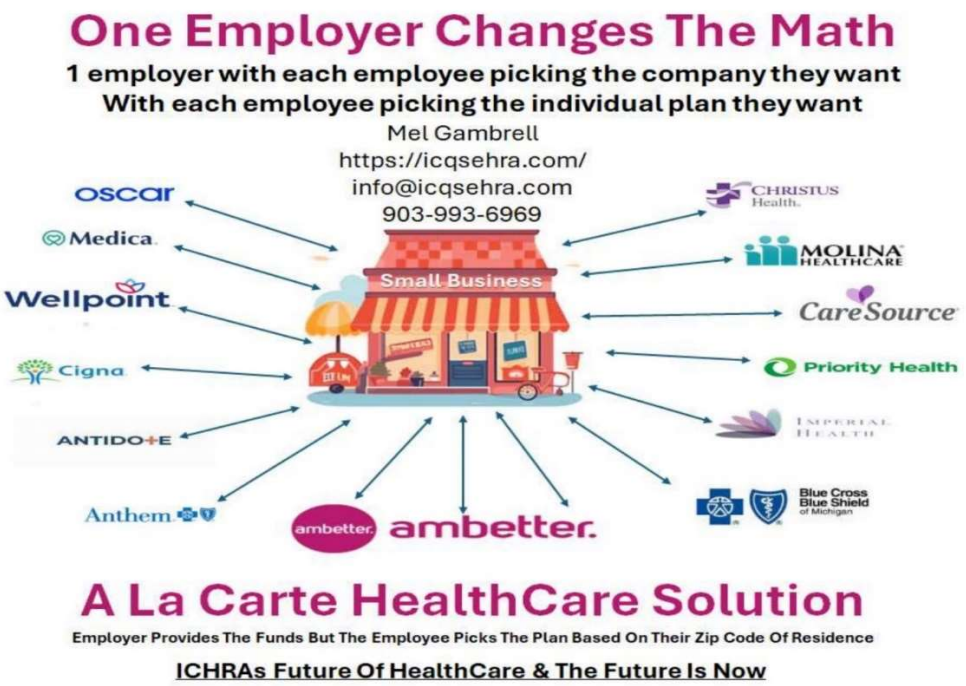
ICHRAs

Future Of Healthcare



Mel Gambrell



An ICHRA is like giving Employees a Debit Card to help pay for health insurance. Employers provide tax-free monthly stipends instead of buying traditional group policies. Employees use the monthly stipend to purchase Individual ACA Health Insurance Plans.

You can switch from a group plan to an ICHRA setup any month of the year. You don't have to wait until your current group contract ends. By LAW, an ICHRA qualifies for an SEP-Special Enrollment Period every month of the year! With an ICHRA Open Enrollment is now all year! With an ICHRA, employees can select from ***Every ACA Health Company*** doing business in their state.

The burden of selecting a group health insurance company is removed! Employees gain access to every company in the state; they can now select based on their preference.

Example:

If you have 10 employees and live in a state offering 10 different ACA Health Insurance Companies, each of the 10 employees working for the same employer could be insured by a different company. 10 employees all selecting a different health company. This gives the employer and employee maximum flexibility.

This is a true A-La-Carte System!

ICHRA Projected Growth Limits

Employer-sponsored health insurance is a cornerstone of the American healthcare system, providing coverage to approximately 165 million citizens. This form of insurance plays a critical role in ensuring that employees receive necessary medical care..

Insurance executives at major firms like Centene estimate that if hyper-growth continues, ICHRAs could eventually disrupt up to 45% (75 Million) of the employer group health coverage. According to Market Analysis Groups like Oliver Wyman....

*** ICHRAs let employers provide tax-free monthly stipends instead of buying traditional group policies, moving risk from companies to the individual ACA marketplace.

A new study from the HRA Council suggests.

ICHRA adoption could help stabilize ACA risk pools...which could help stabilize premiums.
https://www.fiercehealthcare.com/payers/study-examines-how-ichra-adoption-could-help-stabilize-aca-risk-pools

Quick Fact
"ICHRAs represent a significant shift in how employers manage health benefits."

Expert Insight
"As more businesses adopt ICHRAs, we may see a shift in how employer-sponsored health insurance is structured."

Impact
"ICHRAs are a game-changer for Small, Mid-Sized & large employers who seek to provide tailored benefits while managing costs effectively."

1	The Landscape of Employer-Sponsored Health Insurance
2	The Rise of ICHRAs and the Shift in Risk
2	The Growing Adoption of ICHRAs among Lare, Mid-Sized & Small Groups
4	Employee Preferences And Flexibility in ICHRAs
5	The Advantages of ICHRAs over Traditional Group Coverage
6	38 States Currently Licensed in Along With Company Availability by State.
7	Contact Info

Amid instability in the Affordable Care Act marketplaces, proponents of ICHRA have suggested that these models could help support risk pools. A new survey from the HRA Council adds to the body of evidence on the matter.

The council, a nonpartisan organization that pushes for expanded coverage options, released its latest look at trends around individual coverage reimbursement arrangements, or ICHRA, and found that a growing number of larger employers are considering it as an option.

The larger employee base from these firms could bring more younger, healthier individuals into the market, adding greater stability to the risk pools that would be felt on the exchanges, according to the report.

Based on data from the council's 17 member organizations, there were about 6,600 employers offering an ICHRA in 2025. That nearly doubled to 12,700 as of January 2026. The report found 109% growth among employers with 500 to 999 employees. ICHRA adoption among firms with more than 1,000 employees was up by 178%. ICHRAs are exploding in the 5 to 100 small employer groups as well!

ICHRAs have often been posited to date as a solution for small businesses that may otherwise struggle to offer coverage. But strong and ongoing growth among larger employers is critical to bolstering the broader individual market risk pool, said Robin Paoli, the council's executive director, in an interview with Fierce Healthcare.

"As these bigger employers adopt, then that risk pool gets even stronger because more people are coming in," she said.

The survey found that more than half of enrollments, both on- and off-exchange, are among people under the age of 45.

In addition to growing interest in ICHRAs, the report found that when people are offered it as an option, many choose to "flex up" to a higher-tier of plan and add their own money on top of the stipend. In an ICHRA, the employer offers workers a set amount to purchase coverage on the exchanges.

The analysis found that the median allowance offered to employees was $459 per month, while the median premium selected was $567. The median amount that individuals added to their employer contribution was $105.

Employees showed a preference for silver- or gold-tier plans, the study found, and this is particularly true among younger enrollees. For example, in a case study that the council has been tracking, a couple knowing that they planned to have a child flexed up to a gold plan to secure broader coverage ahead of the baby's birth, Paoli said.

"They're so happy that they got to do that, that they got to personalize what they wanted," she said.

One of the touted benefits of the ICHRA model is that it allows individuals or families to choose the coverage that best meets their specific needs, and the study bears out that patients are making those choices through this trend toward flexing up to higher-tier coverage, she said.

Beyond the trend toward greater adoption among larger employers, ICHRA continues to offer an on-ramp to coverage for small businesses, the survey found. More than two-thirds of the small employers offering an ICHRA in 2026 had no benefits available before, while the remaining third made the shift from a complex small group market.

The HRA Council is also tracking a trend of small businesses first embracing a qualified small employer health reimbursement arrangement, or QSHERA, before transitioning to ICHRA, Paoli said.

"They realize, 'ICHRA may be more flexible for us. ICHRA may be a better fit as we grow,'" she said, "and so in year two or three, you'll see people go from a QSEHRA to an ICHRA.

WHY! Use an ICHRA to replace your traditional group coverage?

1. Insurance is based on the risk pool. The Individual risk pool is usually larger than your group risk pool. Being a part of a pool that has more people paying into the pot usually translates into lower premiums.
2. Group insurance usually has higher renewal rates.
3. With group insurance, you're locked into a contract, usually with just one company to select from.
4. With an ICHRA, Open enrollment can be every month!
5. With an ICHRA, employees can select from every ACA health insurance company doing business in their state.
6. The burden of selecting a group health insurance company is removed. Employees gain access to every company in the state; they can now select based on their preference.
7. **Example: If you live in a state offering 10 different ACA Health Insurance companies. You could have 10 employees all selecting a different company! This gives the employer and employee maximum flexibility! This is a true à la carte system.**
8. **You can switch from a group plan to an ICHRA setup any month of the year. You don't have to wait until your current group contract ends or renews.**
   By LAW, an ICHRA qualifies for an SEP (Special Enrollment Period every month of the year! With an ICHRA, Open Enrollment is all year!

   Our Certified Health Insurance & Benefits Advisors will educate each employee on company and plan selection based on their individual needs.
   Basically, we become your HR rep for all things Health Insurance-related.

We offer:

1. **ACA Health Insurance**
2. **Private Health Insurance**
3. **Dental Insurance**
4. **Life Insurance**
5. **Accident Insurance**
6. **Critical Illness Insurance**
7. **Hospital Indemnity**
8. **Group DI & Group LTC**

   An ICHRA is like giving…..
   *****Employees, A Debit Card To Help Pay For Health Insurance*****

Part 2 – Implementation

Day Of ICHRA or QSEHRA Open Enrollment

We can execute a successful open enrollment in person or via Zoom!

Scenario 1: In Person:
When a Certified Health Advisor arrives for your Company's ICHRA / QSEHRA Open Enrollment, you will've already agreed to the defined contribution amount for the employees to use (go shopping with)

For this example, we'll assume the agreed employer contribution amount is $500 per month!

Usually, the employer will have selected an area for our Certified Health Advisor to set up.

We like to be out of the way so as not to impact the flow of your business!

A private area works best so that each employee can safely and securely provide the necessary PII (Personally Identifiable Information to enroll in a plan!

Our Certified Health Advisors will conduct an analysis for each employee to help determine the "right-fit plan”! Each employee will be able to view rates from every health insurance company doing business in your state via the ACA Marketplace!

Our Advisors will be able to explain the small print (this alone will help everyone save thousands) and help each individual employee come up with a total plan and not just a policy!

A very popular strategy is our Gap Insurance 4 Health Insurance strategy!

Everyone wants the lowest premium with the lowest copays and lowest out-of-pocket maximums.

Usually, a plan such as this will not have the lowest premium but the highest premium.

Let's assume a premium of $800 per month for a low-to-zero deductible plan with a low maximum out-of-pocket. After the employer contribution of $500, the employees' portion of the bill is $300 per month!

In this scenario, even with the lower deductible and lowered out-of-pocket maximums, the employee could still be left owing a couple thousand or more in out-of-pocket expenses, along with still paying $300 monthly for their premiums.

The better option is to allow one of our Certified Health Advisors to use gap insurance for health insurance strategies to help lower monthly premiums and lower out-of-pocket expenses down to as little as zero!

Expert Tip #1
Select a lower-cost plan with a much higher deductible or higher out-of-pocket maximum!

Instead of the policy costing $800 per month for the "Mercedes Benz Policy", select the high out-of-pocket maximum policy costing only $350 per month. (A total monthly savings of $450 or $5,400 per year per employee on average.) If you have 25 employees, we're talking about an example savings of $135,000 per year in pure health insurance premium cost! After 10 years of annual rate increases, we're talking $2.45 million in total pure health insurance plan savings!

It's not just about what you're paying this year as a business owner. It's about Tomorrow and 10 to 15 years into the future! If you can save $3 to $5 million over the next 15 years, will this help you retain good employees while providing you with more money to expand your business instead of spending it on health insurance premiums?

The A-La-Carte Gap Insurance 4 Health Insurance strategy combined with an ICHRA or QSEHRA can become a complete game changer for you and your employees!

NOW! We understand that most employees don't have $10,000 sitting in the bank that they can use for out-of-pocket expenses, and even if they have $10k in the bank....do they really want to spend it on health insurance bills?

*Research data has uncovered the number one and two reasons as to why someone would be admitted into the hospital for a day or more, triggering your deductible and out-of-pocket coinsurance maximum!

An Accident or Critical Illness*

Instead of paying $800 per month for a low out-of-pocket maximum health insurance policy, why not go with the $350 policy and then purchase a $10,000 to $15,000 accident plan costing $30 per month? Why not also purchase a $10,000 to $15,000 Critical Illness plan costing $30 to $40 per month?
If you go to the ER for an accident, let’s say a car accident, the average cost could range from $15,000 to $50,000.

According to the National Highway Traffic Safety Administration (NHTSA), the average cost of medical treatment after a car accident injury is about $15,000. Medical bills and costs associated with hospitalization as a result of an auto accident can vary widely based on injury severity and the extent of treatments required. For cases involving serious injuries, like fractures or traumatic brain injuries, costs can exceed $100,000, especially if surgery, intensive care, or long-term rehabilitation is necessary. The Average Cost of Medical & Hospital Bills After a Car Accident

A $30 Accident plan with a $15,000 coverage amount could step in to pay your coinsurance maximum portion of the bill! If you have a $10,000 maximum out-of-pocket health insurance plan, the $30 monthly premium Accident plan would not only cover your out-of-pocket health insurance expense but leave you with $5,000 extra in the bank! This results in a ZERO out-of-pocket expense with 5k extra, all while paying a much lower health insurance premium!

The cost of experiencing a Critical Illness such as a Heart Attack, Stroke, Cancer, Coma, Severe Burns etc etc could easily cost $250,000 or more!

A $30 Critical Illness plan with $15,000 of coverage could step in to pay your coinsurance maximum portion of the bill! I'll usually select an amount double the maximum coinsurance cap!

If the coinsurance maximum is $10,000, I'll select a plan for at least $20,000! This will give you enough money to pay your portion of the bill, leaving you with an extra $10,000 in the bank!

The leftover money can be used for whatever you want! The obvious use of these funds would be to help replace your income while out of work and recovering from your accident or critical illness!

Special Note: I've had clients who purchased a $500,000 Critical Illness policy and received $367,000 from the policy when they suffered a critical illness. This money allowed them to retire early! Only $17,000 of this amount was used on medical bills! They were able to retire early without having to touch their retirement nest egg!**

Recap:
We took an $800 monthly premium down to $350 per month.

We combined the lower-cost health insurance plan with two critical gap insurance plans....a $30 Accident Plan along with a $30 Critical Illness plan, bringing the total benefit plan cost to $410, still saving almost $5,000 for the year ($4,680)

The final piece to the puzzle is adding in a $33 Hospital Indemnity plan!

A hospital indemnity plan will just about account for any other reason as to why you would have an ER visit or hospital stay!

With this plan, it could pay $1,000 or more per day up to 30 days, with some plans paying up to 365 days. If in ICU, the daily amount will double for 10 days!

NOTE: This plan will pay in addition to the accident plan and critical illness plan!

If you were in the hospital for 2 weeks due to a major heart attack with all 3 of these gap insurance plans in place! Let's assume 5 of these days were in ICU!

The Critical Illness portion would pay $20,000!
The hospital Indemnity plan would pay out $19,000, along with a $2,000 hospital admission benefit for a total payout of $41,000!

After you pay the $10,000 max out-of-pocket expense, you're left with $31,000 in the bank while recovering! (Great For Income Replacement After Suffering A Major Health Scare) ***

Each scenario is different, but even with the lowest copay plan and lowest out of pocket maximum, you'll still end up spending a boatload of money in out of pocket expense, especially if you factor in lost wages from work, lost wages due to rehabilitation, new future expenses such as medical equipment, new medications and life style changes due to the health event!

A health insurance policy on its own isn't designed to account for the "Total Health Event"; however, using the Gap Insurance 4 Health Insurance Strategy, you can not only lower your premiums but almost eliminate your out-of-pocket expenses while at the same time providing yourself a financial cushion!

RECAP#2:
An $800 premium used in this example goes down to $350 per month, saving $450 per month.

We add a $30 Accident plan, a $30 Critical Illness Plan, and the $33 Hospital Indemnity Plan! This leaves us with savings of $357 per month, or $4,284 per year, all while potentially reducing your total out-of-pocket expenses down to subzero!

Using the $500 employer contribution in this example, the employee still has $57 left to purchase a Dental Plan!

The process is simple: ***Increase your maximum out-of-pocket limits with your health insurance plan; this will lower your health insurance monthly premium, saving you hundreds or thousands.

Add smaller low costing gap styled insurance plans to help eliminate your maximum out-of-pocket expenses! Low-cost $10k to $20k supplemental gap insurance plans are far less expensive than paying for the best health insurance plan on the market! Use these lower-cost specialty plans to cover your deductibles and coinsurance maximum out-of-pocket expenses. This will not only cover your maximum out-of-pocket costs but could also provide you with extra money in the bank to help replace lost income due to your ER or hospital visit!

During the open enrollment process, each employee will receive a complete strategy to reduce health care out-of-pocket costs, along with reducing premiums while helping to make health care more affordable!
If Zoom is used for your company's open enrollment, each employee will receive a Zoom calendar invite to complete their à la carte open enrollment shopping experience!

This is a true à la carte experience for employees!

As the employer, you don't have to be in the plan-selecting business anymore! It's now 100% customizable for every employee! This is the Gift Card Approach! The A-La-Carte Approach! The Maximum Cost Savings Approach!

As the employer, you simply commit to a pre-defined contribution amount and allow my team of Certified Health Advisors to customize individual plans for each employee!
This entire structure is made possible with the implementation of an ICHRA or QSEHRA!

Open Enrollment Is Now Each Month Of The Year For Large, Mid-Sized & Small Business Owners!

The Shift to ICHRAs
(What happens when you leave?)

With the ICHRA approach, you don't have to worry about expensive COBRA benefits, as each employee can keep their coverage if they leave an employer!

Leaving an employer would allow the employee to qualify for a Special Enrollment Period. When you leave an employer who's adopted the ICHRA platform, the employer will cancel your ICHRA enrollment; this event triggers an SEP. The employee would no longer receive contributions from the job; however, they can apply for a premium subsidy directly from the marketplace!

For example:
If you left employer #1 on the 25th of the month, you've already received the ICHRA premium assistance for the month, and your coverage is still in place.

To ensure a smooth transition from an ICHRA setup to a direct marketplace setup, you'll submit a new application for the same plan to start 5 to 6 days later (The 1st of the next month), applying for a premium subsidy directly from the marketplace!

The only real change is who's giving you premium assistance! (Employer or Marketplace)

As businesses strive for flexibility and cost-effectiveness, Individual Coverage Health Reimbursement Arrangements (ICHRAs) have emerged as a compelling alternative to traditional group health coverage. One of the significant benefits of ICHRAs is the expansion of the risk pool, which potentially leads to more stable and lower premium rates.

With ICHRAs, employees can select plans that best fit their individual circumstances, with personalized health benefit options tailored to individual needs.

With the ICHRA* à la carte system*, employees can switch back and forth every year between all the plans and health companies in their state, 100% based on their individual preferences and not the job's preference. The employer simply provides the funds for the employees to go shopping!

Instead of HR giving each employee a book and saying, " Hey, go pick a plan....you'll gain access to one of my Certified Health Insurance Advisors, who will conduct an analysis of your individual circumstances to help guide you to the best plan for your family!

Every Health Insurance Company in your state is on the table; we'll help identify the best plan and company based on your current zip code.

This is the Future of Healthcare!

Licensed States For Mel Gambrell

1. Alabama
2. Arkansas
3. Arizona
4. California
5. Colorado
6. Connecticut
7. Delaware
8. Florida
9. Georgia
10. Iowa
11. Idaho
12. Illinois
13. Indiana
14. Kansas
15. Kentucky
16. Louisiana
17. Massachusetts
18. Maryland
19. Maine
20. Michigan
21. Missouri
22. Mississippi
23. Nebraska
24. New Hampshire
25. New Jersey
26. New Mexico
27. New York
28. Ohio
29. Oklahoma
30. Pennsylvania
31. South Carolina
32. Tennessee
33. Texas
34. Utah
35. Virginia
36. Washington
37. Wisconsin
38. **NORTH CAROLINA***

As of September 2026 – Subject To Change*

ACA Company & State Availability

Going into 2027

Ambetter	UHC	Oscar	Molina	Cigna	Medica
Alabama	Alabama,	Alabama	California	Arizona	Minnesota
Arizona	Arizona,	Arizona	Florida	Colorado	Missouri
Arkansas	Colorado	Arkansas	Idaho	Florida	Nebraska
California	Florida,	California	Illinois	Georgia	North Dakota
Delaware	Georgia,	Florida	Kentucky	Illinois	Wisconsin
Florida	Illinois	Georgia	Michigan	Indiana	
Georgia	Indiana,	Illinois	Mississippi	Mississippi	
Illinois	Iowa,	Iowa	Nevada	North Carolina	
Indiana	Kansas	Kansas	New Mexico	Tennessee	
Iowa	Louisiana,	Michigan	Ohio	Texas	
Kansas	Maryland,	Mississippi	South Carolina	Virginia	
Kentucky	Michigan	Missouri	Texas		
Louisiana	Mississippi,	Nebraska	Utah		
Michigan	Missouri,	New Jersey	Washington		
Mississippi	Nebraska	North Carolina	Wisconsin		
Missouri	New Jersey,	Oklahoma			
Nebraska	New Mexico,	Pennsylvania			
Nevada	North Carolina	Tennessee			
New Hampshire	Ohio,	Texas			
New Jersey	Oklahoma,	Virginia	Medica	BCBS	
New Mexico	South Carolina	Ohio			
New York	Tennessee,		Minnesota	All 50 State	
North Carolina	Texas,		Missouri		
Ohio	Virginia		Nebraska		
Oklahoma	Washington,		North Dakota		
Pennsylvania	Wisconsin,		Wisconsin		
South Carolina	Wyoming				
Tennessee					
Texas					

Priority Health	CareSource	Antidote	Christus Health	WellPoint	Imperial H
Michigan	Georgia	Arizona	Texas	Texas	Texas
	Nevada	Ohio	Louisiana	Florida	Utah
	Wisconsion			Maryland	Nevada
				Washington	Arizona

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For Dental Insurance visit https://dentalsmileclub.com/

Future Of Healthcare Is Now!



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