICHRA

✓ Solved

The 3 components to ICHRA Administration



The **technology** to help employees choose plans based on their contributions.



A way to **process** the individual **applications**.
(HS!)



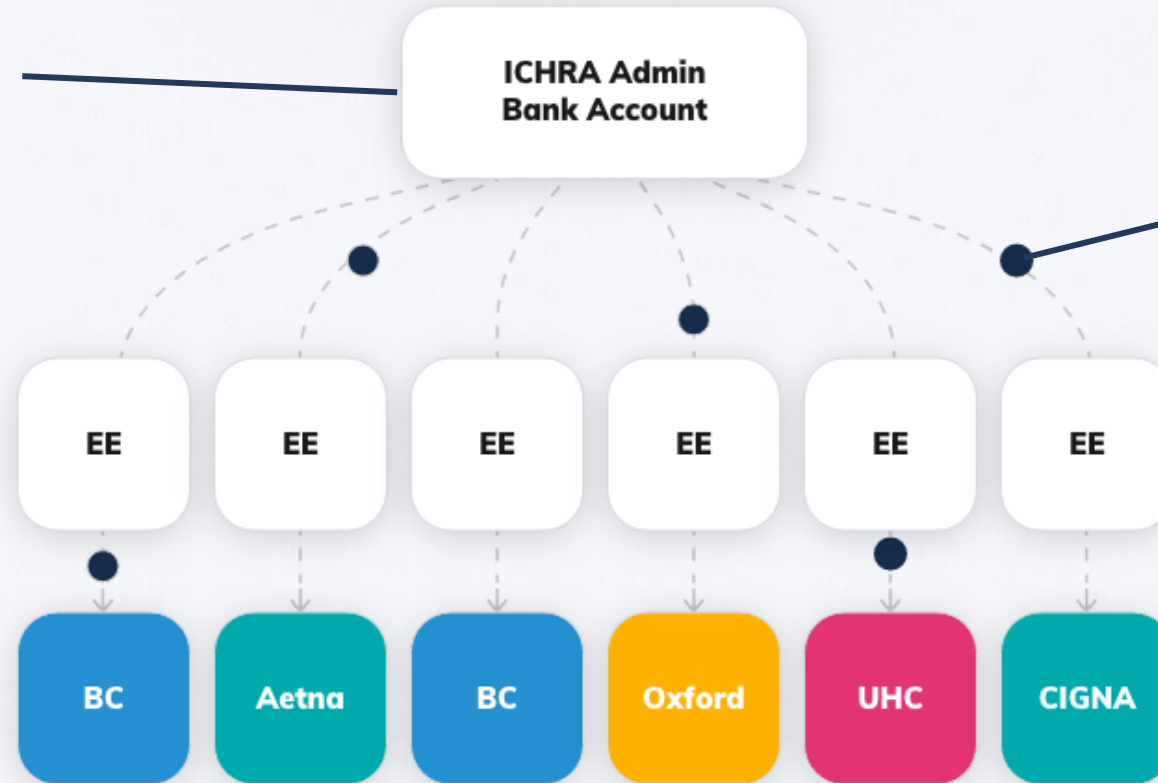
A **payment** mechanism for employers and employees.



Payment Process is Key To Preserving Asset

Employer and Employee Funds
Drawn from ER Account
Payroll Deductions

Like paying a group bill



Money is placed in each
EE account

Carriers charge each employee account

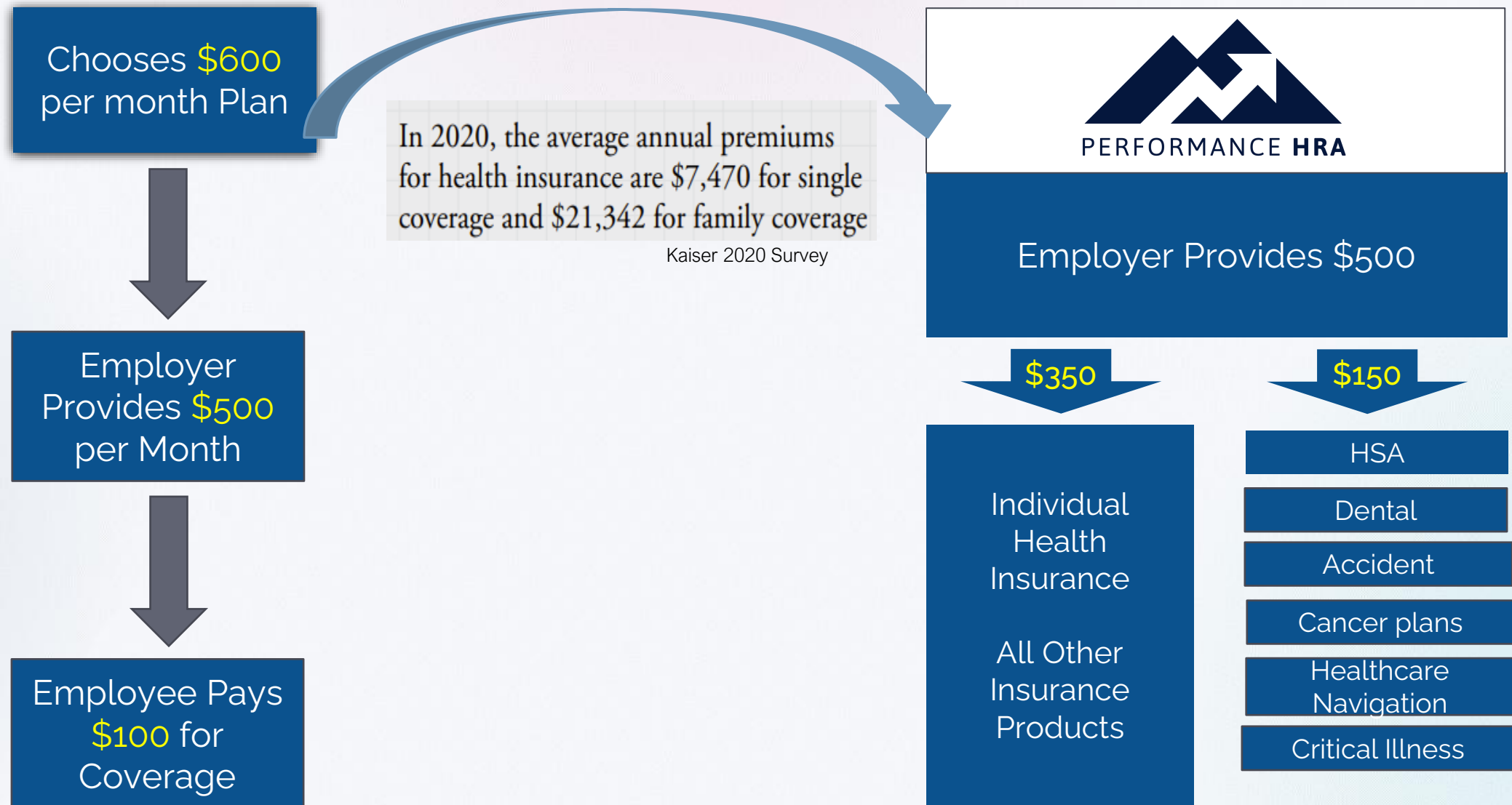
ICHRA Administration is Primarily Processing *Individual* Health Insurance



Who does that?

**A Licensed, Certified ACA Broker
... YOU!**

Employers Will Move to a New Model



AMERIFLEX Revenue Model

- ***Most*** CHRA Admin are Charging Employers **\$20** PEPM & Brokers are adding \$20 - \$30 PEPM = \$40 - \$50 a month
- ***Most*** CHRA platforms will want to **write the ACA *themselves*** and just pay you *a monthly fee per employee*
- ***Ameriflex*** Cost to You - **\$15.00 PEPM** – You Can Charge an additional **\$10 - \$30 PEPM** = \$25.00 - \$45.00
- Plus – **You** ***write and get paid*** for the ACA sales

Marketing

Focus on 3 Topics

- Can I Reduce/Control Health Care Costs?
- Can I Deliver a More Equitable Benefits Program?
- Can I Expand Benefits to a Modern Workforce?

Talk to **Everybody!**

Client Consulting

Three-step Process

1. Employer Education / **Data Collection**
2. ER **Decision**: Go / No Go
3. If “GO” - Set Employer Monthly **Budget** and schedule enrollment

Year-Round Enrollment: ICHRA

- If ICHRA is established in a business, then new EE's may enroll in the ACA **all 12 months** of the year.
- An affordable ICHRA offering satisfies the Employer Mandate for groups 50+ even if only a **few** people enroll
- The IRS treats ICHRA contributions the same as a Qualified Employer Group health plan for tax purposes
- New EE's may add health coverage all year long (according to ER's participation eligibility guidelines, Day 1, 30, 60 etc.)



The Difference Health Benefits Make



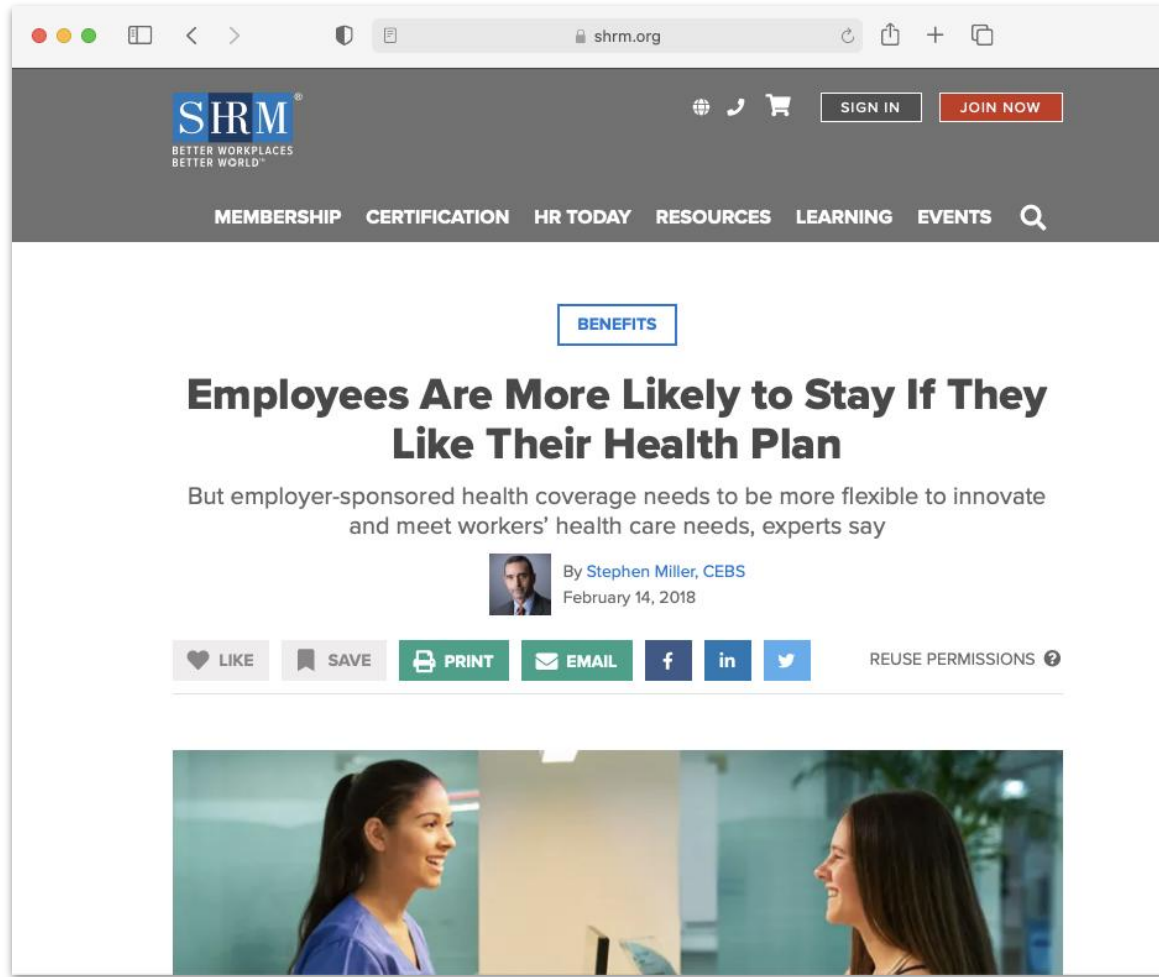
Poor or No Health Benefit

- Poor retention rates
- Decreased productivity
- Increase in absenteeism

Quality & Affordable Coverage

- Recruiting advantage
- Higher morale
- Higher company loyalty

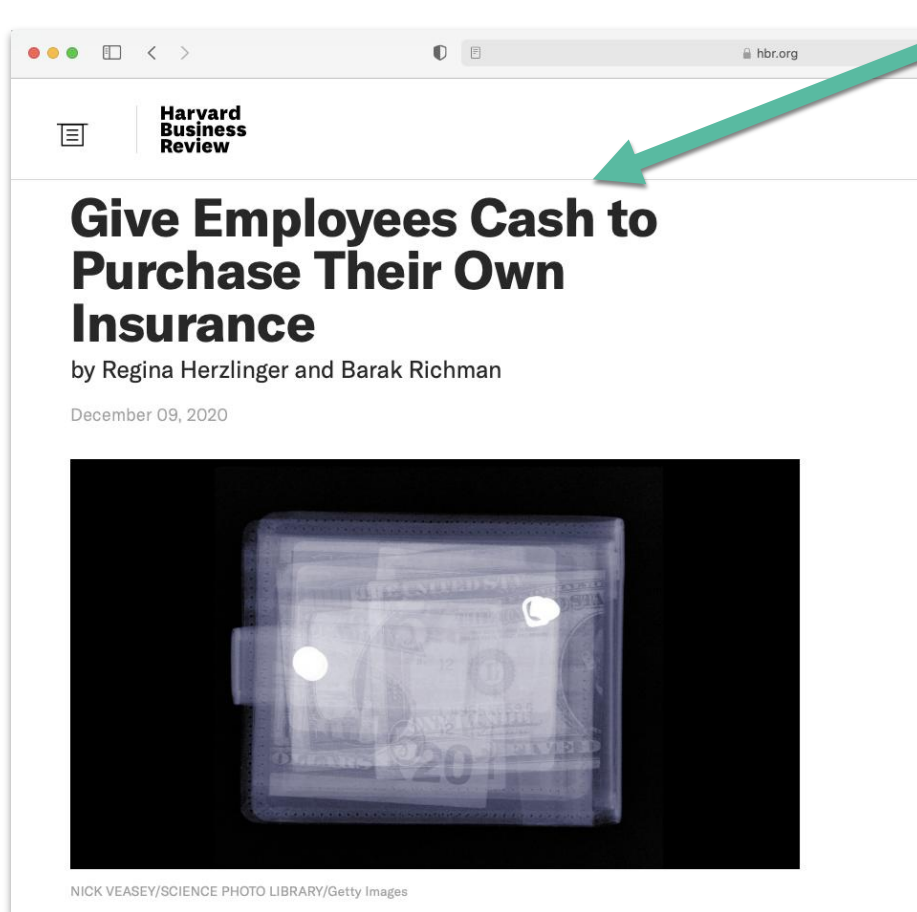
What Employees Want



56% of employees
will stay or leave
based on benefits

Harvard Business Review

Traditional Group Health Benefits are Dying



Coverage Type

☐ Single ☒ Family

☒ Premiums ☐ Worker Contributions

1999 to 2020

Optional Filter A

Optional Filter B

Compare

Coverage Type

☒ Single ☐ Family

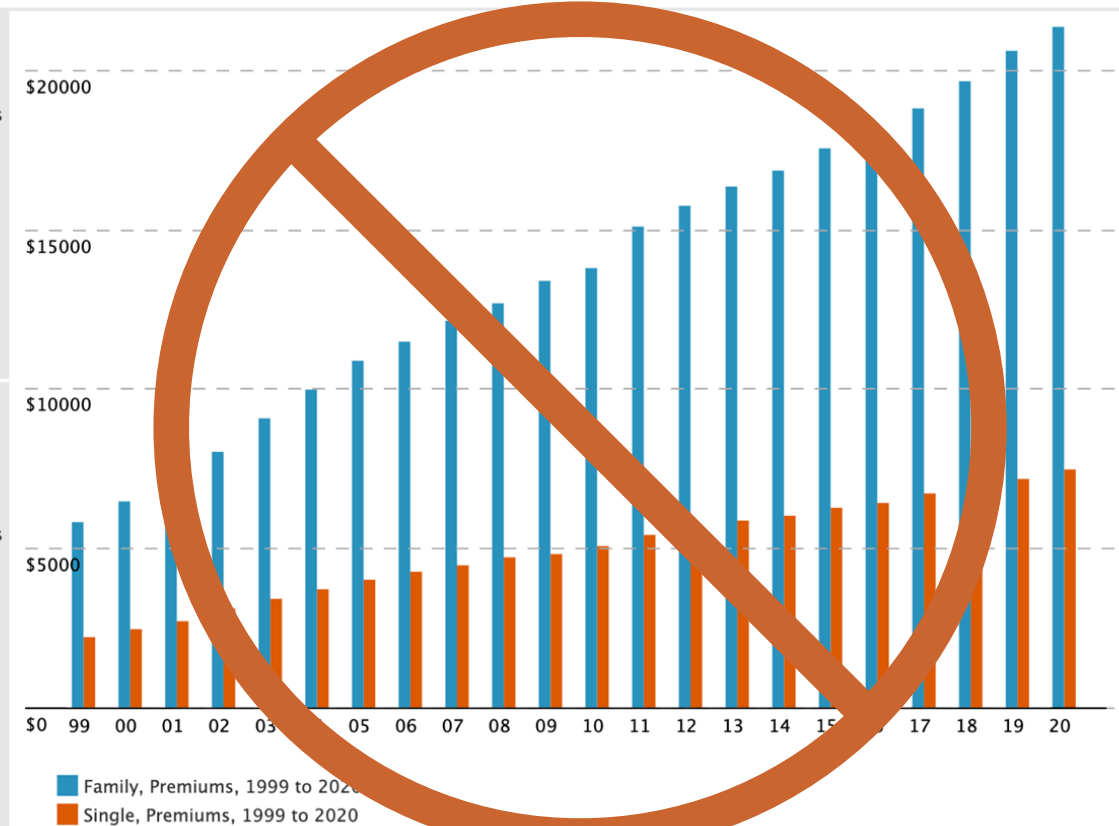
☒ Premiums ☐ Worker Contributions

Optional Filter A

Optional Filter B

Export Table Data

Group Plan Cost Averages



Group **vs.** Managed Individual

Simple breakdown of **how it works**

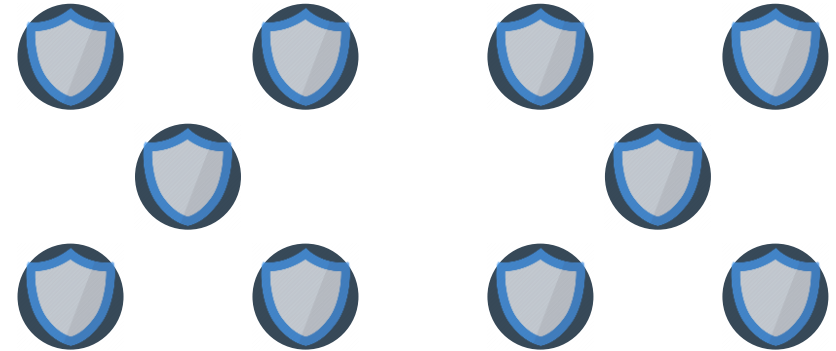
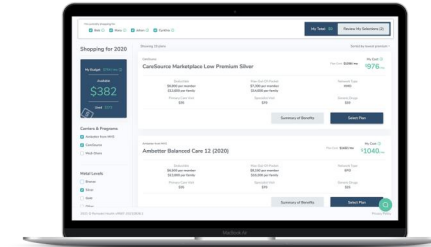
 **BlueCross BlueShield** 1 Group Plan



10 Employees, **1 Bill**

vs.

 **BlueCross BlueShield** 10 Individual Plans



10 Employees, **1 Bill**

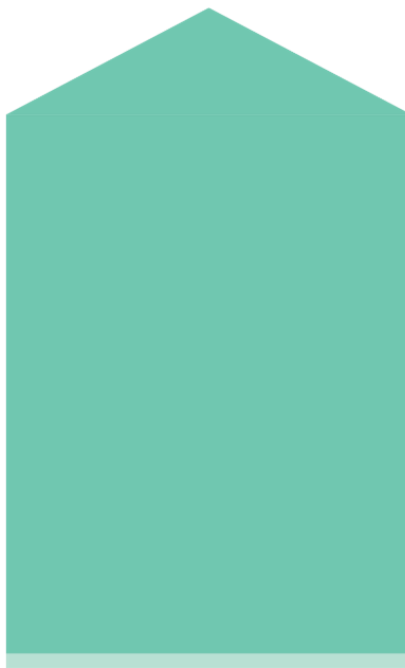


Health Benefits Delivery Strategy

Traditional



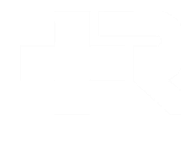
The traditional approach
to healthcare plans



Managed Individual



Giving employees funds
to shop for their own plans



Defined Benefit



Pension

Single Product
*provided by
employer*

Money stays
with the
Company

Organization
invests

Organization
chooses



401(K)

Contribution
*given to the
employee*

Money is
owned by the
Employee

Employee
invests

Employee
chooses

Defined Contribution

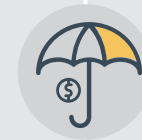


Understanding Managed Individual.

Group vs. Individual

Pension **vs** **401(k)**

Single Product
provided by
employer



Contribution
given to the
employee

Money stays
with the
Company



Money is
owned by the
Employee

Organization
invests



Employee
invests

Organization
chooses



Employee
chooses

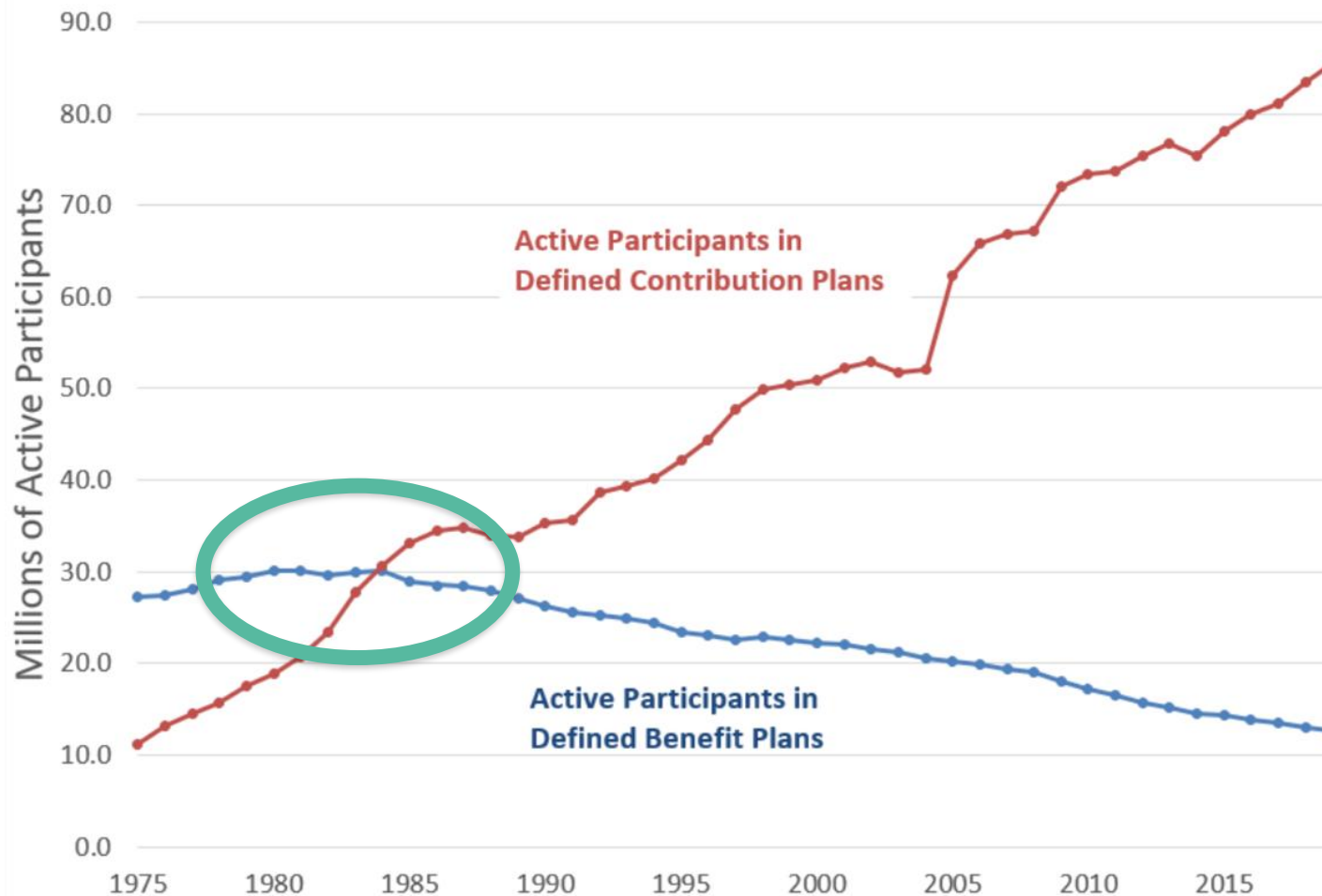


We've
been
here
before.

Group retirement plans already died. Group health plans are dying, too.

Figure 1. Active Participants in Private-Sector Pension Plans

1975-2019



HISTORY OF HRA

How HRAs have been used, removed, and renewed



1960s

- Lawmakers see the need for innovation because of rising health insurance costs



1974

- HRAs officially introduced through Employee Retirement Income Security Act (ERISA)

2000s

- Lawmakers change rules to HRAs
- Could be offered alongside group but still used just for individual
- Unlimited allowance amounts
- Could customize allowances based on roles in the organization

HISTORY OF HRA, continued...

How HRAs have been used, removed, and renewed



2013

- IRS interpretation of the Affordable Care Act (ACA) removes normal standalone HRAs
- ACA law requires *no lifetime limit* to all “insurance plans”
- ACA law requires *minimum essential coverage* (MEC) included on all “insurance plans”
- HRAs only allowed alongside or “integrated with” an ACA-compliant plan



2016

- 21st Century Cures Act passes, “Qualified Small Employer Health Reimbursement Arrangement” (QSEHRA)

QSEHRA (Qualified Small Employer HRA)



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Legislation Congressional Record Committees Members

Legislation Examples: hr5, sres9, "health care" MORE OPTIONS

Home > Legislation > 114th Congress > H.R.34

Citation Subscribe Share/Save Site Feedback

H.R.34 - 21st Century Cures Act

114th Congress (2015-2016)

LAW Hide Overview

Sponsor: [Rep. Bonamici, Suzanne \[D-OR-1\]](#) (Introduced 01/06/2015)

Committees: House - Science, Space, and Technology | Senate - Commerce, Science, and Transportation

Committee Reports: [S. Rept. 114-146](#)

Committee Prints: [H. Prt. 114-67](#)

Latest Action: 12/13/2016 Became [Public Law No: 114-255](#). (All Actions)

Roll Call Votes: There have been [3 roll call votes](#)

Tracker: Introduced Passed House Passed Senate Resolving Differences To President **Became Law**

More on This Bill

[Constitutional Authority Statements](#)

[CBO Cost Estimates \[3\]](#)

Subject — Policy Area:

Health

[View subjects >>](#)

- Tax Free Contribution
- Creates SEPs
- No Group Coverage
- Under 50 Employees
- Annual Limits
- Automatically Opted In
- Must All Be Equal
- Tax Credits Offset 1:1
- May Use On-Exchange
- Proof of Coverage Required



HISTORY OF HRA, continued again...

How HRAs have been used, removed, and renewed



2017

- QSEHRA becomes available
- Trump issues executive order focusing on: Association Plans, Short Term Plans, HRA improvements



2018

- New HRA rules are proposed by HHS, Treasury, DOL
- IRS releases proposed regulations for HRAs, including “affordability” safe harbors
- Comment period concludes with insignificant opposition

2019

- New HRA final rules are released with projected start of January 1, 2020

Overview of Updated HRAs

Here is what **innovation** looks like!



	QSEHRA Qualified Small Employer	ICHRA Individual Coverage
Year	2017	2020
Reimbursements	Premiums + Expenses	Premiums + Expenses
Size	Less than 50 employees	None
Budget Limits	\$6,150/single \$12,450/family	No Limit
Tax Credit Interaction	Offsets 1:1	"Unaffordable" can choose tax credits <i>or</i> HRA, "Affordable" no tax credits
Design Flexibility	Must be equal , and no group dental/vision, etc.	Customize by Class ; can offer group dental/vision, etc.
Creates SEP	Yes	Yes



Defining IRS “Affordable”

The mechanism by which **tax credits** and the ALE impact



“**Affordable**” means an employee should pay less than **9.02% of income** for **2025** for the lowest-cost silver plan (i.e. *benchmark*).

IRS Safe Harbors

Determining Lowest Cost Silver Plan

- **Location:** Can use work address
- **Age-based:** IRS requested in comments
- **Prior Year:** Rates can be prior year exchange

Estimating Household Income

- **Salary:** Based on the employer W2
- **Hourly:** Assumes 130 hours per month
- **Federal Poverty Line**



“**Affordability**” impacts the **Employer mandate** and whether or not **tax credits** are available.

AFFORDABILITY TEST

Here's an example to show you how this works



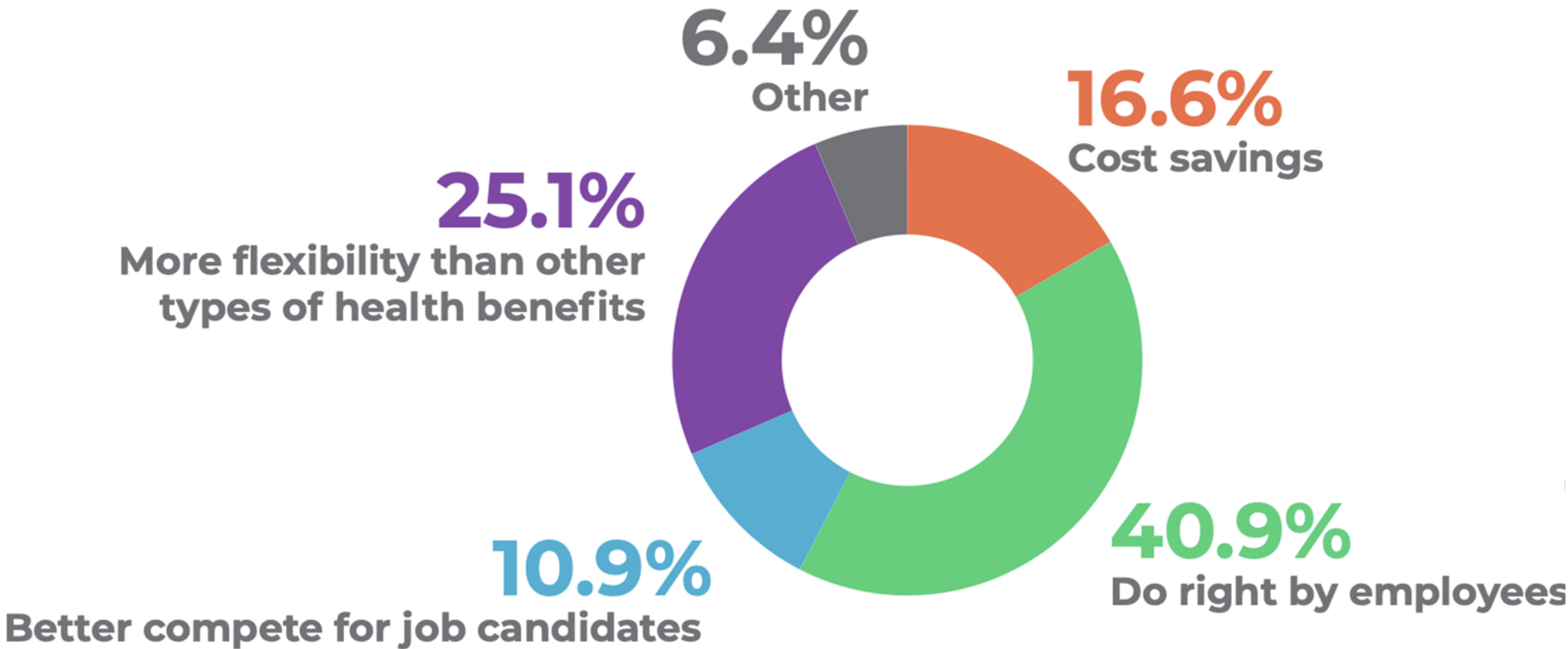
\$32,000/year, 30 years old

- Single
- \$32,000/year
- Lowest cost Silver Plan
 - Ambetter Balanced Care 11
 - \$330 per month
- **"Affordability"** based on Safe Harbor:
 - 8.39% of W-2 wages: \$224 per month
 - Minimum ICHRA required: **\$106**

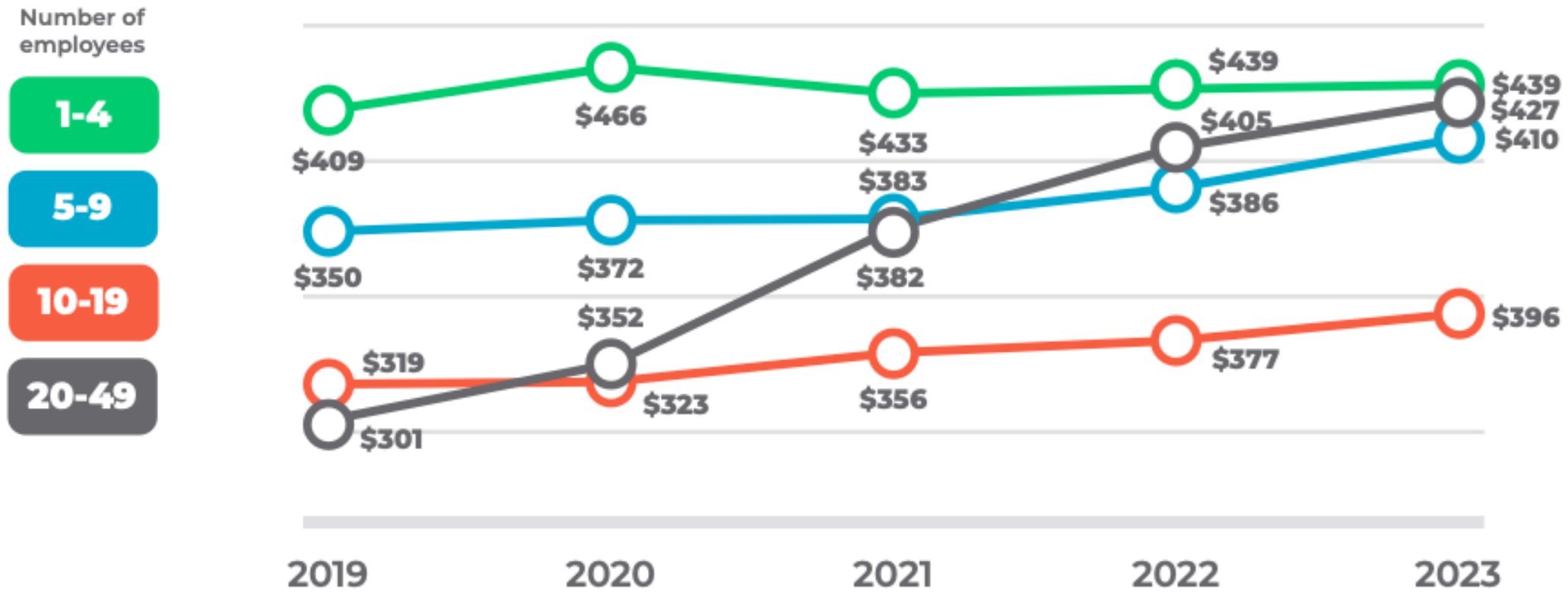
\$32,000/year, 60 years old

- Single
- \$32,000/year
- Lowest cost Silver Plan
 - Ambetter Balanced Care 11
 - \$790 per month
- **"Affordability"** based on Safe Harbor:
 - 8.39% of W-2 wages: \$224 per month
 - Minimum ICHRA required: **\$566**

Why employers offer a Managed Individual



Average Monthly Allowance by Org Size



The smallest organizations offer employees 2.8% more than the largest organizations.

Employees are buying *good* plans



MYTH: Employees don't understand health insurance and prefer their employers to select their plans.



TRUTH: Employees know what they need. The nearly even distribution between the metal tiers highlights how employees become wise health consumers evaluating the choices offered by ICHRA and QSEHRA in the context of their personal health needs.

Marketplace Plan Selections by Employees (2023)

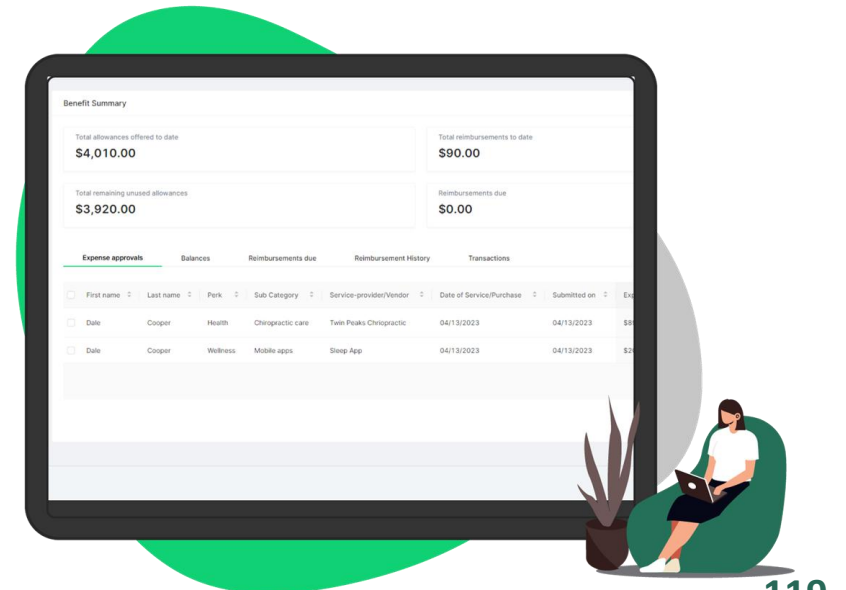


Breakdown of Average **Value** + Costs

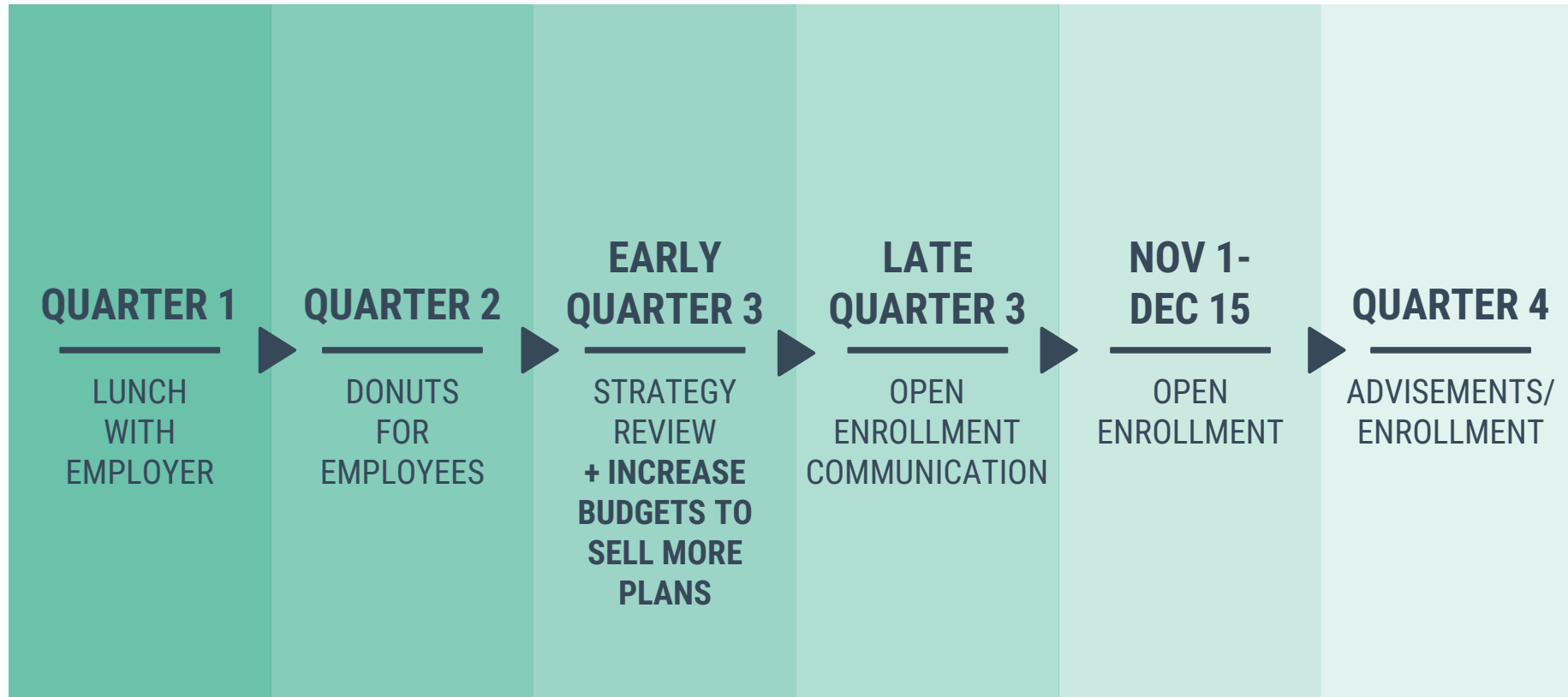


What *You* bring ...

- **Enrollment is only available** through a Certified ACA Agent
- RA responsive, local agent
- Professional Guidance on Plan Choice
- Understanding of your unique Doctor/Specialist preferences
- Someone who can match your prescription formulary correctly
- Enrollment assistance
- Assistance with required Government documentation
- Help with 1095/Tax forms
- Updates to your plan when your family, work or location changes
- Help with other insurance needs like Dental, Life, Medicare, etc.



Annual Support Timeline





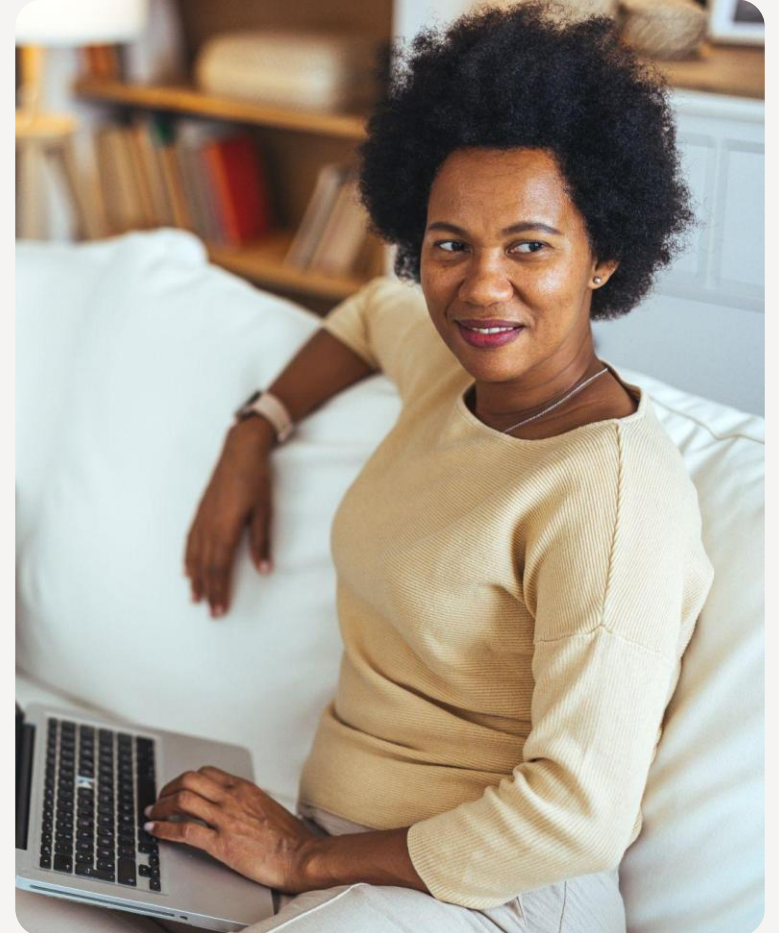
Peek Performance ICHRA Bootcamp

June 2025

Michael Levin

SVP, ICHRA at HealthSherpa

ICHRA Landscape



ICHRA is No Longer Just an Idea — It's Happening!

- **Group Insurance** rate increases are untenable
- **ERISA lawsuits** against self-insured employers
- **\$400 Million of VC investment** in ICHRA deployed the last year
- **State Small group incentives** for ICHRA from Indiana, Georgia, Ohio and Texas in legislature
- **Federal Small group incentives** in the Big Beautiful Bill
- **ICHRA-friendly administration:** Peter Nelson is pro-ICHRA, House Ways and Means actively engaging on ICHRA policy.

First-movers will capture the highest-value business before competition scales.

Remodel Health Raises More Than \$100 Million to Continue Expansion in ICHRA Market



NEWS PROVIDED BY
[Remodel Health](#) →
Dec 19, 2024, 09:00 ET

INDIANAPOLIS, Dec. 19, 2024 /PRNewswire/ -- [Remodel Health](#), the (ICHRA) provider for brokers, today announced it has raised more than \$100 million in growth funding.

AMERICAN
EXPERIMENT



It All Adds Up

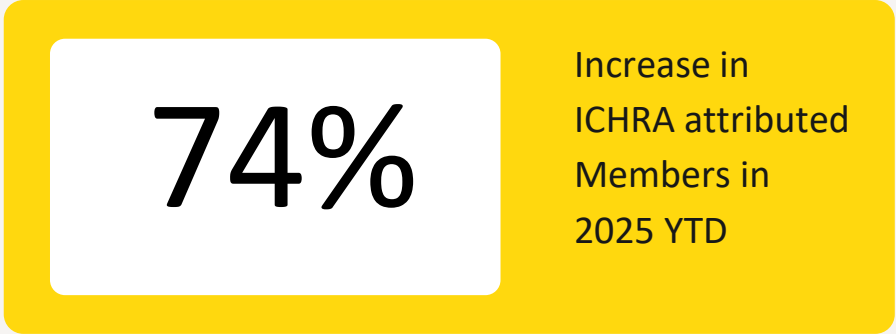
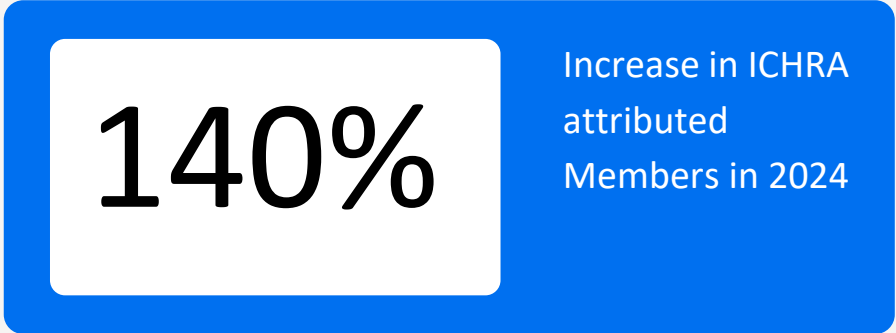
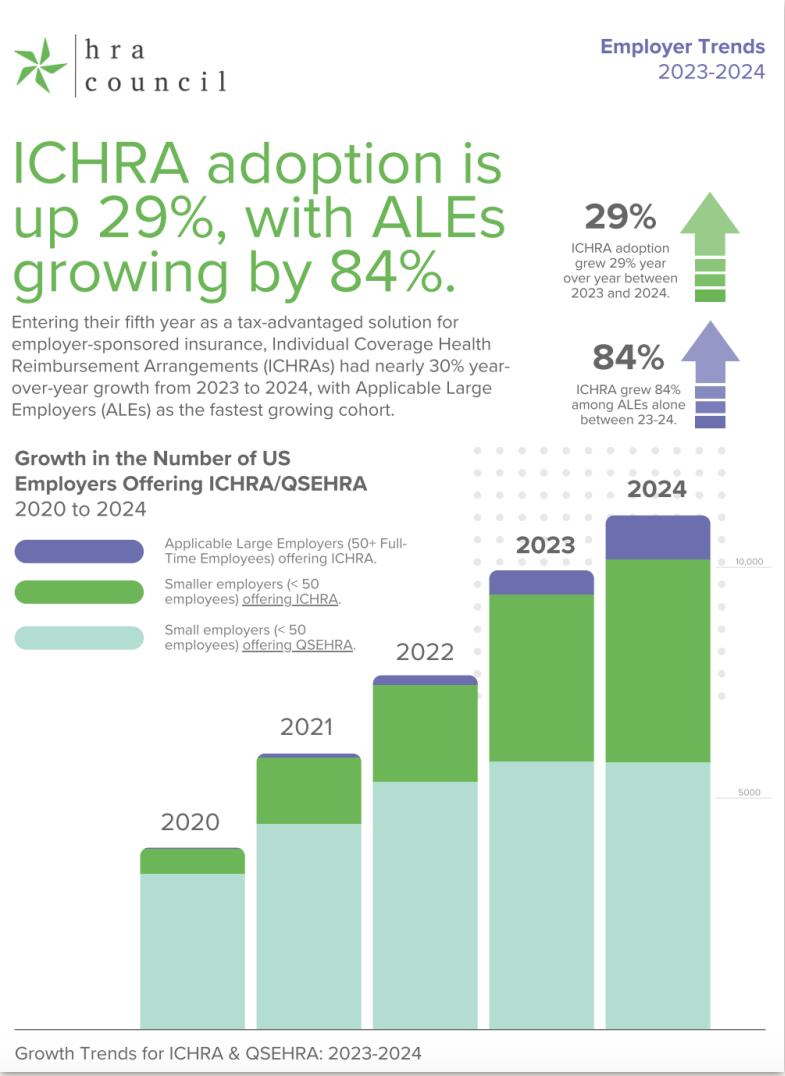
The High Cost of Health Insurance Exchange Regulations Under the Biden Administration

PETER J. NELSON



Employer J&J Sued for Breach of Fiduciary Duties and Mismanagement of Its Group Health Plan

The Growth of Members is Real, and Meaningful



ICHRA Market Segmentation

	Micro Groups	Small Group	Middle Market	Large Group
Employees	<20	20 - 100	100-500	500+
Current Solution	Nothing: 50% ACA Small Group: 50%	ACA Small Group	Large Group Underwritten or Self Insured	Large Group Underwritten or Self Insured
ICHRA Solution	Affordable or “Unaffordable”	Affordable, or “Unaffordable” (<50)	Affordable Only	Affordable Only
Classes	Likely not	Sometimes	Yes	Yes
Benefits Complexity	Very low	Low	Medium	High
Network Sensitivity	Low	Low	High	Very High

ICHRA Distribution Channels



Group Benefits Brokers and Consultants

From very small brokers to the very large benefits consultants, these entities maintain current relationships with employers. **These brokers are moving slowly.**



"Full Stack" ICHRA Platforms

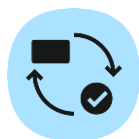
Several ICHRA platforms are selling direct to employers. They are not "waiting around" for brokers to get on board. **Their challenge is displacing the existing broker relationship.**



Individual Agencies and FMOs

Large force of agents who are deeply familiar with individual products are getting into ICHRA. **Strong opportunity in the small group** space where a business owner or CEO is already on their books.

What Comprises an ICHRA “Platform”



Administration and Compliance (TPA)

This includes helping employers develop their ICHRA strategy (Affordable vs Unaffordable, Classes), Section 125 plans, compliance notices and filings.

Today: Enrollment & Servicing



Payments

How both employer and employee contributions flow to carriers including employee reimbursements, debit cards, custodial accounts, pre-tax employee contributions



User Experience

Employer: Managing classes, strategy, participation and contributions and payment mechanism and more.

Employee: Plan shopping, decision support and more.

Complex and Growing Set of ICHRA Vendors

Figure 1. ICHRA administration market map

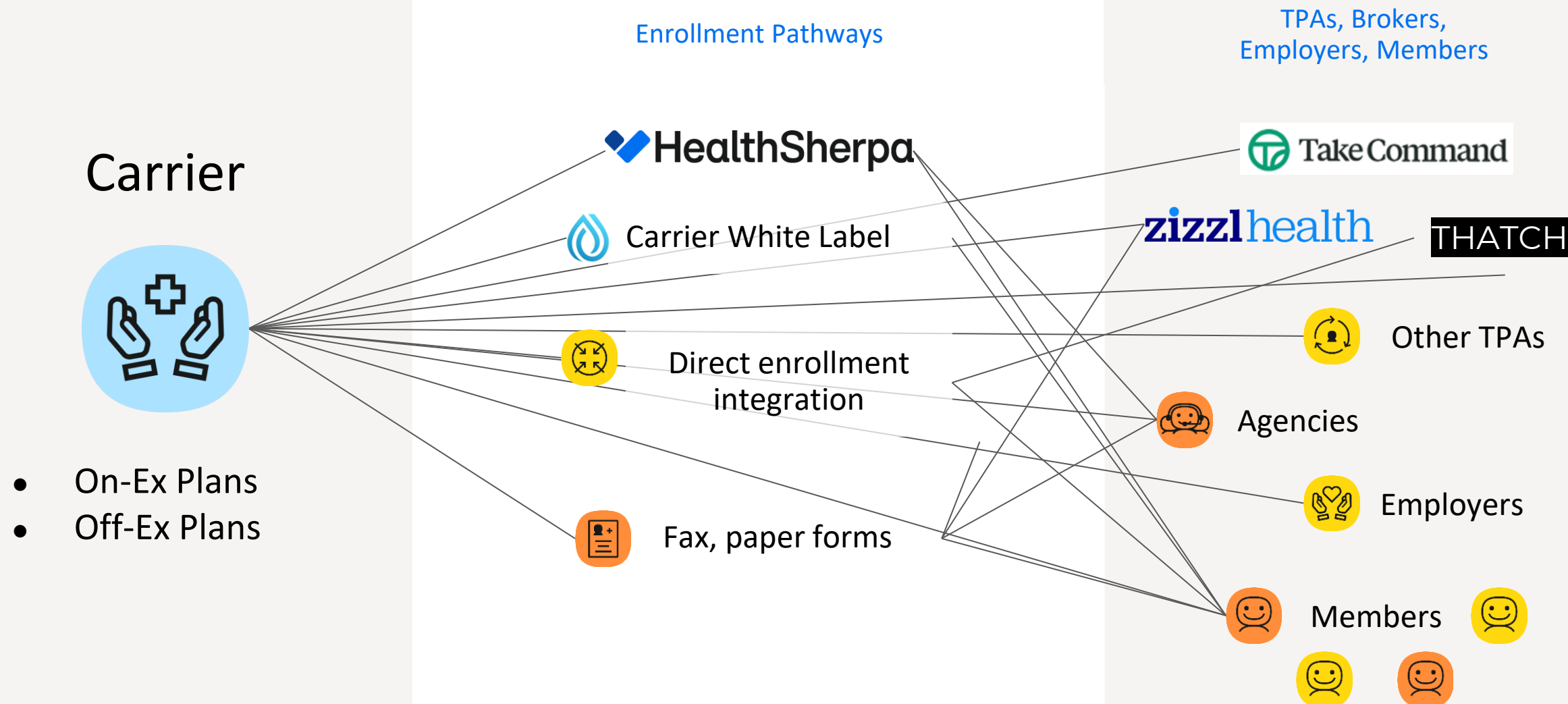


A more complete list ... and growing

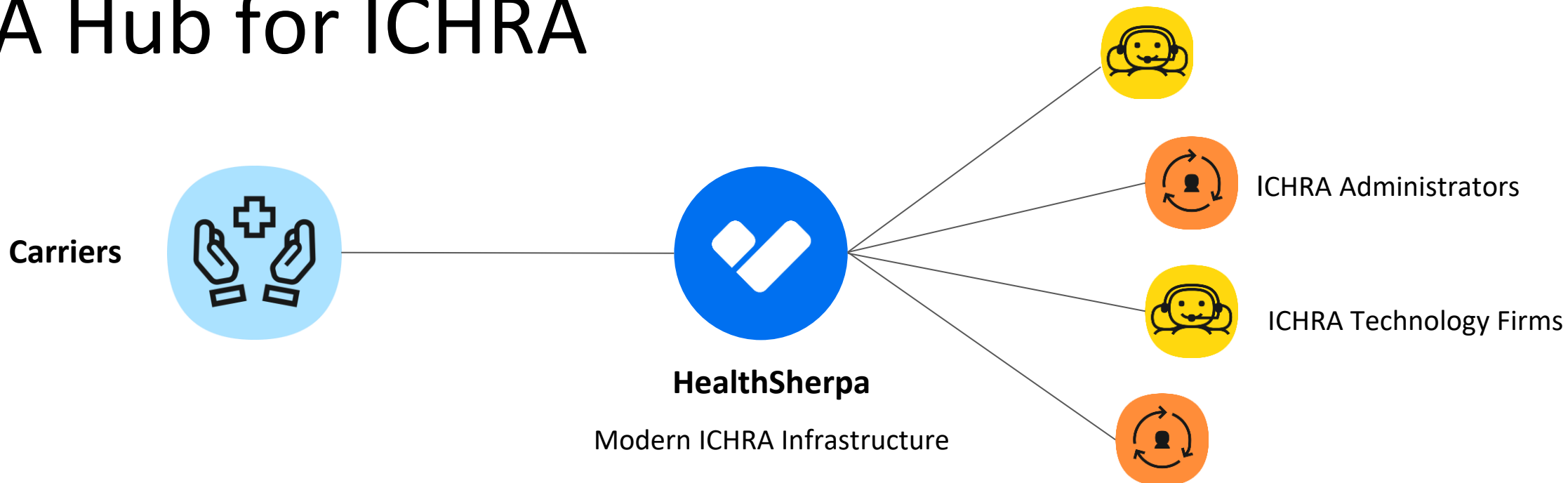
- Ameriflex
- Bavvy (Milliman)
- Benafica
- BenefitBay
- CVRD health
- eHealth
- Enhance Health/Bizcare
- Enrichly
- ezICHRA
- Flyte
- Gravie
- HRA Simple
- Kyndly
- Kyra
- Liferaft
- LunchBox (Leeway)
- NexBen
- OneBridge
- Remodel
- Savii
- Solusion
- Spectacle Health
- Stretch Dollar
- SureCo
- TakeCommand Health
- Thatch
- The Big Plan
- Venteur
- Via (by WTW)
- Vivo Benefits
- Zizzl
- Zorro



Current ICHRA Landscape & Challenges



A Hub for ICHRA



- One-to-many connectivity to the growing network of ICHRA Platforms
- Bolt-on, not rip and replace
- Variable cost structure
- Analytics and reporting

- On-ex Enrollment
- Off-ex Enrollment
- Enrollment confirmation and reconciliation
- Quoting
- HCM/HRIS/BenAdmin connectivity
- Payment facilitation

- One-to-many enrollment connectivity to the large network of IFP carriers
- No cost
- No change in AOR

You've got the deal.
What's next?

Plan Selection

Less than 14% of Individuals are Confident in Their
Plan Selection



A Note on Plan Build and Timing

We all want the data earlier to support ICHRA modeling and group transitions

- Structural issues prevent earlier publishing of plan data
- Key deadlines in September
 - Data Correction Window ends 9/12
 - Final Deadline: 9/17
- Carriers are loathe to share data before these dates
- Over 12,000 plans
 - 140 carriers, even more “issuers”
 - 331 carrier-state combinations

With two sets of rates being filed in most states this year, plan build may be **later** than usual

Plan Selection

An opportunity, if not an obligation, to help

- 10s or 100s of choices
- Foreign terminology
- Plans are priced on utilization, but bought on fear
- It's a risk and math problem, but decision support hasn't evolved to meet the need



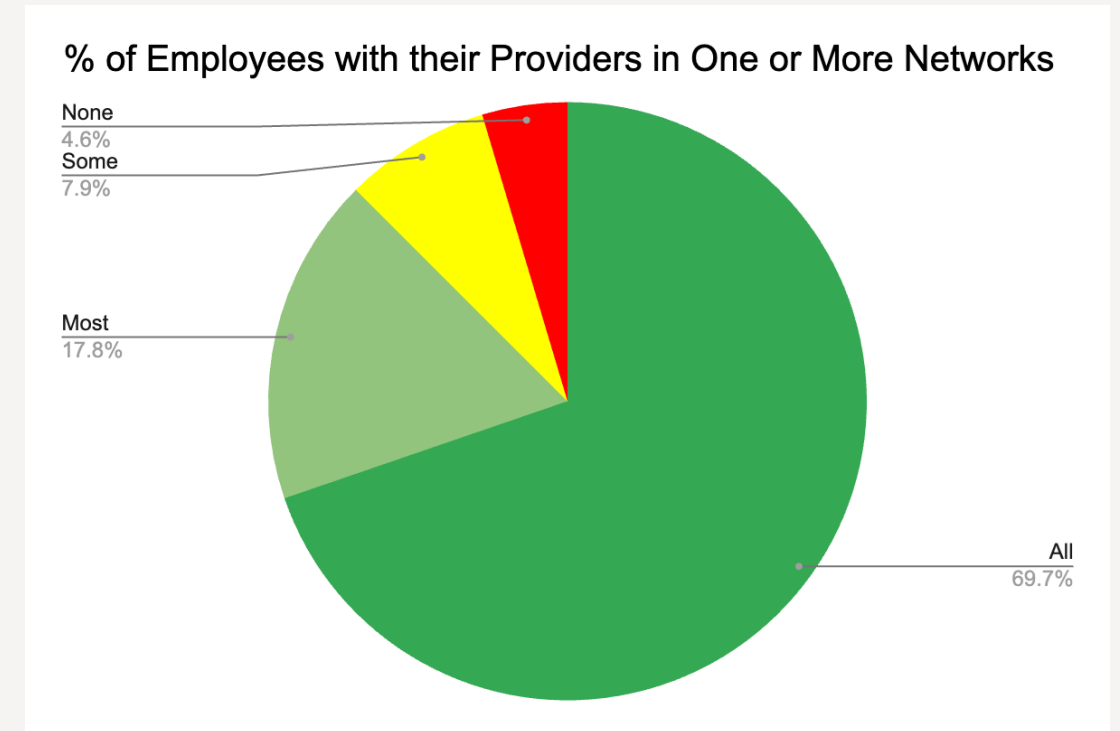
As a result, most individuals buy the most expensive insurance they can afford. To their detriment.

In the weeds: 71% of employees who switched to an ICHRA will stay with the same carrier

The PPO Debate

Does ICHRA need PPOs?

- PPO are an important element for an employer offering one or a couple of plans.
- Each employee needs only to solve for themselves. A group of one!
- Group to individual disruption analysis:
 - Identify key providers by employee through survey or claims
 - Run per employee analysis against individual plan networks



Shop-by-Doc

Find a plan in which your preferred doctors and facilities participate

- Networks are differentiating
 - Cross-border provider participation and nationwide access remains challenging
 - Expect innovation in **off-exchange** plans
- Valuable tool to *screen* plan options
 - 70% use this feature when offered
 - Very high affinity to pediatricians and obstetricians
 - Accuracy of data is an issue ... and will continue to be an issue
 - No guarantee the provider will remain in-network
- Always confirm with the provider and carrier prior to final selection



In the weeds: Provider network participation is at the address and specialty level

Shop-by-Drug

Find a plan by your prescription drugs

- \$405 Billion is spent on prescription drugs, annually
- Another valuable tool to *screen* plan options
 - Chronic maintenance medications
 - Specialty medications
- There are also alternatives to plan coverage: cash market
 - GoodRx
 - Cost Plus Drugs
 - GLP-1s from various sources
- Could you pay incrementally more for a plan, than the cost of a drug outside of a plan?

Enrollment Operations Queue

Agency: HealthSherpa Agency | Agent ID: TestAgent2

Name	Contact	Location	Status	Action
John Smith	john.smitheee@email.com 5625551234	ZIP: 85022	Pending	<div>Enroll</div> <div>Enroll (POST)</div>
Sarah Johnson	sarah.j@email.com 5625552345	ZIP: 85027	New	<div>Enroll</div> <div>Enroll (POST)</div>
Michael Brown	m.brown@email.com 5625553456	ZIP: 85035	In Progress	<div>Enroll</div> <div>Enroll (POST)</div>
Emily Davis	emily.d@email.com 5625554567	ZIP: 85040	New	<div>Enroll</div> <div>Enroll (POST)</div>



Enrollment Pathways



Today



This OEP



Next OEP

On-Ex

- FFM + GA: HealthSherpa
- Other SBMs: State Marketplace

- FFM + GA: HealthSherpa
- Other SBMs: State Marketplace

- FFM + GA: HealthSherpa
- Other SBMs: State Marketplace

Off-Ex

- 14 Carriers: HealthSherpa
- The rest: broker portals & Forms

- 25 Carriers: HealthSherpa
- The rest: broker portals & Forms

- 65 Carriers: Click of a Button
- The rest: broker portals & Forms

82% of ICHRA Enrollments are Off-Exchange



Enrollment Operations Queue

Agency: HealthSherpa Agency | Agent ID: TestAgent2

Name	Contact	Location	Status	Action
John Smith	john.smitheee@email.com 5625551234	ZIP: 85022	Pending	<div>Enroll</div> <div>Enroll (POST)</div>
Sarah Johnson	sarah.j@email.com 5625552345	ZIP: 85027	New	<div>Enroll</div> <div>Enroll (POST)</div>
Michael Brown	m.brown@email.com 5625553456	ZIP: 85035	In Progress	<div>Enroll</div> <div>Enroll (POST)</div>
Emily Davis	emily.d@email.com 5625554567	ZIP: 85040	New	<div>Enroll</div> <div>Enroll (POST)</div>



Primary contact

Your information

Please tell us about the primary applicant. In an individual plan, the primary applicant is the person who will be covered by the health plan. In a family plan, the primary applicant is the family member on the health plan who is authorized to make changes to the account. If this application is only for a child under age 18, the child is the primary applicant.

First name

Middle (Optional)

Last name

Sarah

Johnson

Date of birth

Sex ?

06/05/1990

Male

Female

Contact information

How can we reach you?

Email address

Phone number

sarah.j@email.com

(562) 555-2345

Written language preference

Spoken language preference

English

English

Current residential address

Where you live and pay taxes. No P.O. boxes allowed.

Street address

Apt. / Ste. (Optional)

234 Main Dr



HealthSherpa's Off-ex Carrier Network

Current carrier network:

- Ambetter
 - BlueCross BlueShield of Arizona
 - BlueCross and BlueShield of Illinois
 - BlueCross and BlueShield of Montana
 - BlueCross and BlueShield of New Mexico
 - BlueCross BlueShield Kansas City
 - BlueCross and BlueShield of Oklahoma
 - BlueCross BlueShield of South Carolina
 - BlueCross BlueShield of Texas
 - CHRISTUS
 - Cigna
 - Molina Healthcare
 - United Healthcare
-
- In implementation: CareSource, Healthfirst, Oscar, Mountain Health, Imperial Heath Plan, Antidote

25+

Carriers with
off-ex
enrollment by
OE26

65

Carriers with
off-ex
enrollment by
OE27

The ICHRA Platform/Broker Scalability

ICHRA Platform/Broker Scalability

Technology

- Infrastructure built, or not built, for individuals is a challenge for groups
- Work scales with number of employees.
- Broker portals and forms outnumber carrier integrations as the **means** for:
 - Enrollment
 - Enrollment confirmation
 - Payments: Binder and recurring
 - Changes: QLEs, terms, demographic changes
 - Reconciliation → Compliance

ICHRA Platform/Broker Scalability

Operations and Support

- Group benefits brokers aren't appointed
- Supporting a broad array of carriers and plans is a challenge
 - Member support: 10s or 100s of carriers and plans instead of one or a few
- Concepts such as “retros,” common in group, are unheard of in the individual market
- Less ability for brokers to “make a call” to influence the carrier

The Big Beautiful Bill

Section 125 w/ On-Exchange

Pros

- Mature enrollment infrastructure in FFM and EDE enabled states (Georgia)
- Post-termination, keep same plan and get subsidies

Section 125 w/ On-Exchange

Pros

- Mature enrollment infrastructure in FFM and EDE enabled states (Georgia)
- Post-termination, keep same plan and get subsidies

Cons

- More states moving to SBMs
 - 2 pending, **without** EDE
- Silver loading of on-exchange plans (unless they fund CSRs)
- Greater CMS oversight
- Less carrier flexibility
- Much of what ICHRA needs to create group-like experiences will not be available on-ex
 - Retro's – no way!
 - Facilitated payments – unlikely
 - Notice suppression – unlikely
 - Network innovation – no

Q & A

ICHRA Resources



michael.levin@healthsherpa.com



hracouncil.org



Thank you!

How to present Ameriflex TAAP

<https://myameriflex.com/taap/>

The Ameriflex logo, featuring a stylized blue infinity symbol followed by the word "Ameriflex" in a blue sans-serif font, with a registered trademark symbol (®) to the upper right.

Ameriflex®



Employer Benefits of Ameriflex TAAP



ICHRA

CAA Protection

Tax-free reimbursements for health insurance premiums and 213(d) medical expenses.

Included: Affordability Calculator and virtual payments.

Care Navigation & Virtual Care

CAA Protection

A dedicated team of skilled providers and concierge care navigators is available 24/7 to support your employees and help them find cost-effective care in their area.



COBRA

If employees are leaving a company, whether voluntarily or for other reasons, they can opt to stay in the company's health plan for a limited time, ensuring continuity of coverage during their transition period.



ERISA Compliance Documents

Documents containing specific information required under federal law, describing the terms of the group health plan in a manner that is easily understood. We provide an easy way to maintain an up-to-date ERISA Summary Plan Description (SPD) and WRAP document, which the Department of Labor requires most employers to have.



Fiduciary Guide

The go-to resource for administering benefit plans with integrity and in accordance with regulatory requirements. This 30-page document is curated by our ERISA attorney and legal team, featuring email templates, checklists, valuable tips, and more.

Employee Benefits of Ameriflex TAAP



ID Theft Protection

Ameriflex cardholders get complimentary access to Mastercard® leading Identity Theft Protection service. Benefits include 24/7 ID theft resolution service, online identity monitoring, dashboard credit monitoring, report, and score, and suspicious activity alerts.



HealthLock

Cardholders can have an innovative, tech-driven solution at their fingertips to help ensure medical privacy, validate healthcare claims and receive money back on potential overcharges. HealthLock automatically monitors medical claims for overbilling, strengthening fiduciary decision making and giving your employees more protection and another layer of review in cost savings.

Vision Care

A dedicated team of skilled providers and concierge care navigators is available 24/7 to support your employees and help them find cost-effective care in their area.

Mental Health

Mental Parity and Addiction Equity Act Protection

Access resources to address psychological well-being.

Care Navigation & Virtual Care CAA Protection

A dedicated team of skilled providers and concierge care navigators is available 24/7 to support your employees and help them find cost-effective care in their area.

How it Works

TAAP is a unique state-of-the-art solution designed to safely transport you through this increasingly expansive and bewildering healthcare terrain. By providing an exceptional health benefit to your employees, you're also safeguarding against the most pressing liabilities posed by key aspects of the CAA.



[Employer TAAP 1 Page Summary](#)

ICHRA

Tax-free reimbursements for health insurance premiums and 213(d) medical expenses.

Included: Affordability Calculator and virtual payments.

Care Navigation & Virtual Care

A dedicated team of skilled providers and concierge care navigators is available 24/7 to support your employees and help them find cost-effective care in their area.

Mental Health (optional)

Access resources for psychological well-being, including stress management and mood tracking, through an easy-to-use app.

Complementary Products

Complete your plan with complementary products such as:

- COBRA
- ERISA Compliance Documents
- 2024 Fiduciary Guide
- ID Theft Protection
- HealthLock

What You'll Get

- Easy set-up
- EDI integrations with other benefits administrative systems
- Fully integrated through each step of the process

Ready to navigate the challenging healthcare terrain by ensuring effortlessly managing risks associated with the CAA? Contact your sales representative for a quote.



The Challenge

A Minnesota-based company experienced a 49% rate increase in their fully insured medical plan in 2019. The plan called for a 28% increase in 2020. Another increase would not only hurt the company, but it would also increase their employees' monthly costs. The numbers added up quickly:

- 49% increase in fully-insured medical plan in 2019 with a 28% increase in 2020
- Employee monthly cost in 2019: \$300 for single and \$2,250 for family
- For 71 contracts, rates totaled \$1,102,000 in 2019 with a renewal rate suggestion of \$1,416,000 in 2020

The Plan

The company turned to their broker and Ameriflex was the ideal choice to meet their needs:

- Moved away from fully-insured medical plan to ICHRA
- Implemented an ICHRA for 2020 plan year
- Leveraged Ameriflex implementation team and answer questions

The Outcome

With great consulting work and support, the company can continue to offer competitive benefits with Ameriflex as their administrator. As a Health Plan Specialist they can rely on to answer questions and provide guidance.

- 2020 yearly cost for employer: \$448,000 (vs. \$1,416,000 suggested)
- Estimated employee monthly cost: \$117.06 = savings of \$182.94 per month

ICHRA Case Study

The Challenge

A Minnesota-based company experienced a 49% rate increase in their fully insured medical plan in 2019. The plan called for a 28% increase in 2020. Another increase would not only hurt the company, but it would also increase their employees' monthly costs. The numbers added up quickly:

- 49% increase in fully-insured medical plan in 2019 with a 28% increase in 2020
- Employee monthly cost in 2019: \$300 for single and \$2,250 for family
- For 71 contracts, rates totaled \$1,102,000 in 2019 with a renewal rate suggestion of \$1,416,000 in 2020



The Plan

The company turned to their broker and Ameriflex to implement a plan that would lower their costs and protect their employees from another rate increase. An Individual Coverage HRA with Ameriflex was the ideal choice to meet the client's needs and make the transition easy.

- Moved away from fully-insured medical plan to prevent another rate increase
- Implemented an ICHRA for 2020 plan year with Ameriflex to lower costs
- Leveraged Ameriflex implementation team and Client Relationship Managers to educate team and answer questions

The Outcome

With great consulting work and support between the broker and Ameriflex team, the company will continue to offer competitive benefits and save \$654,000 with the ICHRA in 2020. In addition, with Ameriflex as their administrator, the company will have a dedicated Client Relationship Specialist they can rely on to answer questions and provide day-to-day support.

- 2020 yearly cost for employer: \$448,000 = savings of \$654,000
- Estimated employee monthly cost: \$117.06 = savings of \$182.94 per month



Individual Coverage HRA (ICHRA)

Help employees pay for health insurance premiums and medical expenses

How it Works

An Individual Coverage HRA (ICHRA) allows employers to reimburse their employees for insurance rather than buying it for them. Employees purchase their own plan through the individual market and get reimbursed for their premiums tax-free from the ICHRA.

Advantages for Employers

- Flexible plan design options with no maximum reimbursement limits
- More predictability around monthly costs vs. a group health plan
- No renewals, annual premium networks, or administrative burdens to worry about
- User-friendly online portal and mobile app makes it easy for employees to request reimbursement

Reimbursable Expenses

An ICHRA can be set up to reimburse the following:

- Premiums Only
 - Insurance Premiums OR Medicare Part A, B, or C.
 - Can be combined with a health savings account or limited purpose flexible spending account
- Premiums and Qualified 213(d) Expenses
- Qualified 213(d) Expenses

Employee Classes

Employers can designate employee classes and reimburse different amounts to those classes in a fair manner. Possible employee classes include:

- Full time and part time
- Salary and hourly
- Seasonal
- Employees in different locations, based on rating areas
- Foreign employees who work abroad
- And more

ICHRA Process

OVERVIEW



	STEP	WHO	WHAT	GOAL
SELL				
1	Qualification	Agent & Employer	Determine if an employer may be a good candidate for ICHRA.	Qualified prospect identified.
2	Approach	Agent & Employer	Persuade a qualified employer to provide a census to get a quote.	Get census (per EE DOB, Salary, Zip)
3	Discovery	Agent & Employer	Gather additional information needed (beyond the census) to design the right ICHRA options.	Get 1) total EE cost, 2) total ER cost, 3) Plan SBC, plus...
4	Quote	Agent	How to turn a census into a quote for minimum affordability.	Produce quote for minimum affordability.
5	Design	Agent & Employer	Determine 3 plan design options to balance Employee benefits and Employer costs.	3 options for employer to consider.
6	Propose and Close	Agent & Employer	How to present options to the employer based on the quote.	Decision for ICHRA from Employer. Setup implementation call with Ameriflex.

	STEP	WHO	WHAT	GOAL
SET UP				
7	Setup Employer	Agent & Employer	After the employer says yes, how to setup the employer on implementation call with Ameriflex	Employer compliant, and Employees ready to enroll.
8	Educate Employees	Agent & Employer	Prepare employees for change, inform them of what is happening.	Employees understand what is changing, and what they will need to do.
9	Enroll Employees	Agent	How to get the employees enrolled	Employees enrolled.
10	Premium Payment	Agent	Payments for employee premiums are setup.	Employee payments setup.
MAINTAIN				
11	Service	Agent	Provide service to employees, add, drop change.	Employees' experience is great.
12	Re-Enroll	Agent	Employees get re-enrolled in annual OEP period.	Employees re-enrolled and happy.

SELL

SET UP

MAINTAIN

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Ameriflex Support

- Step 6: Meet with you and employer to help close
- Step 7: Meet for implementation, Implementation Manager
- Step 8: Online employee meeting, Participant Service Team
- Step 11: Meet to complete plan documentation


 The Ameriflex logo features a stylized blue infinity symbol followed by the word "Ameriflex" in a blue sans-serif font, with a registered trademark symbol (®) to the upper right.

Case Study #2



Case Study #2: IT Bros

Overview

- Type: **ICHRA Simple**
- Company Name: **IT Bros**
- Description: **High income, high cost – simpler**
- ER Goal: **Savings**

Case Study #2:

IT Bros



Employee Count

- Total Employees: **11**
- FT Employees > 30 hr/wk Total: **11**
- FT Employees > 30 hr/wk on plan: **9**
- PT Employees < 30 hr/wk Total: **N/A**
- PT Employees – Avg. hr/wk: **N/A**
- Managers: **N/A**
- Calculated - EE count for purpose of ICHRA: **11**
- Dependents on plan: **5**

Case Study #2:

IT Bros



- Which states do employees live in?
 - TX
- Hourly vs Salary:
 - Number of salary employees: 11
 - Number of hourly employees: 0
- Income:
 - Avg EE income is: \$151,363
 - Avg household income is: \$200,000
 - Avg Management EE income is: N/A
 - Avg Management household income is: N/A
- Ages:
 - Employee Avg Age: 33

Case Study #2:

IT Bros



- **Benefits**
 - Current plan is comparable to Bronze, Silver or Gold? **Gold**
 - Employer is subsidizing dependent coverage? **No**
 - Employer contributes to an HSA? **No**
- **Employee Cost:**
 - Monthly average employee contribution: **\$250**
 - Monthly total employee contribution for employee coverage: **\$2,250**
- **Employer Cost:**
 - Monthly average employer cost after employee contribution: **\$550**
 - Monthly total employer contribution for employee coverage: **\$4,950**
 - Rate increase percent last year: **10%**
 - Gross Monthly Cost per Employee: **\$800**

Case Study #2: IT Bros

Notes:

ICHRA Process

STEPS



Click below to jump to
Case Studies:

- [Case Study 1](#)
- [Case Study 2](#)
- [Case Study 3](#)
- [Case Study 4](#)
- [Case Study 5](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 1: Qualification

- What states are your employees located in?
- How many FT employees do you have? How many PT employees do you have? How many are on your medical plan?
- What do you offer for health care?
- Is your plan fully insured, level funded or self insured?
- Would you consider a change if it reduced your costs?
- Would you consider a change to expand or increase your choices for benefits?
- Would you consider a model where employees choose among all the plans available in the market with my help?

Who: Agent & Employer

What: Determine if an employer may be a good candidate for ICHRA / Collapse / Group / Family Glitch.

Goal: *Qualified prospect identified.*

SELL

1	2	3	4	5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Step 2: Approach

- [Approach & Discovery Script](#)

Who: Agent & Employer

What: Persuade a qualified employer to provide a census, list bill and current plan summaries to get a quote.

Goal: *Get census (per EE DOB, Salary, Zip)*



[Approach & Discovery Script](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 3: Discovery

- What is your average cost in total for each employee monthly on plan?
 - What does company pay?
 - What does employee pay?
- Do you currently offer HRA/FSA?
 - Does employer contribute to this? How much per EE on average?
- Does company contribute to dependent coverage?
- What is the range of deductible and out of pocket max on your current plans?

Who: Agent & Employer

What: Gather additional information needed (beyond the census, list bill, plan summaries) to design the right ICHRA options.

Goal: Get 1) total EE cost, 2) total ER cost, 3) Plan SBC, plus...

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 3: Discovery

- What are the networks for your current plans?
- What is your policy for offering benefits to part-time employees?
- If you consider a change, who are the 3 employees this has to work well for in order for you to move ahead?

Who: Agent & Employer

What: Gather additional information needed (beyond the census, list bill, plan summaries) to design the right ICHRA options.

Goal: *Get 1) total EE cost, 2) total ER cost, 3) Plan SBC, plus...*

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 4: Quote

- Collect from Employer
 - List Bill
 - Plan Docs
 - Census
- Confirm Avg employer total cost now per employee
- Confirm Avg employee contribution
- Run Minimum Affordability quote through Ameriflex

Who: Agent

What: How to turn a census into a quote for minimum affordability.

Goal: *Produce quote for minimum affordability.*

Supporting Docs:



[Census Template for Affordability 2025](#)

Result of Affordability - Sample

Plan Name	Plan Premium	FPL Minimum Employer Contribution	Minimum Employer Contribution
Standard Silver SELECT Wellstar	558.43	449.01	0.00
KP GA Signature Silver Virtual Complete 5000	842.24	732.82	0.00
Standard Silver SELECT Wellstar	558.43	449.01	0.00
Standard Silver SELECT Gwinnett Clinic	544.23	434.81	0.00
Standard Silver SELECT Plus	662.62	553.20	0.00
Silver Simple PCP Saver	494.48	385.06	0.00
Standard Silver SELECT Wellstar	672.84	563.42	0.00
SoloCare Standard Silver HMO 110025-01	578.72	469.30	0.00
SoloCare Standard Silver HMO 110025-01	728.07	618.65	226.35
KP GA Signature Silver Virtual Complete 5000	675.03	565.61	227.84
Anthem Silver Blue Value 4500 (\$0 Virtual Visits + \$0 Select Drugs)	517.41	407.99	70.22
Standard Silver SELECT Plus	662.62	553.20	269.97
Clear Silver with \$0 Insulin Options	408.17	298.75	15.52
Standard Silver SELECT Plus	662.62	553.20	269.97
Standard Silver SELECT Plus	662.62	553.20	379.04
Anthem Silver Blue Value 4500 (\$0 Virtual Visits + \$0 Select Drugs)	414.32	304.90	130.74
KP GA Signature Silver Virtual Complete 5000	675.03	565.61	391.45
Standard Silver SELECT Gwinnett Clinic	1,021.89	912.47	781.94

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 5: Design

What are employer's **goals**(cost, flexibility, benefit level, participation)?

1. What is **Minimum Affordability Quote** from Amerflex?
2. **Design Form** with cost now, min Affordability, and potential employer contribution for discussion with employer.
3. Employer decides what to contribute and record on **Contribution Table**.

Who: Agent & Employer

What: Determine plan design option to balance Employee benefits and Employer costs to propose.

Goal: *Options for employer to consider.*

SELL

1	2	3		5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Case 2 – Affordability Quote

Quote from Ameriflex shows 2nd lowest Silver plan available to each employee in their zip code

Shows the minimum amount the employer would need to contribute to make the plan affordable for each employee based on the employee's salary (not household income).

Plan Name	Plan Premium	Minimum Employer Contribution
Clear VALUE Silver	459.82	0.00
Clear VALUE Silver	515.01	0.00
Clear VALUE Silver	515.01	0.00
Clear VALUE Silver	459.82	0.00
Clear VALUE Silver	407.34	0.00
Clear VALUE Silver	515.01	0.00
Clear VALUE Silver	388.70	0.00
Clear VALUE Silver	459.82	0.00
Clear VALUE Silver	515.01	0.00
Clear VALUE Silver	459.82	0.00
Clear VALUE Silver	388.70	0.00
CASE 2 - Average	462.19	0.00

SELL

SET UP

MAINTAIN

1	2	3		5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Case 2 – Design Form

NOW

Minimum
Affordability
Quote

ICHRA

ICHRA

ICHRA

Employee:
Plan

Gold

Silver

Employee:
Cost:

250

Silver

Gold

112

200

Employer:
Cost:

550

> \$ 0

Minimum ER contribution

350 Plus \$25 PEPM
and 4.99% on \$350

Total Cost:

800

462

Lowest Cost Silver Plan

> 462

550

SELL

1	2	3		5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

SET UP

MAINTAIN

Case 2 – Contribution Table

Employer decides how much to contribute to employees.

Employer ICHRA Contribution Table

One Rate

Employer Name

Case 2 - IT Bros

For period ending

7/31/2026

Monthly Allowance from Employer:

Class	1
Class Description	All FT Employees
All Ages	\$350.00

SELL

1	2	3		5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Case 3 – Affordability Quote

Quote from Ameriflex shows 2nd lowest Silver plan available to each employee in their zip code

Shows the minimum amount the employer would need to contribute to make the plan affordable for each employee based on the employee's salary (not household income).

Plan Name	Plan Premium	Minimum Employer Contribution
Silver Simple PCP Saver	621.24	381.29
Standard Silver SELECT Wellstar	839.50	654.08
KP GA Signature Silver Virtual Complete 5000	448.78	263.36
Standard Silver SELECT Plus	826.76	641.34
Standard Silver SELECT Wellstar	672.84	487.42
Clear Silver with \$0 Insulin Options	676.41	490.99
Standard Silver SELECT Wellstar	839.50	654.08
CASE 3 Average	684.21	331.96

SELL

1	2	3		5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Case 3 – Design Form

	NOW	Minimum Affordability Quote	ICHRA	ICHRA	ICHRA
Employee: Plan	Gold	Silver		Silver	Gold
Employee: Cost:	250			184	250
Employer: Cost:	650	> \$332	500 Plus \$25 PEPM and 4.99% on \$500		
Total Cost:	900	684		684	750

SELL

1	2	3		5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Case 3 – Contribution Table

Employer decides how much to contribute to employees.

Monthly Allowance from Employer:

Class	1
Class Description	All
Ages	\$499.57
<+ 18	\$250.00
19	\$260.85
20	\$271.70
21	\$282.55
22	\$293.40
23	\$304.25
.....	
62	\$727.40
63	\$738.25
64 and over	\$750.00

SELL

1	2	3		5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Case 4 – Affordability Quote

Plan Name	Plan Premium	Minimum Employer Contribution
Silver 12	451.01	232.87
Blue Reedy Silver 2	489.19	271.05
InHealth Basic 1	527.39	309.25
Standard Silver SELECT Wellstar	525.92	307.78
Standard Silver SELECT Wellstar	525.92	307.78
Blue Reedy Silver 2	552.73	334.59
Blue Reedy Silver 2	552.73	334.59
InHealth Basic 1	595.89	377.75
Silver 12	509.60	291.46
Clear Silver	501.06	282.92
Blue Reedy Silver 2	552.73	334.59
CASE 4 Average	496.57	219.72

SELL

SET UP

MAINTAIN

1	2	3		5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Case 4 – Design Form

	NOW	Minimum Affordability Quote	ICHRA	ICHRA	ICHRA
Employee: Plan	Bronze	Silver	Bronze	Silver	
Employee: Cost:	400		150	246	
Employer: Cost:	200	> \$219	250 Plus \$25 PEPM and 4.99% on \$250		
Total Cost:	600	496 Minimum ER contribution Lowest Cost Silver Plan	400	496	

1	2	3		5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Case 4 – Contribution Table

Unaffordable
ICHRA for hourly
class.

Employer not
penalized if 30 or
fewer take tax
subsidy.

\$249.23

Monthly Allowance from Employer:

Class	1	2
Class Description	Salary	Hourly
Ages	\$454.70	\$184.35
<+ 18	\$280.00	\$98.90
.....		
25	\$333.17	\$107.91
26	\$340.76	\$112.57
.....		
64 and over	\$630.00	\$285.95

Test: 64 not > 3x 18?

Ok

Ok

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 6: Propose and Close

- Quote form Ameriflex
- Contribution Table per age per class
- [Propose & Close Script](#)
- [Ameriflex Sample Proposal](#)

Who: Agent & Employer

What: How to present options to the employer based on the quote.



Goal: *Decision for ICHRA from Employer. Setup implementation call with Ameriflex.*



- [Propose & Close Script](#)
- [Ameriflex Sample Proposal](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 7: Set Up Employer

- Email to client to sign [Terms & Conditions](#) 
- [Welcome email](#) to client 
- **Schedule implementation call** with Ameriflex
 - Plan design chosen (Contribution Table)
 - Banking Info
 - Upload Census into platform
- Onboarding Process Demo

Who: Agent & Employer

What: After the employer says yes, how to set up the employer on implementation call with Ameriflex.

Goal: *Employer compliant, and Employees ready to enroll.*



[Employer ICHRA Intake Form](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 8: Educate Employees

- Can schedule Ameriflex to present in a group meeting, or employer can communicate on their own with their employees (*resources below*)



[Employee ICHRA Announcement Email 1](#)

[Employee ICHRA New User Guide](#)

[Employee ICHRA Open Enrollment Deck](#)

[Employee ICHRA OE Kit Inserts](#)

[Employee ICHRA Flyer](#)

Who: Agent & Employer

What: Prepare employees for change, inform them of what is happening.

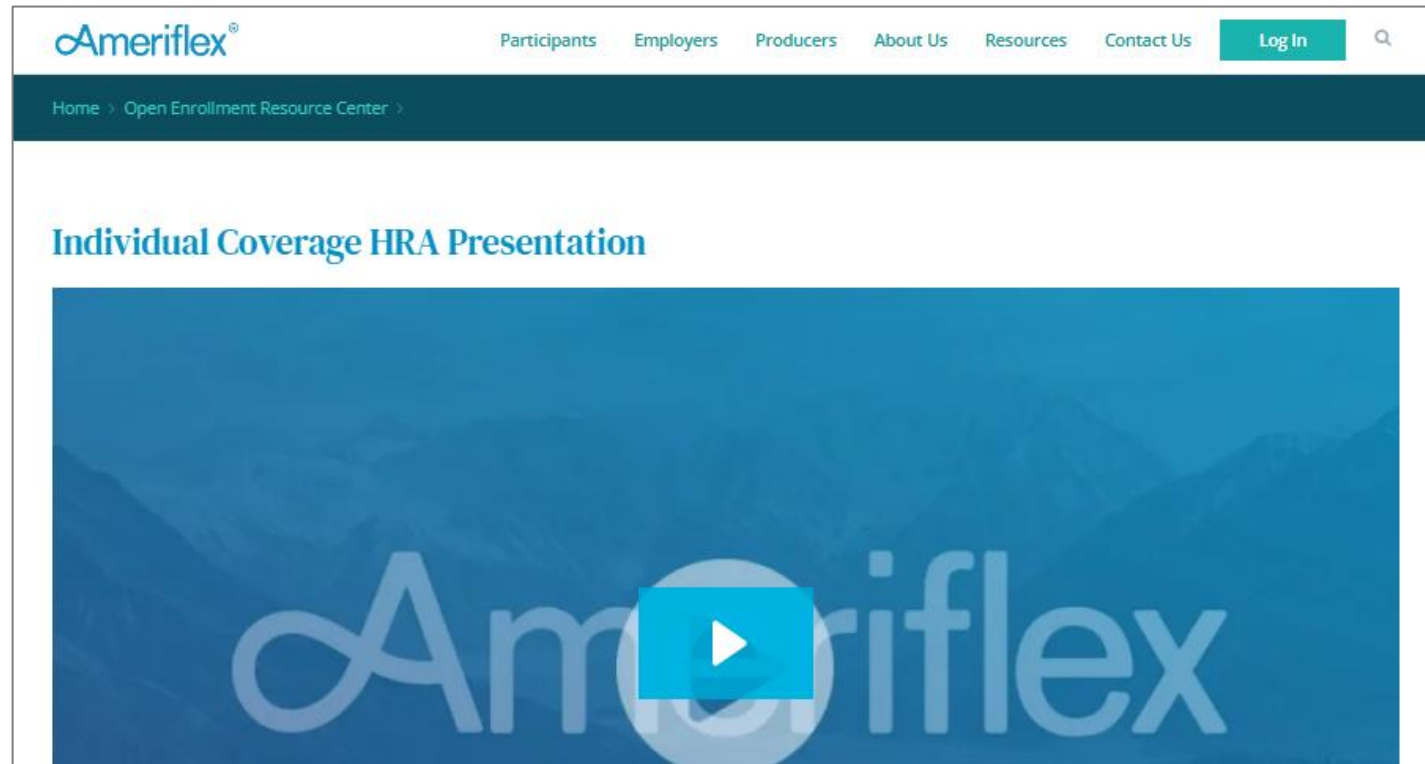
Goal: *Employees understand what is changing, and what they will need to do.*



[Ameriflex Employee Video- 3 min](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 8: Educate Employees



Who: Agent & Employer

What: Prepare employees for change, inform them of what is happening.

Goal: *Employees understand what is changing, and what they will need to do.*



[Ameriflex Employee Video- 3 min](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 9: Enroll Employees

- Enroll
- Fill out census file and upload to portal
 - This will be a “task” in the portal – will show if there are errors during the upload that need to be resolved

Who: Agent

What: How to get the employees enrolled

Goal: *Employees enrolled*

Supporting Docs:



[Step 9: List of Employees Enrolled](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 10: Premium Payment

- Locate EE account info for virtual payment source (routing and account, or Debit Card)
- EE set up payment using virtual account
- Reimbursement process if needed
- Account needs to be set up for Ameriflex to be able to pre-fund the accounts
- Get account set up first, and then have EE enroll
- Need it by the 20th to ensure we're good to go by the 1st

Who: Agent

What: Payments for employee premiums are set up.

Goal: *Employee payments set up*

SELL

1	2	3	4	5	6
Qualification	Approach	Discovery	Quote	Design	Propose & Close

SET UP

7	8	9	10
Set Up Employer	Educate Employees	Enroll Employees	Premium Payment

MAINTAIN

11	12
Service	Re-Enroll

Step 11: Service

- Complete plan documentation for employer right after employees enrolled
- Routinely check in with employer
- Let employees know continually how to reach you (get referrals)
- Look for Medicare opportunities (T65)

Who: Agent

What: Provide service to employees, add, drop change.

Goal: *Employee's experience is great*

Supporting Docs:



- [Federal Notices Intake Questions](#)
- [Employer SPD Wrap Documents Data Intake 2025](#)

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Step 12: Re-Enroll

- On ICHRA plan anniversary annually – Confirm Employer Contribution Table with employer
- Re-Enroll employees during OEP (Nov 1 – Dec 15)
 - Sept – Connect with employees about OEP
 - Oct – Schedule meetings for Nov
 - Nov – Confirm new plan costs, meet, re-enroll
 - Dec 1st – Communicate new deductions to Ameriflex and the Employer

Who: Agent

What: Employees get re-enrolled in annual OEP period.

Goal: *Employees re-enrolled and happy*

SELL

SET UP

MAINTAIN

1	2	3	4	5	6	7	8	9	10	11	12
Qualification	Approach	Discovery	Quote	Design	Propose & Close	Set Up Employer	Educate Employees	Enroll Employees	Premium Payment	Service	Re-Enroll

Ameriflex Support

- Step 6: Meet with you and employer to help close
- Step 7: Meet for implementation, Implementation Manager
- Step 8: Online employee meeting, Participant Service Team
- Step 11: Meet to complete plan documentation


 The Ameriflex logo features a stylized blue infinity symbol followed by the word "Ameriflex" in a blue sans-serif font, with a registered trademark symbol (®) to the upper right.

Case Study #3



Case Study #3: Widget Co

Overview

- Type: **ICHRA Typical**
- Company Name: **Widget Co**
- Description: **Medium income, high cost – avg**
- ER Goal: **Savings**

Case Study #3: Widget Co

Employee Count

- Total Employees: **35**
- FT Employees > 30 hr/wk Total: **35**
- FT Employees > 30 hr/wk on plan: **21**
- PT Employees < 30 hr/wk Total: **N/A**
- PT Employees – Avg. hr/wk: **N/A**
- Managers: **N/A**
- Calculated - EE count for purpose of ICHRA: **35**
- Dependents on plan: **7**

Case Study #3:

Widget Co



- Which states do employees live in?
 - GA
- Hourly vs Salary:
 - Number of salary employees: 8
 - Number of hourly employees: 27
- Income:
 - Avg EE income is: \$75,571
 - Avg household income is: \$100,000
 - Avg Management EE income is: N/A
 - Avg Management household income is: N/A
- Ages:
 - Employee Avg Age: 47

Case Study #3:

Widget Co



- **Benefits**
 - Current plan is comparable to Bronze, Silver or Gold? **Gold**
 - Employer is subsidizing dependent coverage? **No**
 - Employer contributes to an HSA? **No**
- **Employee Cost:**
 - Monthly average employee contribution: **\$250**
 - Monthly total employee contribution for employee coverage: **\$5,250**
- **Employer Cost:**
 - Monthly average employer cost after employee contribution: **\$650**
 - Monthly total employer contribution for employee coverage: **\$13,650**
 - Rate increase percent last year: **16%**
 - Gross Monthly Cost per Employee: **\$900**

Case Study #3: Widget Co

Notes:



Jump to ICHRA
Process / Steps

Marketing:

How to Find and Talk to Employer Groups

Clay Peek clayp@ppisales.info

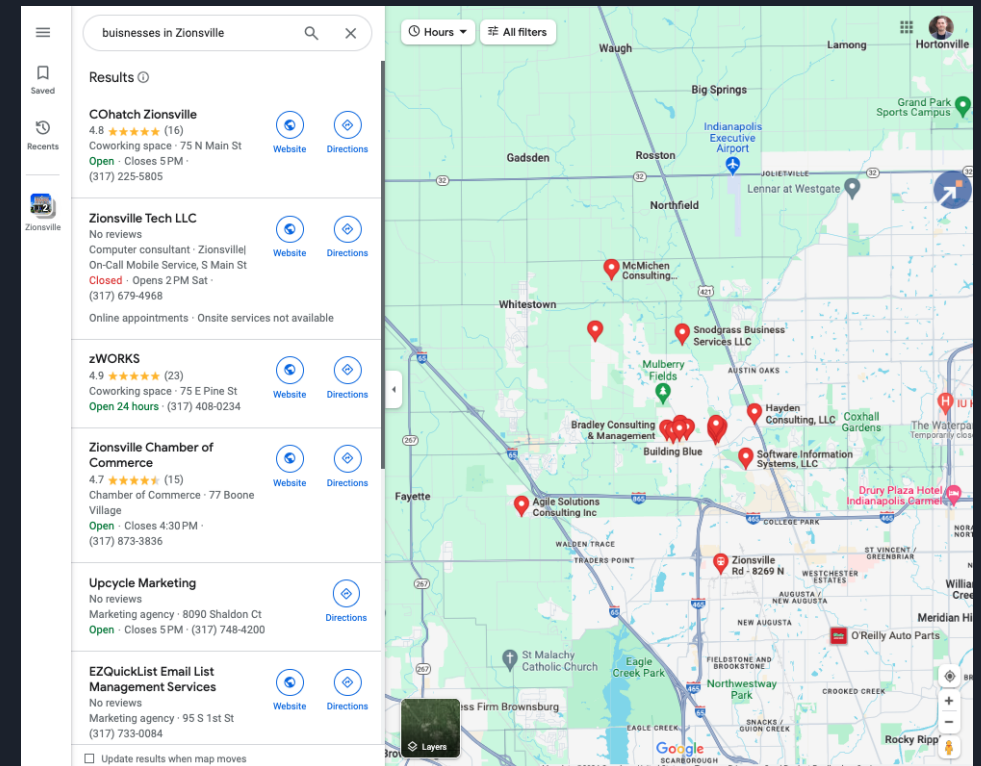
Peek Performance Insurance

877 612 7317 or marketer@ppisales.info



Who are you chasing?

- Start local—your own city/zip code
- List of companies
- List of people
- Email addresses
- Phone numbers
- Social media



Building Your Spreadsheet

Lead List for Emails - Google

docs.google.com/spreadsheets/d/15qbs1mYI-8kznO1Dy9c0I-CO_cs2NEYj2tEX4__R8Rw/edit#gid=382166659

Lead List for Emails

File Edit View Insert Format Data Tools Extensions Help

100% 123 Calibri 10 B I A

A2 David

	A	B	C	D	E	F	G
	First Name	Last Name	Email	Phone	Job Title	Company	State
1	David	Thompson	david.thompson@sample.org	+1-769-888-6676	Software Engineer	Visionary Ventures	Pennsylvania
2	Robert	Davis	robert.davis@example.com	+1-395-148-8407	Financial Advisor	Digital Dynamics	Florida
3	Karen	Harris	karen.harris@sample.org	+1-477-931-6510	Operations Manager	Data Driven	Illinois
4	James	Anderson	james.anderson@example.com	+1-469-215-3497	Graphic Designer	NetTech	Ohio
5	Barbara	Jones	barbara.jones@placeholder.co	+1-449-496-2677	Financial Advisor	Digital Dynamics	California
6	Charles	Moore	charles.moore@sample.org	+1-241-613-2434	Operations Manager	Creative Co	California
7	Richard	Thomas	richard.thomas@test.net	+1-837-759-1665	IT Specialist	GlobalTech	Pennsylvania
8	Mary	Thompson	mary.thompson@demo.edu	+1-217-494-1471	Financial Advisor	TechCorp	Michigan
9	Thomas	Martin	thomas.martin@demo.edu	+1-210-937-9648	Sales Representative	TechCorp	Illinois
10	Michael	Miller	michael.miller@sample.org	+1-542-185-6081	IT Specialist	Future Solutions	New York
11	Mary	Miller	mary.miller@placeholder.co	+1-774-283-4466	IT Specialist	Innovate Inc	Illinois
12	Charles	Williams	charles.williams@demo.edu	+1-778-915-8674	Operations Manager	TechCorp	Pennsylvania
13	Charles	Miller	charles.miller@test.net	+1-722-362-4913	Financial Advisor	Visionary Ventures	Texas
14	Susan	Thompson	susan.thompson@test.net	+1-656-150-8886	IT Specialist	Digital Dynamics	Pennsylvania
15	Sarah	Miller	sarah.miller@sample.org	+1-758-819-2979	Financial Advisor	NetTech	Florida
16	David	Thompson	david.thompson@test.net	+1-525-577-5567	IT Specialist	Creative Co	North Carolina
17	Linda	Jones	linda.jones@example.com	+1-785-946-8453	Human Resources Manager	Visionary Ventures	North Carolina
18	Barbara	Thompson	barbara.thompson@placeholder.co	+1-518-793-2715	IT Specialist	Data Driven	Florida
19	Patricia	Harris	patricia.harris@sample.org	+1-410-314-1131	Data Analyst	Future Solutions	California
20	Joseph	Robinson	joseph.robinson@sample.org	+1-795-286-5795	Human Resources Manager	Software Studio	Texas
21	Richard	Thompson	richard.thompson@placeholder.co	+1-357-353-9173	Graphic Designer	Software Studio	Pennsylvania
22	Elizabeth	Williams	elizabeth.williams@sample.org	+1-296-671-9529	Data Analyst	Creative Co	Ohio
23	Joseph	Brown	joseph.brown@test.net	+1-783-680-4236	Sales Representative	Digital Dynamics	New York
24							

Lead List for Emails

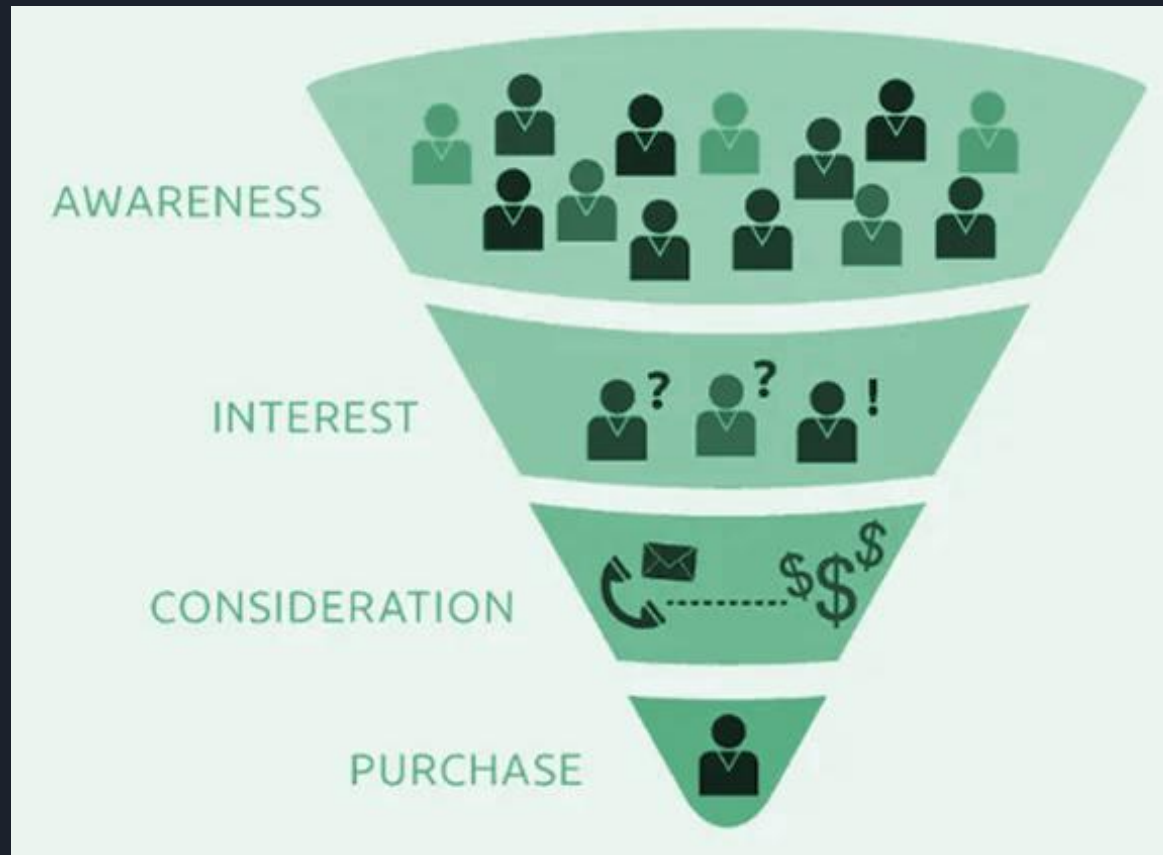


Your To-Do List



- ✓ **Account Selection:** Define your target accounts
- ✓ Identify your total addressable market (**TAM**)
- ✓ Establish your ideal client profiles (**ICPs**)
- ✓ Create your target account list (**TAL**)
- ✓ **Tier** your accounts for personalization for **1:1**, **1:few**, and **1:many**
- ✓ Define **resource allocation** for each account tier

Prospect Funnel



20% increase in response rate via multichannel prospecting

“Companies are still struggling with their touch patterns. A few years ago, it was just ‘Do more touches!’ Now it’s **more sophisticated: more about the mix and frequency.**”

Kristina McMillan,
TOPO

Day 1	Day 3	Day 5	Day 6	Day 8	Day 11	Day 11
Intro email + voicemail	Follow up on email with high-level value proposition (broad scope to ensure applicability)	1:1 personalized video (channel of your choice)	Email follow up on voicemail	Email calling out specific product fit	Call or voicemail	Email follow up on voicemail, call out why you offer value to their role
Day 14	Day 16	Day 20	Day 24	Day 27	Day 31	Day 31
LinkedIn connection request	Voicemail	Short video demo of solution most applicable to their role/priorities	LinkedIn message	Email citing relevant partnerships/solutions	Voicemail	Email follow up on voicemail citing Twitter bio or other social media tidbits
Day 35	Day 35	Day 38	Day 40			
Voicemail	Email follow up on voicemail with current product updates	LinkedIn follow-up note. Call + voicemail	Call + voicemail. Move prospect to nurture			

Never waste an opportunity to
provide free education +
resources to your prospects
at the end of every email/call.

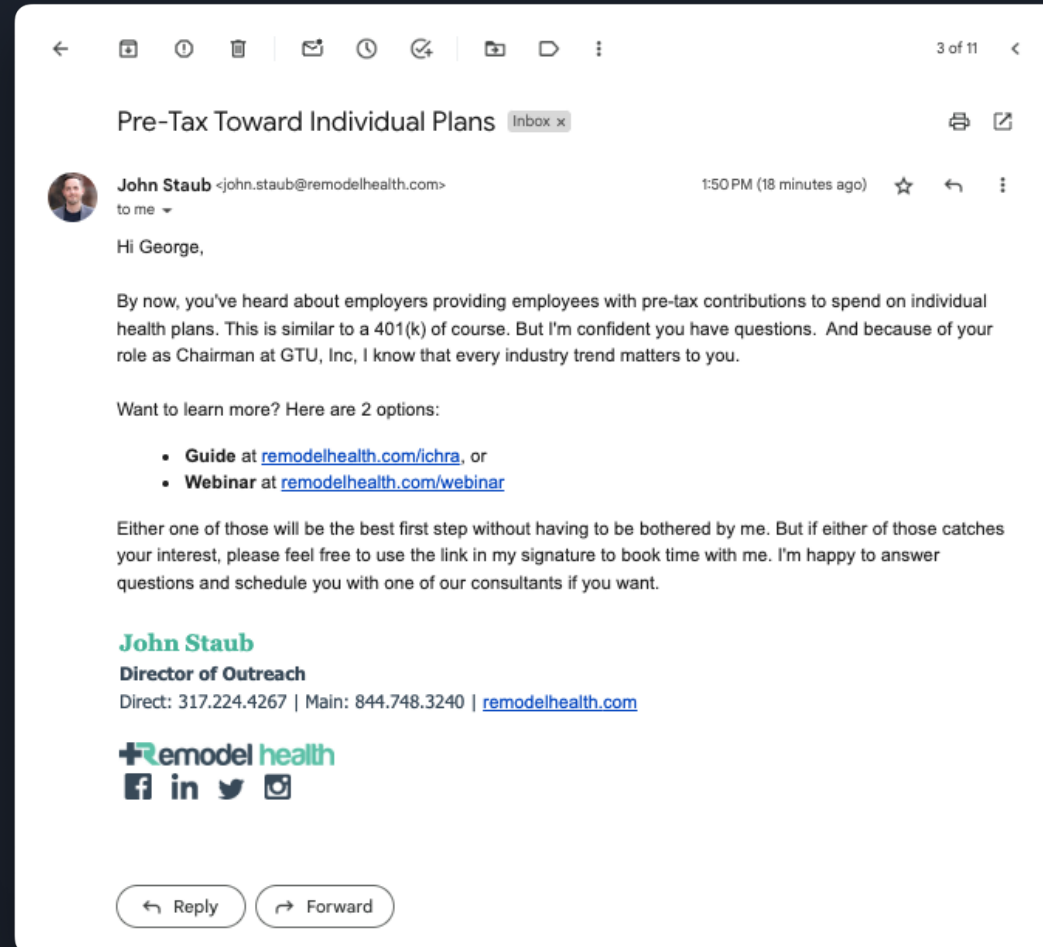
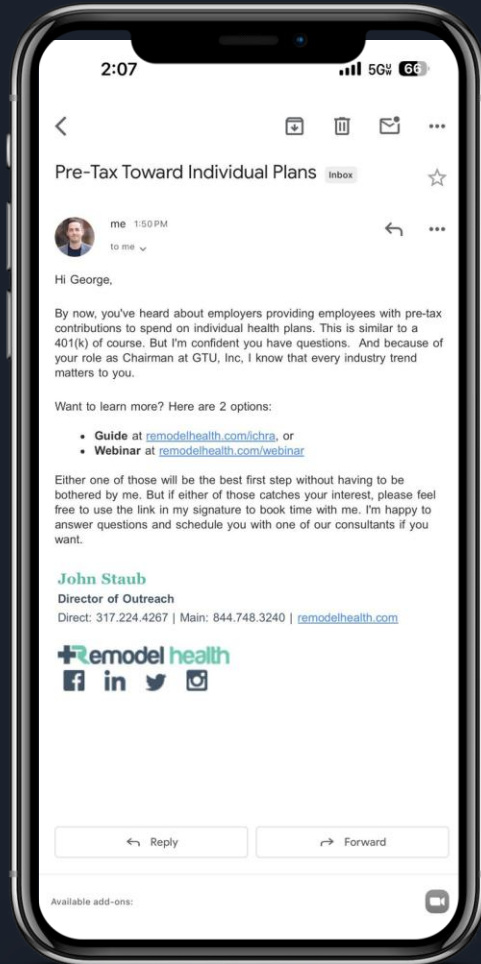


Keys to writing an email



- Say **who** you are
- Say *where* you are
- Say **why** you're emailing
- Say **why** you're emailing *them*
- Say **what** and **when** the event is
- Always, always... end with a **?**
- Make all of it **visible** ~~*without*~~ scrolling

Example of an email



42.7%
open rate

8.9%
click through

Top Hook Lines for Getting The Appointment



1. Interesting idea for first time health benefits
2. Did you lose employees because of benefits?
3. About those individual insurance plans
4. The best way to spend new dollars into benefits
5. Optimized Strategy for Employer Benefits
6. What a plan could look like with WorkPerks
7. A quick tip on delivering better benefits
8. 34% more affordable for first time employer benefits
9. Have you heard about the 401k of health benefits?
10. ACA changes that help employers
11. An alternative health benefit worth looking into
12. Better option than group health plans
13. 3 steps for employers to start health benefits
14. Pretty interesting data/graph
15. Can we connect next week?
16. Which benefits would employees choose? (PDF)
17. Quick explanation of QSEHRA
18. 2017 laws that matter today for employer benefits
19. The fastest growing option for small businesses
20. 76.8% of small businesses started it for this reason
21. 40.9% of employers wanted to do right by employees
22. 171% growth YoY for this newer option for employers
23. This benefit makes group health look like pensions
24. Special option for employers with less than 50 EEs
25. Side by side: ICHRA and QSEHRA and WorkPerks
26. Don't make your employees lose tax credits
27. 11.4M to 21.3M over the last 4 years
28. The top 24.9% of small businesses do this
29. Easiest (and most affordable) first step into benefits
30. Your #1 competitive advantage as a small employer

1. What are your prospect **Googling**?
2. What are you an expert at that can help them?

The **80%** Rule:

“What works for
80% of people,
80% of the time.”

What to say at the meeting?



1. **Why** – why are you exploring benefits? Why not just keep doing the same thing?
 - You have lost good employees/can't get the right people on the team, or
 - You want to start doing more for your team?
2. **Why not** – why have you not done anything yet?
3. **What** – what is the dream/best case scenario that you're hoping for?
4. Use **pensions vs. 401ks** to teach about the new way to offer health benefits
 - Provide a **budget**—they can spend it and add to it if they want
 - Provide the **advisor**—just like the 401k specialist who helps you pick your portfolio
5. Proof of concept: “How much would this cost?”
 - set the **contribution** +
 - monthly **fee** x EE count +
 - ***You Are The Value***
6. **Next Step and Timeline** – yes/no, and if so... *when!*
7. Never leave without the **next meeting** on the books!

PRO TIP: *Choose select slides from this Power Point to illustrate the points you feel are important*

Don't Spill the Candy in the Lobby*

(Sandler)

- **Caution: Don't educate your competition.**
- What if he takes your idea to his “**Group**” health agent or other insurance agent colleague?
- Attend the next few sessions and we'll explain.



Marketing

- Find the Group
- Get your Mind Right
- Value & Pain
- Up Front Contract
- Talk to the Decision Maker
- Current Health Plan
- The ACA Value Proposition
- ER paid benefits
- Persistency and Safety
- Bundle Sale
- Enrollment

Find the Group *(I welcome your input on **resources** here!)*

1. **Free at local library** with a library card in most places. In some cases, this can even be **done online** with a library card from your local library system.
2. **Salesfully**: \$29 a month and have unlimited leads, no contract, and a 30-day money back guarantee. Here's a link to their pricing page: <https://www.salesfully.com/pricing-1>
3. **Listshack**. \$50 a month. <https://www.listshack.com/>
4. [Telephonelists.biz](https://www.telephonelists.biz/) \$99 a month. No contract.
<https://www.telephonelists.biz/>

Find the Group *(I welcome your input on **resources** here!)*

- Businesses w true group health plans usually have more than 10 EE's
 - When the OEP is near – perhaps you're better off to target ER's who DO NOT have a group health plan first. Easier target, & timelier.
 - **Data Axle, Manta** and other sources can give you free business and demographic info. Your suggested sources?
-
- Target low – moderate income industries where you live
 - Construction and trades, Retail and Restaurant/Hospitality/HHC
 - You do not have to spend "big money." You can do this on your own if you're willing to call, walk and talk, mail postcards/fliers.
 - Xencall, Phone Burner, etc. drop the data and push the button to call – save your self the stress of dialing.

What kind of Group?

Search criterion

- 2-9 employees is best
- 10-20 next best
- Low, Moderate to Moderately High income. Not high income.
- Service Industry, Retail, Small Restaurant, Non-Profit, etc.
- Not Governmental (Neither Federal, State, County, nor City)
- Not “National Chain” (Except to pursue “Family Glitch” sales)
- Others???

Bring the Group Data to Class

- Your assignment TODAY ... Use these tools (or others you may prefer) to get *100 employer data* in the *right demographic* for use **tomorrow am**
- **Bring your employer data to the class tomorrow AM.**
- **You'll share it with your small group.**

Get your Mind Right *Before* you call

Don't be afraid to call the business owner

You're a small business-person too, right?

Know that He / She is likely *a better salesperson* than you are. Respect. Be prepared. Know your stuff.

Don't *waste* their time – they'll appreciate you getting to the point.



Get your Mind Right *Before you call*

If they're interested in a visit, don't **compete** with their **distractions**— ask to go to a quieter location.

If you can't — suggest a different time, even before or after work.

If you don't respect yourself, they won't either.



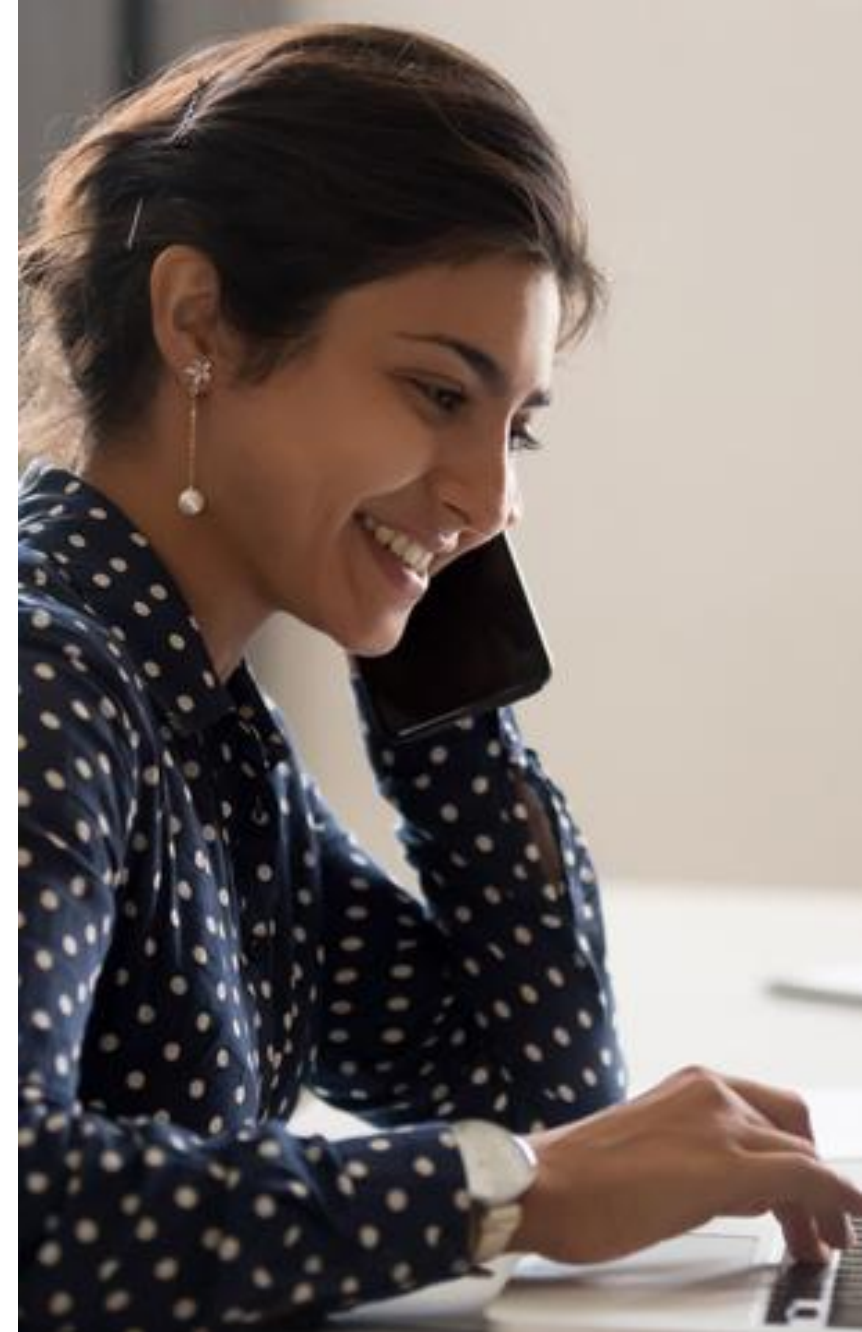
Get your Mind Right *Before you call*

Know that you **CAN** help *almost everyone* that you want to talk to – even if they won't give you the opportunity.

They'll be the loser if they won't talk to you.

Know that almost ***NO ONE ELSE*** is having this conversation with them.

No one has *a better plan at a better price*



Write 3 Versions of a *Calling Script*

Value & Pain Propositions

Ask a **value/pain** questions ...

Create Value - “If you could finally have an *excellent and affordable* health plan for your employees, would that **help?** How so?”

Find Pain – “How has not having affordable health insurance **cost** you? How has it *harmed* your business?”

- *Are you seeing that it's been **hard to hire and retain good employees?***
- *How has that affected your business? Had to work more hours, pay more for help?*
- *I'm guessing you're like most employers with less than 10 employees and you **can't afford** to provide health insurance, right?*
- *Would being able to offer affordable, excellent health insurance increase employee satisfaction? Would they feel better about working with you? Would they feel better cared for, appreciated?*

Value & Pain

- *Have you ever lost EEs to an ER because they offered benefits?*
- *Has losing/not having key EEs because of “lack of benefits” ever **cost** you **New Business?**
Existing Clients?*
- *If I could help provide health insurance for your employees, that would **cost \$300 - \$400 less per month per employee** than what’ve you’ve been quoted/experienced before ... would it make sense to proceed?*



DON'T Educate your Competition

- *If I could help provide health insurance for your employees, that would **cost \$300 - \$400 less** per month per employee than what've you've been quoted/experienced before ... **would you want to do that?***
- He's going to say ***"Sure, what is your solution?"***
- **STOP!** *Bite your tongue before offering solutions.*
- Once you give him the solution, what prevents him from calling his **group broker** and saying: *"Hey, I just heard a great idea from some guy named Clay that works like this ... can **you** do that?"*
- We call that "Educating your Competition."

The “Up Front Contract”

*Sandler

- If I can provide the solutions that you agree are the right ones for your businesses, I only want **one commitment from you**:
- **That you’ll do business with me.**
- ***Do you agree?***
- If so, proceed.
- If not – *close your computer and thank him for his time. “Here’s my card. If you change your mind, I’d be glad to visit again.”*

Talk to the Decision Maker

- “Who is the person who handles your employee benefits? I’d like to schedule an appointment.”
- “My clients got a rate decrease for their health insurance this year, did you?”
- “Do you have a hard time hiring and retaining good EEs?”
- “If you could offer a health plan at little to no cost to the ER or the EE, would you want to get a sample quote in 60 seconds?”
- “What if I could even cover your ***part time*** EEs at little to no cost?”

Talk to the Decision Maker

Have you ever tried to have a small group health plan?

- Too expensive?
- Couldn't get "participation?"
- Could anyone afford dependent coverage?
- EE's ever complain about benefits and cost?

Gatekeeper

- Are you (or the other EE's) **happy** with your benefits here?
- Is it **affordable** for EE's and *Dependents*?
- Rates going **up** or down?
- Many of our EE's pay **\$0** for their health plan - can I show you what I mean? (Illustrate using ave. EE salary)

What do they have?

- Nothing?
- Mixture of individual plans? If so, what? ACA or a lesser plan
 - HI/STM/MCS
- True Group
 - Fully Insured – Costs More - GI
 - Level/Self Funded – Cost Less – UW – Only replace at renewal unless no claims.
 - Attentive whether EE's have paid into their deductible/coinsurance.
- Fake Group
 - MEC, HI, Medical Cost Sharing, and some Association plans – replace as soon as OEP or valid SEP.

ACA Value Prop

What if I could...

- Get 100% of EE's & Dependent fully covered, GI, No \$ limit, No pre-ex.
- Average of \$0 - \$100 cost per EE (About 50% of my EE's pay \$0).
- Get you out of the "Insurance Business."
- Have EEs choose their own plan.
- **Dependents** may qualify for **Tax Credit!**
- You could offer "*real benefits*" and they'd be grateful!



ER Paid Benefits

- Most ER's pay **\$400 - \$500 per EE per mo.**
- If **EE** assumes cost of a less expensive health insurance ... why not ask ER to pay about **\$150 for Dental, Life* and GAP** – to help protect them from out-of-pocket costs.
- ER will *still* **save** **\$\$\$\$ Per EE, per year.**



Why no plan?

- If an employer dropped or failed to get an EGHP, what are the two biggest reasons?
 - It cost too much.
 - ER couldn't get enough "Participation" to qualify for or keep it.



Who else needs you?

- Worksite agents talk to ERs every day to offer their benefit plans.
- They work for carriers like: **AFLAC, Colonial Life, Allstate, Washington National, Life of Alabama, Liberty National, Combined Insurance** and more!
- Among the most common objections are:
 - But we *can't even afford a group health plan*, there's no way we could add your Disability plan ...
 - I like those plans, but our group health plan is so expensive that we can't afford to offer anything else.

Coffee. NOW!

- You need to have coffee THIS WEEK with 5, 10 or 20 Worksite agents.
- You can help each other.
- Most of them have **no interest** in certifying and selling ACA.
- You'll be helping them *sell more of their products*.
- You'll be selling *more health*.
- **WIN - WIN!**

Sell the Bundle

An Example



- If the Health is \$0.
- The GAP is \$50.
- The Dental is \$50.
- The Life is \$50.
- The entire package is **\$150** per month.
 - You've made **4 sales**.
 - You've made **more than \$1000** on one employee
 - The EEs are incredibly **well taken care of**.
 - The Boss is a **hero!**
- You can offer additional “voluntary” benefits to the employee like Accidental Injury, Disability Income, Cancer, CI, *More Life!*
- These benefits CAN be **list billed** and paid by the employer and/or payroll deduct the employee portion

Enrollment

- Set specific date(s), time and place for enrollment.
- Get a group EE meeting (if a larger group).
- Get ER to allow you to have *individual* EE appointments.
- Use “*Calendly*” or other scheduling tool
- Have ER support your required administrative processes to HR/EEs, so it’s done at their authority, not yours.



Now do better

*“Getting IN”
Employer Groups!*



Baseline

“Hi, is this Frank?

Hello Frank, my name is Clay Peek and I’m *just down the road* from you in Greenville.

I advise the 90% or so of the Small Employers who *cannot possibly afford group health benefits* for their employees by sharing how some *recent regulations* have made providing these benefits to your employees incredibly affordable.

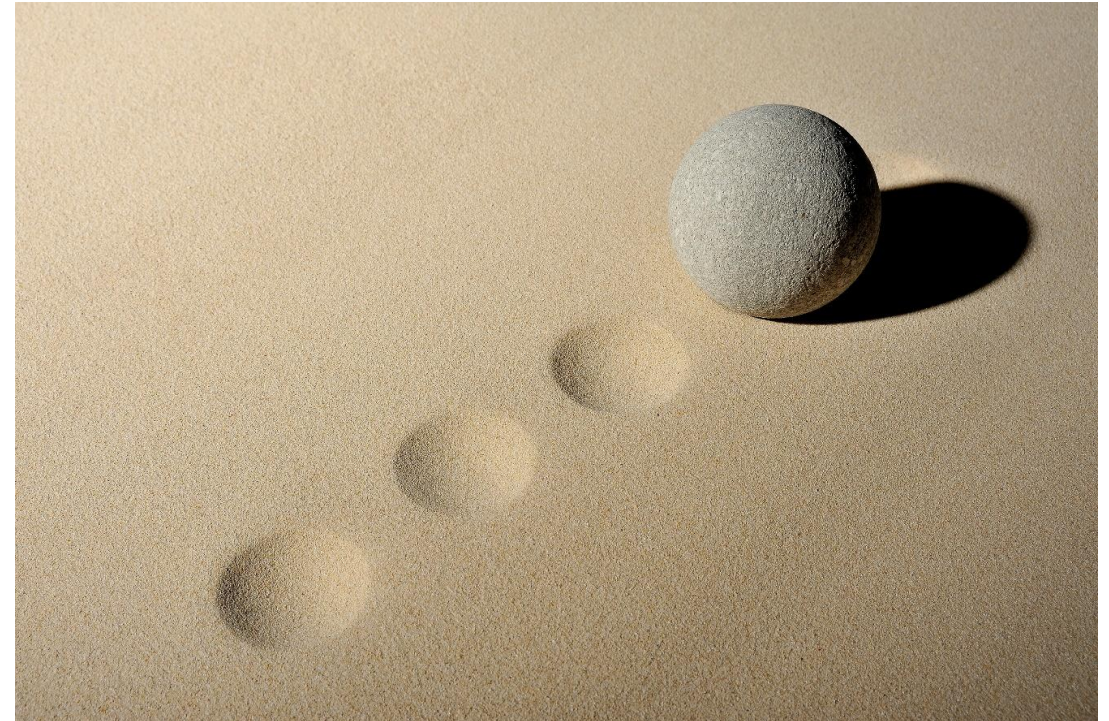
Millions of employers are eligible for this program, *but I’m not positive that you are*. Would it help you if I dropped by one day and *asked some questions* to see if your business might *qualify*?

Prospecting



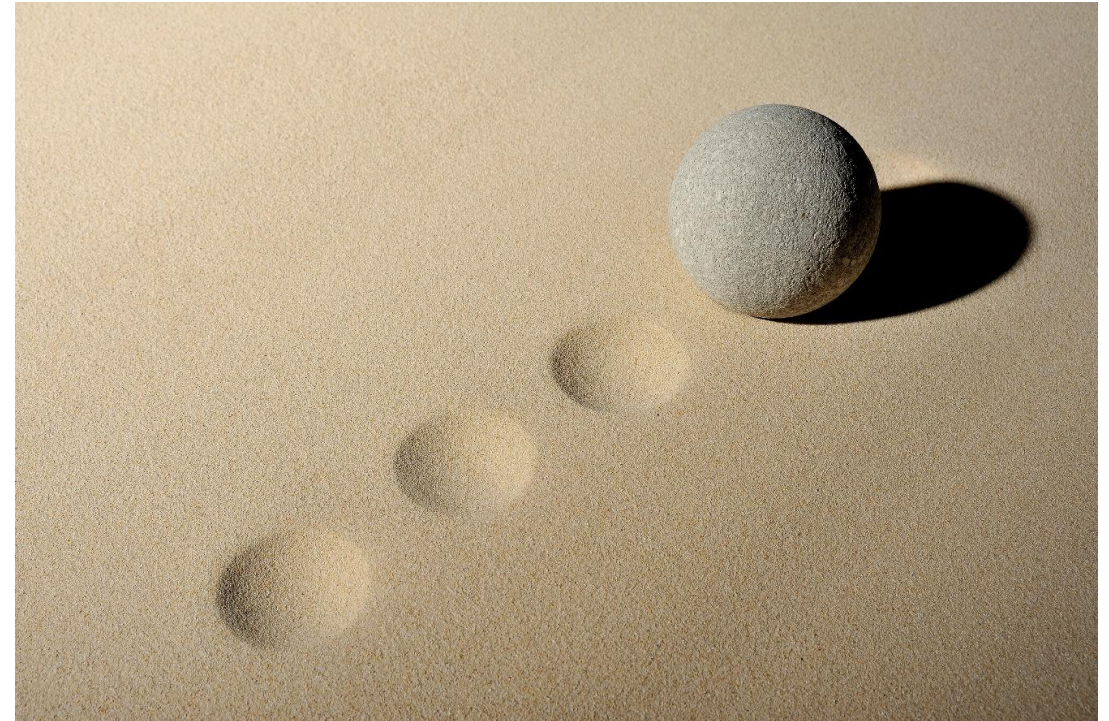
The Rock Approach

1. Get off the couch
2. Proactive
3. It won't be smooth
4. You're better than you think
5. Practice is just as valuable as a sale
 - The more you do it, the better you get
6. Start where you are



The Rock Approach

- Start where you are
- Current clients
- Current referral sources
- Who is your doctor/ dentist/lawyer/CPA?
- What do your friends do?
- Who at your church owns a small business?
- Who coaches your kids' teams? Other parents?
- Where do your family members work?
- Who fixed your AC?
- Who works on your car/oil changes?



Referrals / Job Changes

1. Referrals from Employers

- “Ask for 3”
- 3 vendors/3 clients
- [Note of Introduction](#) – “They helped me & I think they can help you.”

2. Referrals from Employees

- *“And where do they work?”*

3. Job Changes

- *“I got the text message. I don’t work there anymore...”*

Prospecting Rule #1

**MAKE A LIST for Tomorrow
BEFORE YOUR HEAD HITS
THE PILLOW Tonight**

EE “CLASSES” ICHRA

Some basics to HRA classes and keeping it legal



Employee Classes

- Waiting Period
- Full-Time and Part-Time
- Seasonal
- Collective Bargaining Agreement
- Non-resident Alien
- Geographical Area
- Salary and Non-salary
- Staffing Firm Employees
- New Hire Subclass
- Combination thereof



Class Size Requirements

- No minimum *if* employer does not offer group health plan
- If group plan *is* offered, these minimums required:
 - 10 for employers with fewer than 100 employees
 - 10% (rounded down) for 100-200 employees
 - 20 for employers with 200+ employees

Rating Options:

- Age (1:3)
- Dependents

Case Study #4



Case Study #4: Best Burger

Overview

- Type: **Unaffordable ICHRA**
- Company Name: **Best Burger**
- Description: **Unaffordable**
- ER Goal: **Savings; Under 50**

Case Study #4: Best Burger



Employee Count

- Total Employees: **57**
- FT Employees > 30 hr/wk Total: **27**
- FT Employees > 30 hr/wk on plan: **15**
- PT Employees < 30 hr/wk Total: **30**
- PT Employees – Avg. hr/wk: **17**
- Managers: **7**
- Calculated - EE count for purpose of ICHRA: **44**
 - $(\text{Total EE} - \text{PT EE}) + (\text{PT EE} \times \text{Avg Weekly PT Hours} / 30 \text{ hours})$
- Dependents on plan: **3**

Case Study #4:

Best Burger



- Which states do employees live in?
 - SC, GA
- Hourly vs Salary:
 - Number of salary employees: 14
 - Number of hourly employees: 43
- Income:
 - Avg EE income is: \$32,037
 - Avg household income is: \$60,000
 - Avg Management EE income is: \$101,428
 - Avg Management household income is: \$150,000
- Ages:
 - Employee Avg Age: 34

Case Study #4:

Best Burger



- **Benefits**
 - Current plan is comparable to Bronze, Silver or Gold? **Bronze**
 - Employer is subsidizing dependent coverage? **No**
 - Employer contributes to an HSA? **No**
- **Employee Cost:**
 - Monthly average employee contribution: **\$400**
 - Monthly total employee contribution for employee coverage: **\$6,000**
- **Employer Cost:**
 - Monthly average employer cost after employee contribution: **\$200**
 - Monthly total employer contribution for employee coverage: **\$3,000**
 - Rate increase percent last year: **16%**
 - Gross Monthly Cost per Employee: **\$600**

Case Study #4: Best Burger

Notes:



Jump to ICHRA
Process / Steps

Case Study #5



Case Study #5: Fresh Fish

Overview

- Type: **ALE - Mandated but no plan**
- Company Name: **Fresh Fish**
- Description: **No Plan**

- ER Goal: **Savings; Over 50**

Case Study #5: Fresh Fish



Employee Count

- Total Employees: **87**
- FT Employees > 30 hr/wk Total: **57**
- FT Employees > 30 hr/wk on plan: **N/A**
- PT Employees < 30 hr/wk Total: **30**
- PT Employees – Avg. hr/wk: **24**
- Managers: **11**
- Calculated - EE count for purpose of ICHRA: **81**
 - $(\text{Total EE} - \text{PT EE}) + (\text{PT EE} \times \text{Avg Weekly PT Hours} / 30 \text{ hours})$
- Dependents on plan: **N/A**

Case Study #5:

Fresh Fish



- Which states do employees live in?
 - SC, GA
- Hourly vs Salary:
 - Number of salary employees: 14
 - Number of hourly employees: 73
- Income:
 - Avg EE income is: \$45,457
 - Avg household income is: \$85,000
 - Avg Management EE income is: \$104,545
 - Avg Management household income is: \$160,000
- Ages:
 - Employee Avg Age: 33

Case Study #5:

Fresh Fish



- **Benefits**

- Current plan is comparable to Bronze, Silver or Gold? **N/A**
- Employer is subsidizing dependent coverage? **No**
- Employer contributes to an HSA? **No**

- **Employee Cost:**

- Monthly average employee contribution: **N/A**
- Monthly total employee contribution for employee coverage: **N/A**

- **Employer Cost:**

- Monthly average employer cost after employee contribution: **N/A**
- Monthly total employer contribution for employee coverage: **N/A**
- Rate increase percent last year: **N/A**
- Gross Monthly Cost per Employee: **N/A**

Case Study #5: Fresh Fish

**Quote
from
Ameriflex:**

	Plan Premium	Minimum Employer Contribution
Case 2	\$462.19	\$0.00
Case 3	\$684.21	\$331.96
Case 4	\$496.57	\$219.72
Case 5	\$473.75	\$201.87

Case Study #5: Fresh Fish

Notes:



Jump to ICHRA
Process / Steps

Why Manhattan Life?



ManhattanLife™

Standing By You. Since 1850.



Manhattan Life

(Gap, DVH, Acc, CI, Cancer, etc.)

- Total electronic app (You sign for your client)
- Best in class products
- 6 mo. advance = Cash Flow during transition
- Easy to win Incentive Trips (Awesome!)
- Spanish materials – TIN
- PPI #1 Agency in the country 4 times.

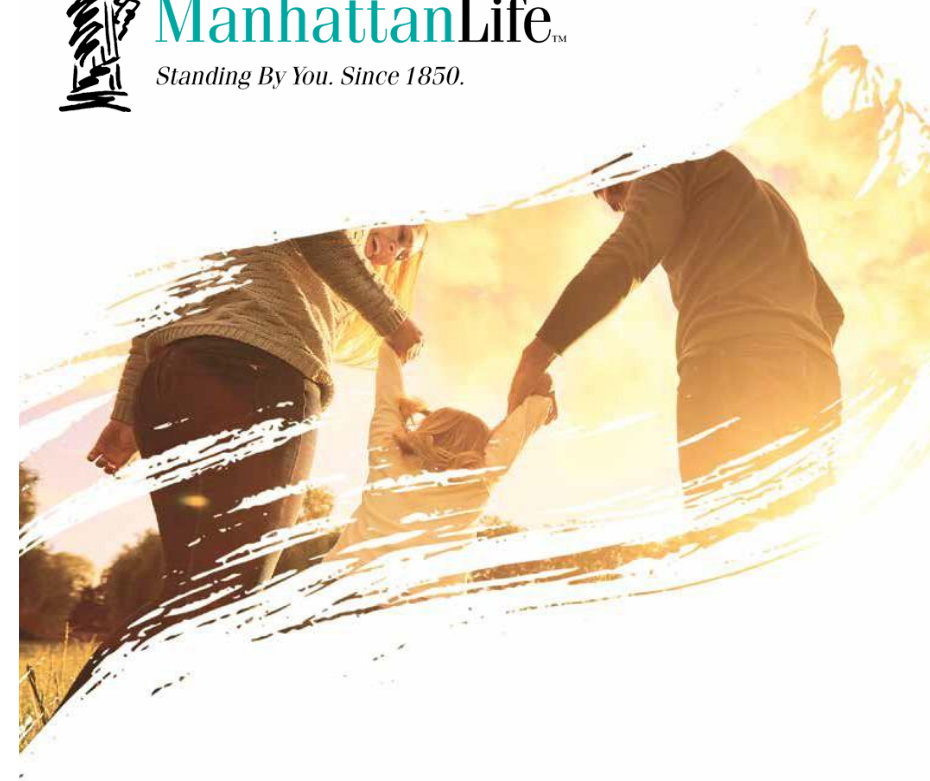
National General

Trio Med, Accidental Injury, Dental
Plan Enhancer



Who is Manhattan life?

- One of America's oldest insurance companies (est. 1850)
- Privately held for 174 years
- Tremendous financial strength & growing
- Licenses to sell in every state and US territory
- Our mission – help you achieve health, wealth & security for life
- Broad, diverse portfolio of insurance & investment products

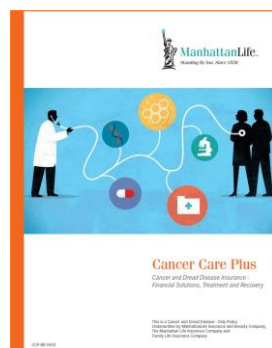


ROBUST Product Portfolio

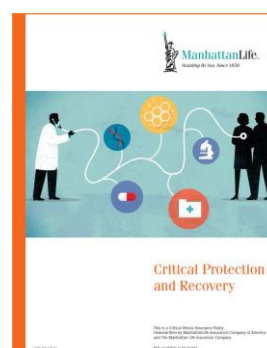
- Individual & Worksite Products



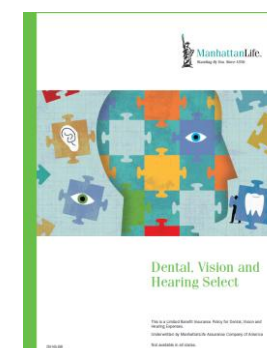
**Affordable
Choice**



**Cancer
Care Plus**



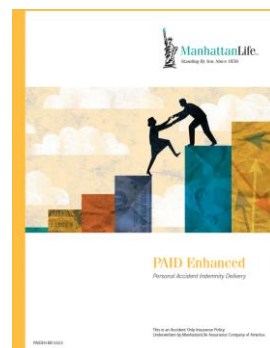
**Critical
Protection
&
Recovery**



**DVH
Select**



**Out of
Pocket
Protection**



**Paid
Enhanced**



**Term Life
Series**

Manhattan Life Product Portfolio

Lighthouse Series



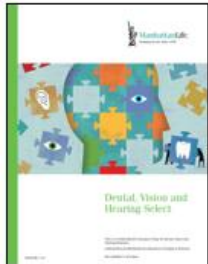
**Medicare
Supplement**



Accident Guard



**Cancer
Heart Attack
Stroke**



**DVH
SELECT**



Final Expense



**Home Health
Care SELECT**



**OmniFlex™
STC**

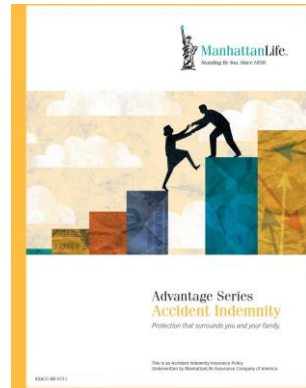
Future Initiatives



**Hospital
Indemnity
SELECT**

Manhattan Life Product Portfolio

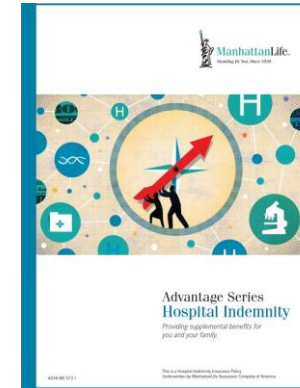
- Advantage Series – Group Products



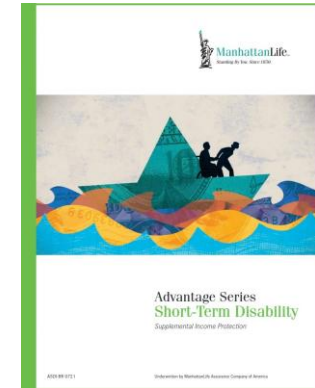
Accident
Disability



Critical
Illness



Hospital
Indemnity



Short
Term
Disability

Enrollment

- Individual & Lighthouse Products
- Manhattan Direct 2.0 Enrollment System
- Located on your agent portal at www.manhattanlife.com. Signature is Mother's Maiden Name.
- External Manhattan Direct enrollment links can be created to email to clients, put on your website, post on social media, etc.
- Products also available on Employee Navigator, EASE, & Selerix.
- Advantage Series – Group Products
- Quotes are available by emailing advantage@manhattanlife.com.
- Please include Name, Address, Employee Number, Products, & effective date.
- Any questions of group products can be directed to Bailey Schuelke at baileyschuelke@manhattanlife.com

Concierge Producer Services

ACES Team (Agent Counselors & Enrollment Specialists)

Available: Mon through Fri 8AM-5PM & Friday's 8AM-2PM CST

ACES@manhattanlife.com

800-369-3600

ARMS Team (Agent Counselors & Enrollment Specialists)

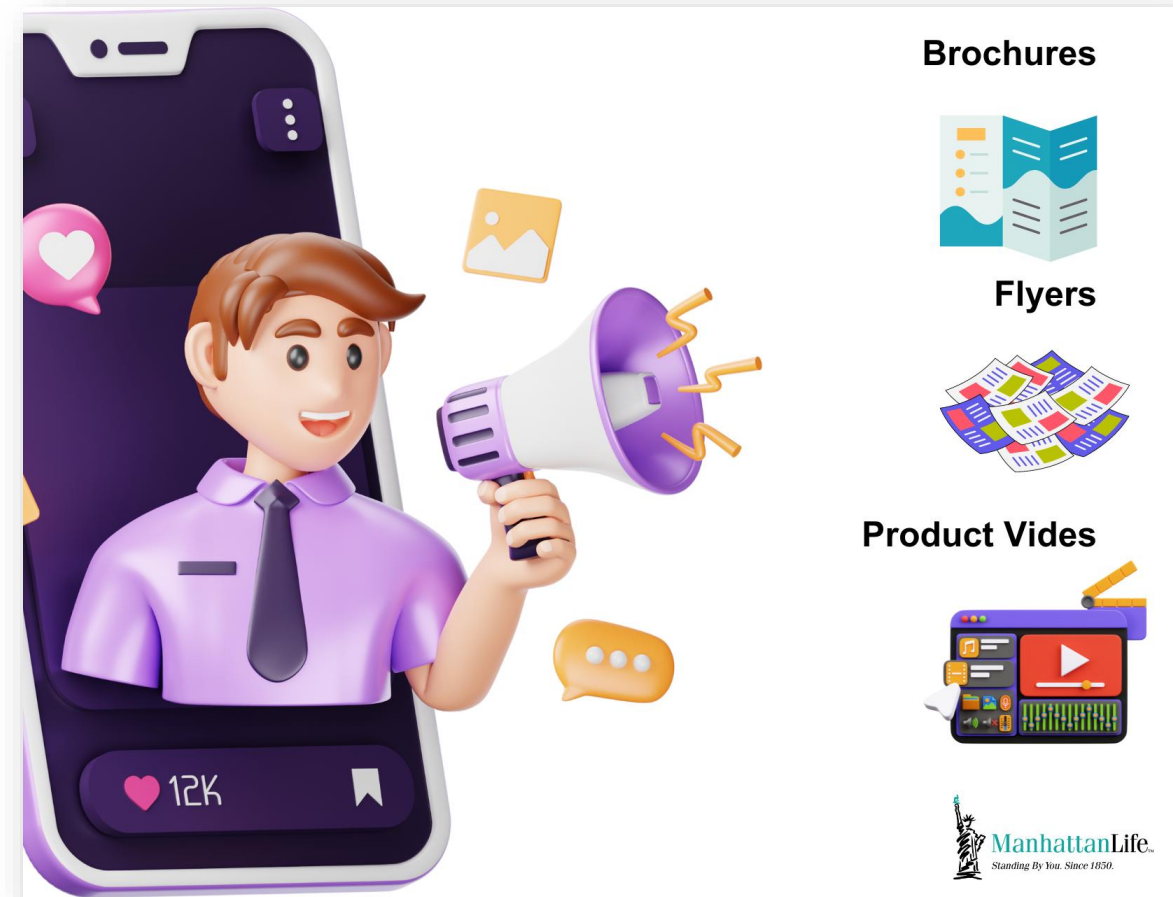
Available: Mon through Fri 8AM-5PM & Friday's 8AM-2PM CST

Our goal is to answer the phone when you call. The last thing we want is producers spinning their wheels trying to figure out who to contact at ManhattanLife. Our staff is highly trained and has internal relationships built with new business, claims and contracting. Give us a call!



Marketing Materials & Supplies

- ManhattanLife offers brochures, applications, flyers and other marketing materials at no cost. Simply download and of a multitude of marketing pieces from our Agent Resource Center, AKA ARC.
- Need 100 brochures for an upcoming event? No problem. Simply request an order through ARC for free printing and fulfillment.



Product & Training Libraries

For agents on the go, we offer on demand product and product training videos on demand.

Making staying up to date convenient.



Compensation & Cash Flow!

- Competitive Commissions
- Immediately Vested – Commissions paid directly to you
- 6-Month Advances available
- Advance commissions paid daily through automatic bank deposit (As earned commissions paid twice per month)
- ITIN accepted for individuals with no SSN
- Easiest application in the known world (Manhattan Direct 2.0)

Incentive Trips

Chairman's Club 2024

Grand Hotel | Stockholm, Sweden | July 27 - August 1, 2024
Reserved for the Elite!

The ManhattanLife Chairman's Club incentive qualification is underway. It is challenging to match the destinations that seemingly continue to exceed expectations.

2014 - Switzerland
Hotel Park Gstaad/
Fairmont Le Montreux Palace
2015 - Prague/Berlin
Prague Four Seasons/Kempinski Berlin
2016 - Hawaii (the Big Island)
Four Seasons, Hualalai
2017 - French Polynesia
Paul Gauguin Cruise
2018 - Portugal
Penha Longa Resort
2019 - Austria
The Ritz-Carlton, Vienna
2020 - Stockholm (postponed due to pandemic)
2021 - see 2020
2022 - Hawaii (Maui)
Four Seasons, Maui
2023 - Rome
Rome Cavalieri, Waldorf Astoria
2024 - Stockholm, Sweden
Grand Hotel, Stockholm

Trip Qualification Dates:
May 1, 2023 - March 31, 2024

Trip Qualifications

- 45 Top Overall Agents
\$250,000 Minimum production credit required
- 8 Overall Top Agencies
\$1,250,000 Minimum production credit
- 5 Overall Top Marketing Directors
\$2,000,000 Minimum Production credit
- Top Overall Call Center
\$5,000,000 Minimum production credit

Trip Qualification: May 1, 2023 - March 31, 2024



President's Club 2024

St. Regis Resort | Aspen, Colorado | September 8 - 12, 2024
Reserved for the Best!

The ManhattanLife President's Club incentive qualification is underway. It is challenging to match the destinations that seemingly continue to exceed expectations.

2015 - Cancun, Mexico
Secrets Moroma
2016 - Aspen, Colorado
St. Regis Aspen Resort
2017 - Grand Cayman
Kimpton Seafire Resort
2018 - Laguna Beach, California
Montage, Hotel and Resort
2019 - Park City, Utah
Montage, Deer Valley
2020 - Cabo San Lucas, Mexico
(postponed due to pandemic)
2021 - see 2020
2022 - Cabo San Lucas, Mexico
Montage, Cabo
2023 - Punta Mita, Mexico
Four Seasons, Punta Mita
2024 - Aspen Colorado
St. Regis Aspen Resort

Trip Qualification Dates:
May 1, 2023 - March 31, 2024

Trip Qualifications

- 55 Top Overall Agents*
\$150,000 Minimum production credit required
- 12 Overall Top Agencies
\$750,000 Minimum production credit
- 6 Overall Top Marketing Directors
\$1,000,000 Minimum Production credit
- Top Overall Call Center
\$5,000,000 Minimum production credit

* New Agent contract after September 1, 2023 is \$125,000 net annual premium.

Trip Qualification: May 1, 2023 - March 31, 2024



Notes: Manhattan Life

- Got a small budget? \$100 a month?
- Sell a DVH & Accident Plan – They're both Guaranteed Issue
- Spouse and Dependent can be payroll deducted and added

Q&A



ACAclay.com
Peektraining.com

Agency Care Team Hotline:
(877) 612-7317

Office/Admin Team:
(864) 228-2635

