360
POWERED BY Benafica

Your Benefits Enrollment GUIDE

login.ben-360.com

Welcome to BEN360, Managed by Benafica!

We're thrilled to partner with you and your employer to provide a seamless benefits experience. All of your benefits will be managed through our easy-to-use **BEN360 platform**, where you can select and enroll in your healthcare plan, as well as submit healthcare expenses for reimbursement.

Look out for an email from your employer with an invitation to set up your account. To get started, you'll need your **first and last name**, **date of birth**, and the **last four digits of your Social Security Number**. We're excited to help you get the most out of your benefits!

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ICHRA Overview

What is an ICHRA?

An **ICHRA (Individual Coverage Health Reimbursement Arrangement)** is an employer-funded benefit that reimburses you for the cost of your individual health insurance premiums. Instead of being limited to a single group plan, you choose the coverage that works best for you, and your employer reimburses you (up to a set monthly amount) for those costs.

How It Works:

1. **Employer Sets an Allowance:** Your employer decides how much tax-free money you'll receive each month to go toward your individual health insurance.
2. **You Choose a Plan:** During open enrollment, you'll use the BEN360 portal to shop for and enroll in a qualified individual health plan that meets your needs.
3. **Benafica Coordinates Payment With Your Insurance Carrier:** Once you're enrolled, Benafica sets up direct premium payments with your insurance provider using your ICHRA allowance.

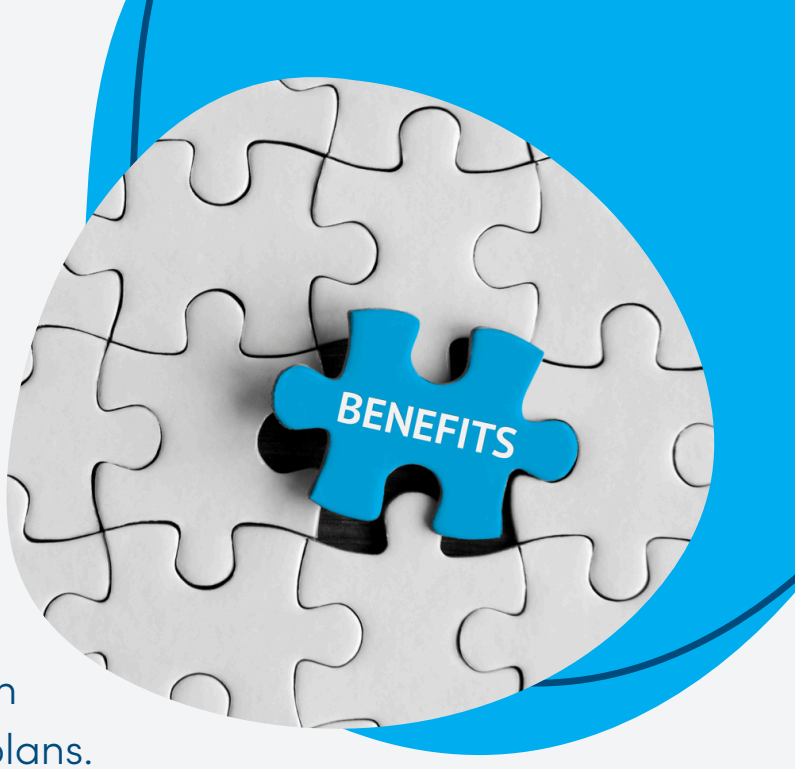
What if my plan costs more than my employer's ICHRA contribution?

If the health insurance plan you choose costs more than your employer's monthly ICHRA allowance, the difference will be automatically deducted from your paycheck.

A full walkthrough of how to enroll starts on **Page 5** of this guide.

Welcome to

Open Enrollment



When is Open Enrollment?

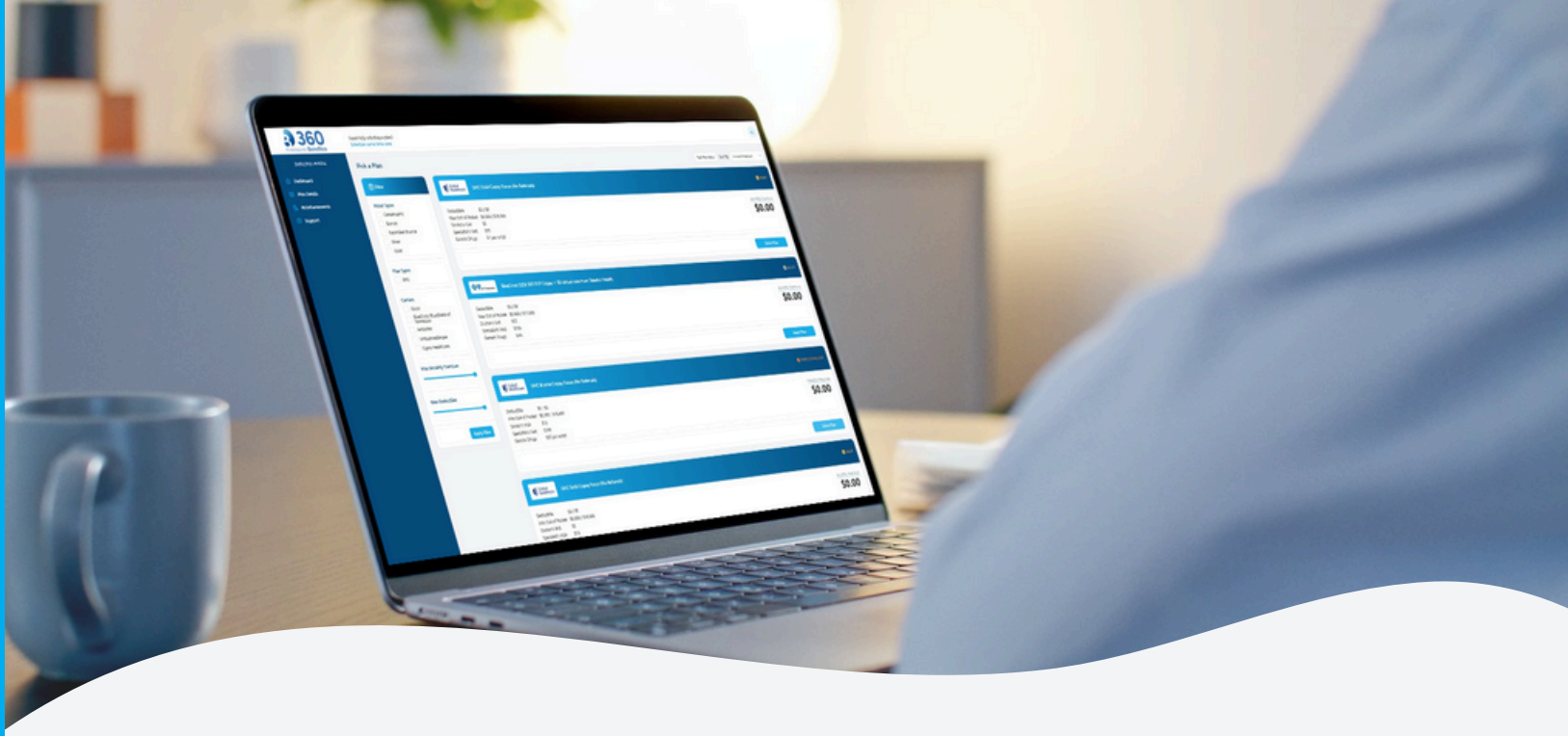
Open enrollment is a **date range set by your employer** when you can enroll in and change your benefit plans. It's usually a few weeks at the end of your benefit plan year, which can vary by employer. Your employer will communicate to you when your open enrollment dates are.

What can I do during Open Enrollment?

During the Open Enrollment period, you can **enroll in a new plan**, **make changes to your current coverage**, or **add eligible dependents**. Log in to the BEN360 platform to explore your options and make your selections before the deadline.

What happens if I miss the open enrollment period?

If you miss Open Enrollment, you need to have a "**qualifying life event**" to enroll in a healthcare plan or make changes to your existing plan. See Page 12 for more information on qualifying events.



Getting Started

Selecting a Healthcare Plan

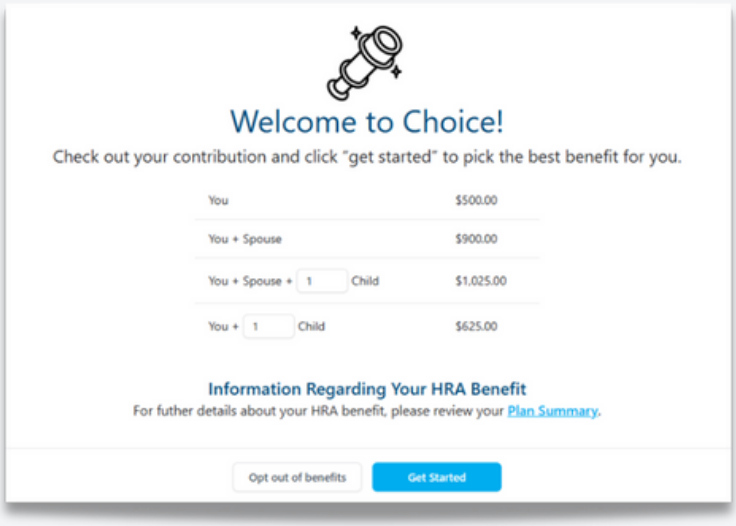
The BEN360 benefit platform will guide you through the necessary steps to select your health insurance.

(If you've just been invited to get health insurance, first activate your account by following the instructions in your welcome email.)

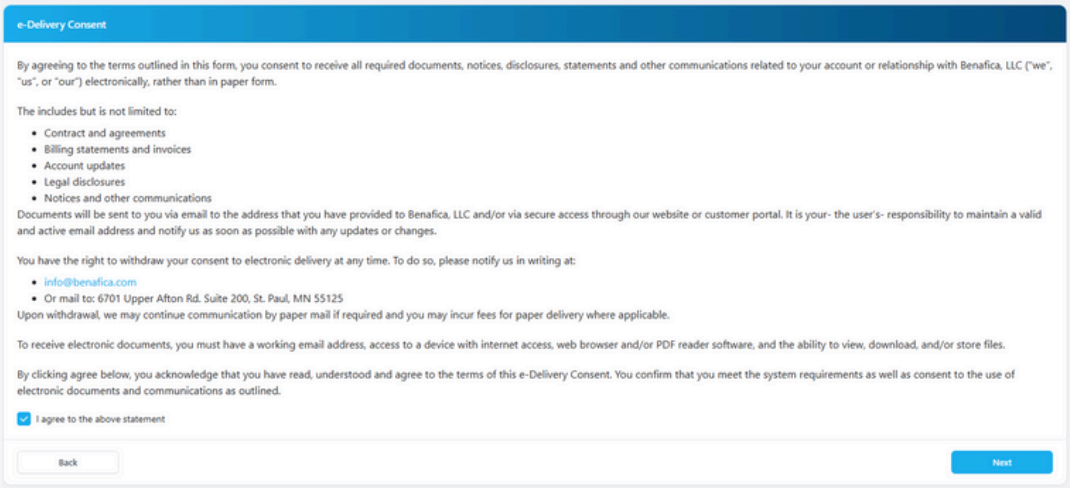
Login at **login.ben-360.com**

1. Click on "**Let's Go**"
2. View your **ICHRA contribution**

You will see how much money you are eligible to receive each month for your health insurance premiums and qualified medical expenses.



Agree to e-Delivery Consent

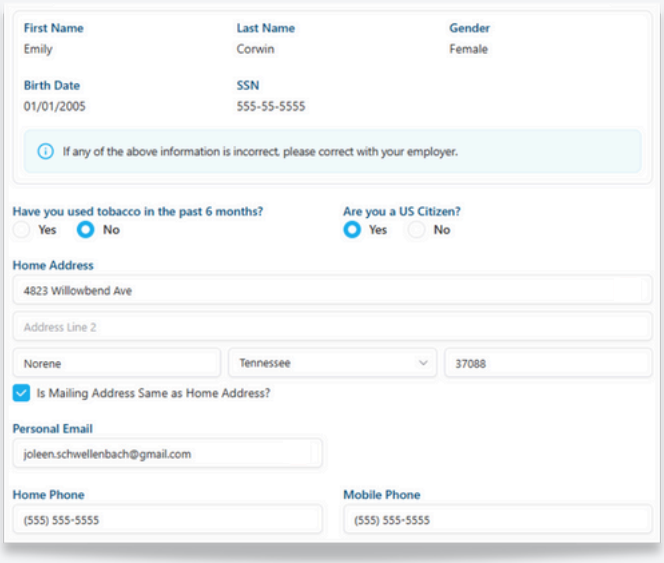


As part of the onboarding process, you'll be asked to **agree to our E-Delivery Consent**. This allows Benafica to send all required documents, notices, and communications to you electronically instead of by mail. By choosing e-delivery, you'll receive important information faster and help us streamline the process.

Verify Your Information

On this screen, you'll review and confirm your personal details. Your basic information—such as **name**, **date of birth**, and **Social Security number**—was provided by your employer. If any of this is incorrect, please contact your employer directly to have it updated.

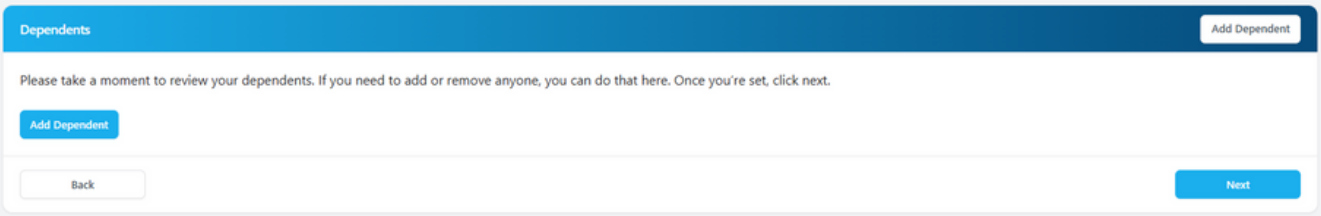
You'll also be asked to answer a few quick questions, including whether you've used tobacco products in the last six months and if you're a U.S. citizen.



Verify Your Information (cont'd)

Finally, confirm or enter your home address, mailing address (if different), email, and phone number so we can keep your records and communications up to date.

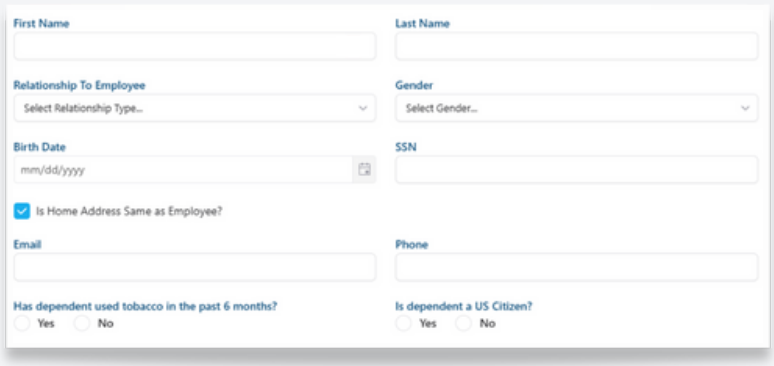
Add Your Dependents

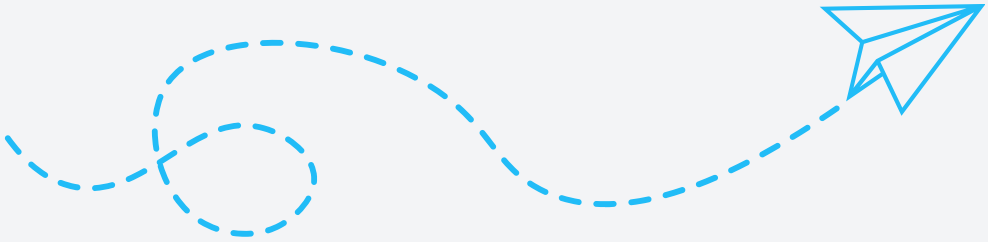


If you plan to **include family members in your coverage**, you'll add them in this section. Providing accurate information for each dependent ensures they're properly linked to your plan and eligible for reimbursement under your ICHRA.

You'll need the following information for each dependent:

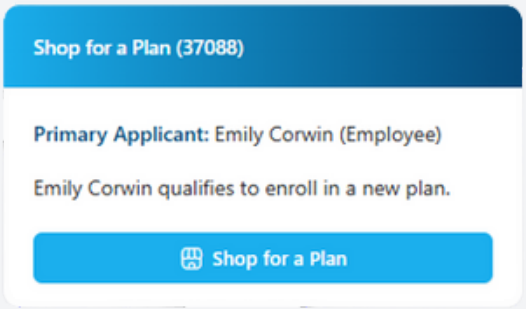
- **Full name**
- **Relationship to you**
- **Gender**
- **Date of birth**
- **Social Security number**
- **Home address (if different from yours)**
- **Whether they've used tobacco in the last 6 months**
- **U.S. citizenship status**



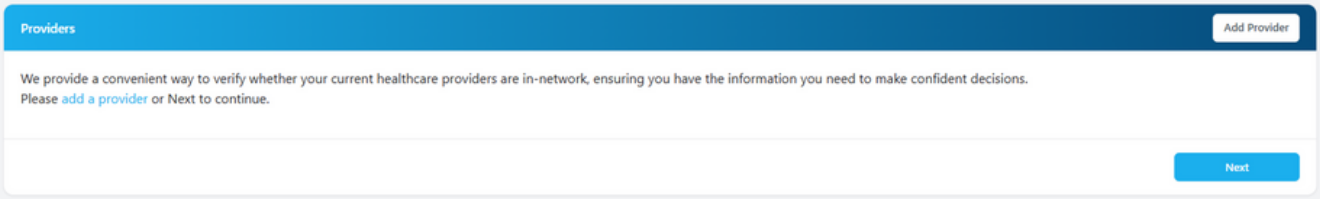


Confirmation Screen

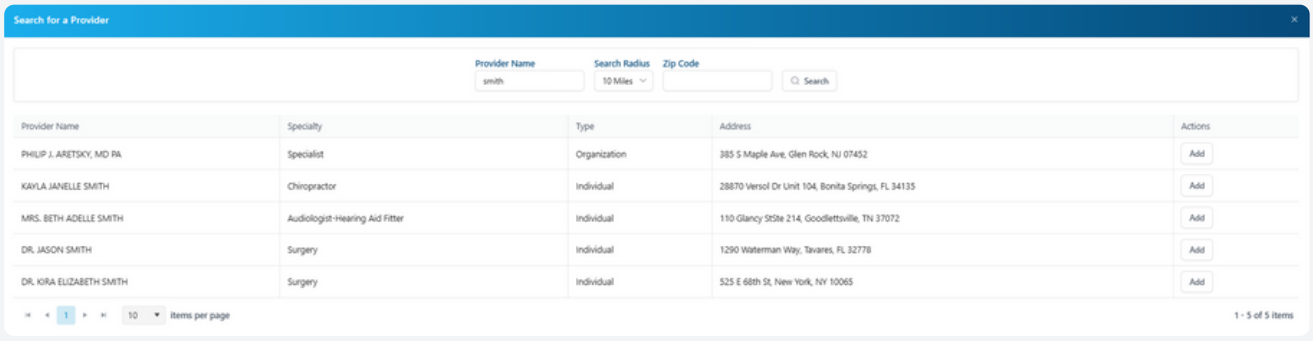
Based on the information you input about yourself and your dependents, you'll get a **confirmation screen**.



Input Your Providers (Optional)



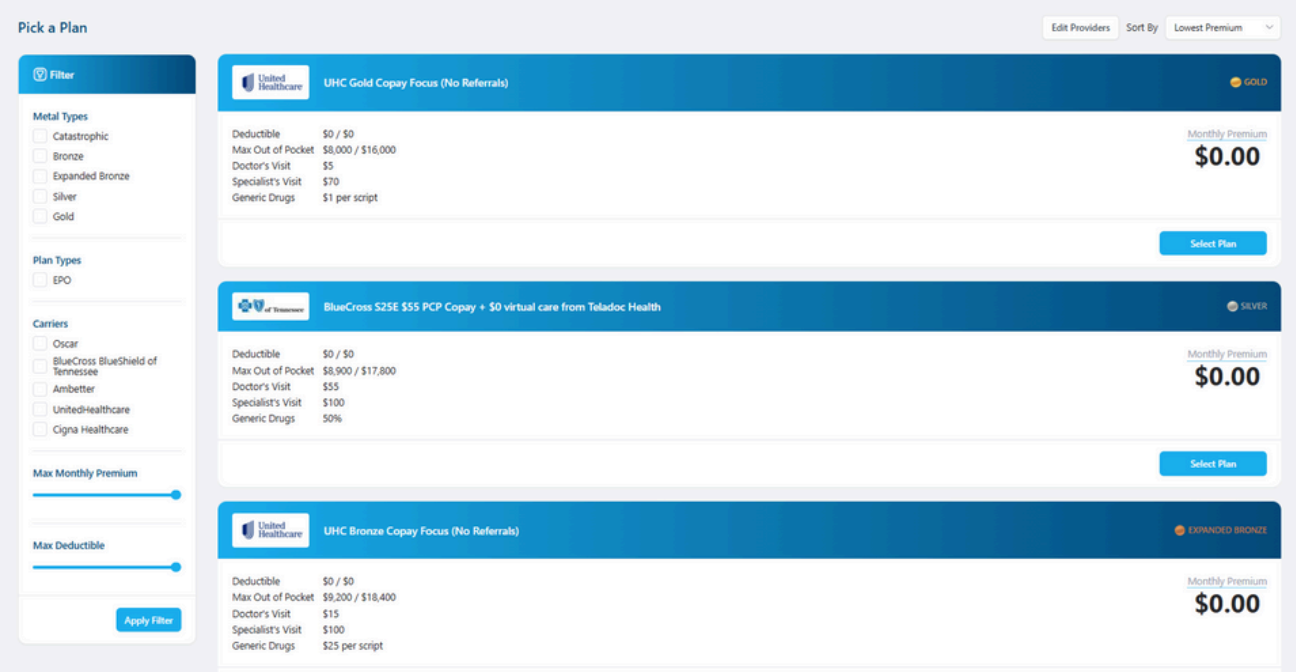
When shopping for your health plan in BEN360, you'll have the option to enter your preferred doctors, clinics, and hospitals. This ensures the plans you see are **compatible with your existing provider network**, helping you keep the care teams you trust.



Easily find your doctors by typing their name into the search bar in BEN360. When you see your provider appear in the results, simply click the "**Add**" button to include them in your list.

Then click "**Next**"

Selecting a Plan



When it's time to choose your coverage, BEN360 automatically displays the health plans you're eligible for based on your location and ICHRA setup. You can use the filters on the left side of the screen to narrow your options: sort by **metal tier**, **plan network type**, **insurance carrier**, and even **set minimum and maximum premiums** or **deductibles**. This makes it easy to compare plans side-by-side and find the one that best fits your needs and budget.

More About Metal Tiers

As you browse plans in BEN360, you'll notice they're grouped into metal tiers. These tiers represent different levels of cost-sharing between you and the insurance company, not quality of care.

- **Bronze plans** have the lowest monthly premiums but higher out-of-pocket costs when you need care.
- **Silver plans** balance monthly cost and coverage, making them a popular middle option.
- **Gold plans** have higher monthly premiums but lower deductibles and out-of-pocket costs when you receive care.

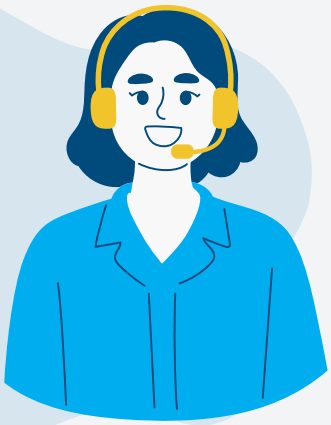
More About Network Plan Types

You'll also notice different network types listed. These determine how you access care and which providers are covered.

- **PPO (Preferred Provider Organization):** Offers the most flexibility. You can see both in-network and out-of-network providers, usually without needing a referral.
- **EPO (Exclusive Provider Organization):** Covers care only within the plan's network (except emergencies), but doesn't require referrals to see specialists.
- **HMO (Health Maintenance Organization):** Typically requires choosing a primary care doctor and getting referrals for specialist care; coverage is limited to the plan's network.
- **POS** – Hybrid model, combines HMO structure with some out-of-network options

How to Choose a Plan

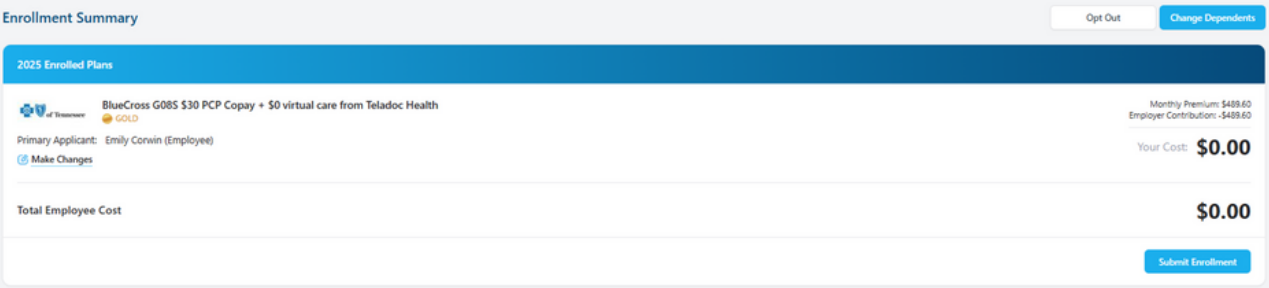
One of the biggest challenges of American health insurance is that you never know what the year ahead will bring. You might stay perfectly healthy, or you might face an unexpected illness or injury. That means choosing a plan often feels like a guessing game. The best approach is to base your decision on your healthcare needs from the past few years while also planning for the "what ifs."



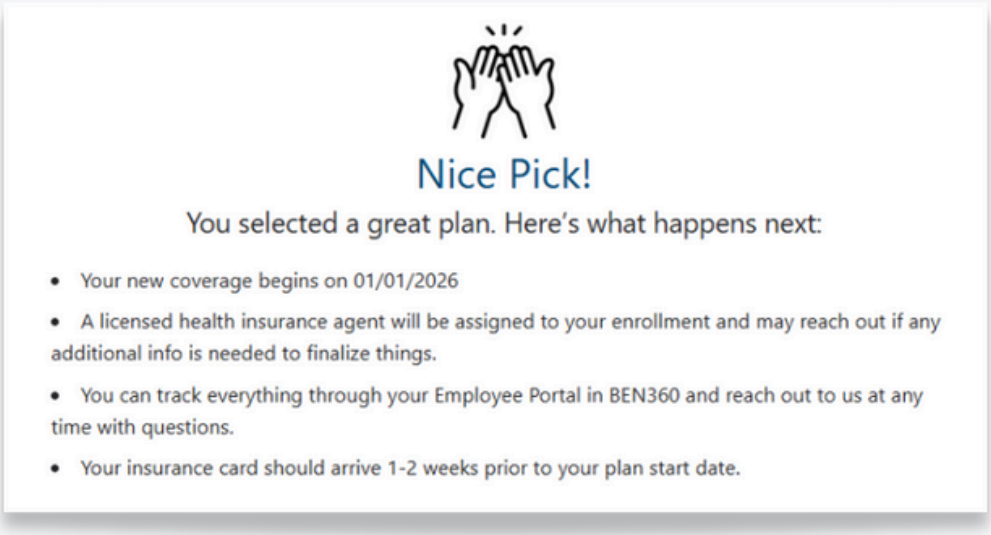
Need Help Deciding?

Navigating health insurance can be confusing. You can schedule a consultation with our team of licensed insurance agents to help you make a selection or contact us at any point by pressing on "**Schedule some time now**" in the top left.

Select and Finalize a Plan



Once you've selected your health plan, you'll see a confirmation screen outlining key details, including the **monthly premium**, your **employer's contribution**, and the **amount (if any) that will be deducted from your paycheck**. Review this carefully to ensure everything looks correct. Finalizing your selection confirms your enrollment for the upcoming year.



What Happens Next?

- Note your **coverage start date**
- Watch out for your **health insurance cards** in the mail
- Watch out for any **communications from Benafica**, who will reach out if any additional information is needed

More info about

Qualifying Life Events

A qualifying life event is a change in your situation, like getting married, having a baby, or gaining or losing health coverage.

Changes in Household

- **Got married**
- **Got divorced or separated** (and lost health insurance)
- **Had a baby, adopted a child or placed a child in foster care.**
- **A death** (that causes you to lose your current health plan)

Changes in Residence

- **Move to a new zip code or county**
- **Move to the U.S. from a foreign country or U.S. territory**
- **Moved from:**
  - **Place you attend school** (students)
  - **Place you both live and work** (seasonal workers)
  - **Shelter or other transitional housing**

Other Qualifying Events

- **Lost job-based coverage** (from you or your spouse leaving or being terminated from a job)
- **Became a U.S. citizen**
- **Left Incarceration**
- **Starting or ending service as an AmeriCorps State and National, VISTA, or NCCC member**

Important Terms and Phrases (Glossary)

Advisor: A licensed insurance professional who provides specialized guidance and advice.

"Affordable" Coverage: In 2025, it is considered "affordable" if the premium is less than 9.02% of your household income.

Beneficiary: An individual who is entitled to benefits from a health insurance plan.

Claim (HRA): An employee's formal request to be reimbursed for premiums and medical expenses.

COBRA: Stands for Consolidated Omnibus Budget Reconciliation Act; it is a federal law that allows individuals who have experienced a job loss or other qualifying event the option to continue their current health care coverage for a limited amount of time.

Co-insurance: The percentage of costs of a covered health care service you pay towards (20%, for example) after you've paid your deductible (up to your annual out-of-pocket max.)

Co-payment: A fixed amount ($30, for example) you pay towards certain services like doctor and specialist visits, emergency room visits, urgent care, hospital stays, prescriptions, etc.

Deductible: The amount you pay before your health insurance will pay claims.

Dependent: Any individual who is eligible to receive coverage under an employee's health insurance plan under IRC Section 152; generally a child or spouse.

Effective Date: The date which the plan or HRA starts.

Essential Health Benefits: A set of services healthcare plans must cover under the Affordable Care Act.

Important Terms and Phrases (Glossary)

Essential Health Benefits: (cont'd) These include doctors' services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services. Plans must offer dental coverage for children. Dental benefits for adults are optional.

Exchange: Another term for the Health Insurance Marketplace®.
On-exchange: Plans that are available on the healthcare.gov marketplace.
Off-exchange: Plans that are available directly through insurance companies.

HIPAA: A federal law that requires standards and compliance to protect sensitive patient health information.

In-network: Healthcare providers who have contracts with your insurance company to offer services at a discounted rate. Using in-network providers will cost you less out-of pocket.

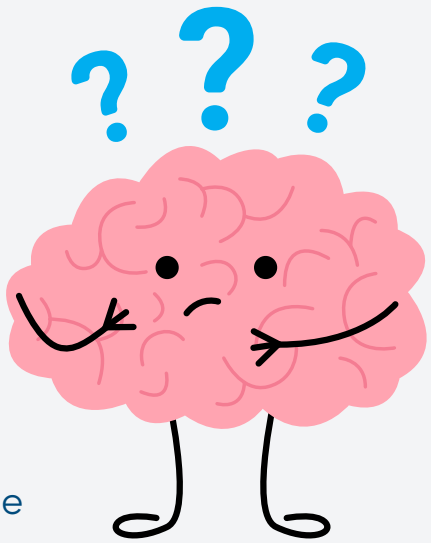
Out-of-network: Healthcare providers who do not have contracts with your insurance company to offer services at discounted rates. Using out-of-network providers will most often cost more out-of-pocket.

Out-of-Pocket Limit: The maximum amount an employee could pay during the coverage period for their share of costs, including co-payments and co-insurance.

Premium: The amount that must be paid for a health insurance plan by covered employees, their employer, or shared by both.

Waiting Period: A set amount of time (for example, 60 days) before coverage can become effective for an employee or dependent.

Frequently Asked Questions



How does an ICHRA benefit me?

Your employer is transitioning to an ICHRA to provide more flexibility and choice in your healthcare coverage. Unlike a traditional group plan, where everyone has the same coverage regardless of individual needs, an ICHRA allows you to choose a plan that works best for you and your family.

Here's how it benefits you:

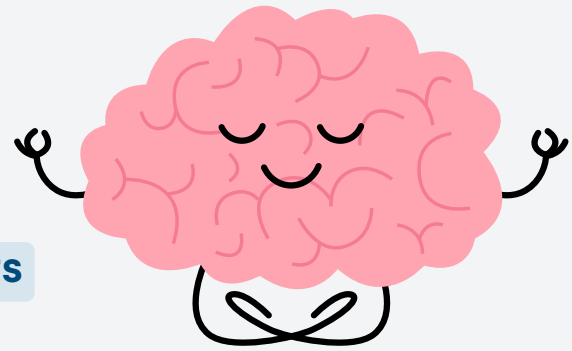
- **Personalized Coverage:** You have the freedom to select a health insurance plan that fits your specific needs, including preferred doctors, coverage options, and budget.
- **Greater Portability:** Your health coverage is tied to you, not your employer, meaning you can keep your plan if you change jobs (as long as you continue paying the premiums).
- **Employer Support:** Your employer provides a monthly allowance to help cover the cost of your insurance, giving you financial assistance while letting you make your own decisions.

This shift is designed to empower you with more control and flexibility while ensuring you still receive support for your healthcare expenses.

Can I keep my current doctors and providers?

Yes! One of the benefits of an ICHRA is that you have the flexibility to choose a plan that includes your preferred doctors and providers. Use the provider search tool to add your preferred providers to ensure your chosen plan meets your needs.

Frequently Asked Questions



Will I have access to the same benefits as before?

It depends on whether the plan you were previously on is offered on the individual insurance market or directly through the insurance provider. The ICHRA gives you the flexibility to choose a plan that includes the benefits that are most important to you. While it might not mirror your previous group plan, you'll have access to a range of options to find coverage that fits your priorities.

What happens if my allowance doesn't cover the full cost of my health insurance premium?

If your allowance doesn't cover the full premium amount, you will need to pay the difference. It will be automatically deducted from your paycheck on a pre-tax basis.

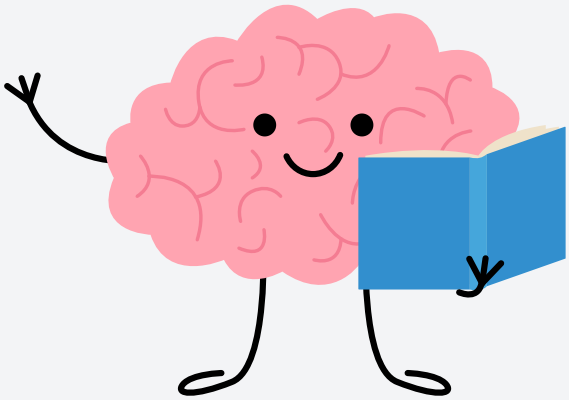
Can I enroll in any health insurance plan?

To participate in an ICHRA, you must enroll in an individual health insurance plan that meets minimum essential coverage (MEC) requirements. Short-term or supplemental plans, such as dental-only or vision-only plans, do not qualify.

Can I be denied coverage for a pre-existing condition?

No. All major medical individual plans must cover pre-existing conditions.

Frequently Asked Questions



How do I get a copy of my health insurance ID card?

You will receive your ID cards in the mail directly from your insurance carrier within 10-14 days (about 2 weeks) from the start date of your plan. For example, if your health insurance plan start date is January 1, expect to receive a physical copy of your ID card in the mail on or around January 15th.

You can obtain a temporary copy of your ID card in two ways:

- Go directly to your insurance carrier's website and create a member portal account.
- Call your insurance carrier's Customer Service department to request your ID number.
- Reach out to **support@ben-360.com** or call **(651) 358-2987**.

Read our full Employee FAQ at **ben-360.com/employees**