



# Employee Onboarding

## — GUIDE —



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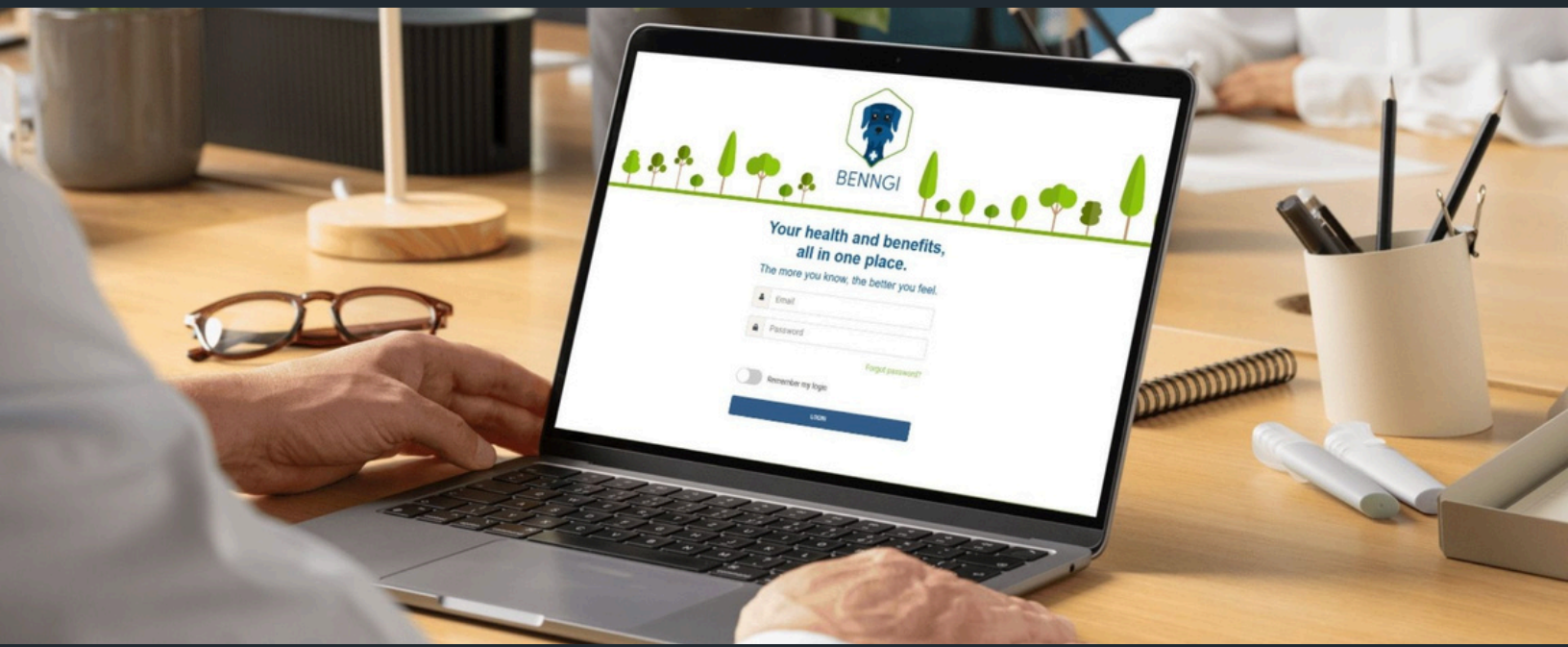
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## Getting Started

# Welcome to Your New Health Benefit!

You've been invited to enroll in a QSEHRA — an individual health reimbursement benefit provided by your employer. You'll manage your plan through **BENNGI**, the secure benefits platform powered by Benafica. BENNGI makes it easy to submit your health plan information and start receiving reimbursements for premiums and out-of-pocket healthcare expenses. Here's what you can do on the platform:

- **Create your BENNGI Account** via your email invitation
- **Enroll yourself** and **your dependents** in your company's QSEHRA
- **File claims** for reimbursement — straight to your bank account

This guide will walk you through each feature so you can confidently manage your benefit from day one.

Access the platform at **[login.benngi.com](https://login.benngi.com)**

## What is a QSEHRA?

A **Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)** is a health benefit your employer offers to help you pay for your personal health insurance and medical expenses. Instead of offering a traditional group plan, your company provides tax-free monthly reimbursements for qualifying healthcare costs — like insurance premiums and out-of-pocket expenses.



### Step 1: You Choose and Pay for Coverage

You shop for and enroll in a health insurance plan that works best for you. This can include individual coverage from the Marketplace, a spouse's group plan, or even Medicare.

### Step 2: You Submit a Claim

You upload proof of your insurance premium or eligible out-of-pocket medical expense to your account in the BENNGI platform.



### Step 3: We Review and Approve

Our team reviews your submission to make sure it qualifies under IRS rules and your employer's QSEHRA plan design.

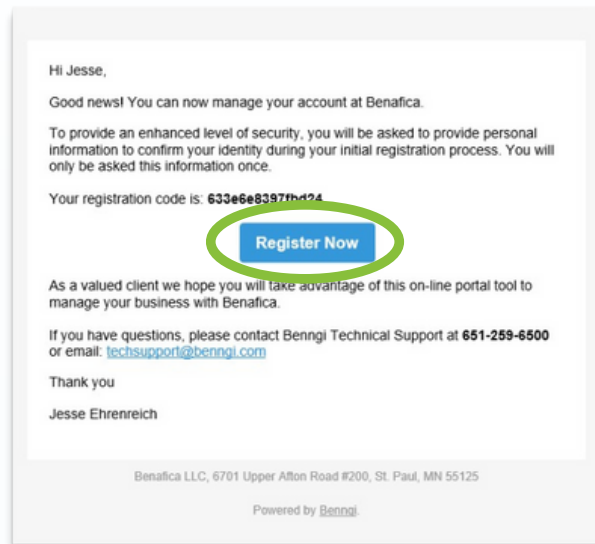
### Step 4: You Get Reimbursed

Approved claims are reimbursed directly into your bank account — usually within a few business days.

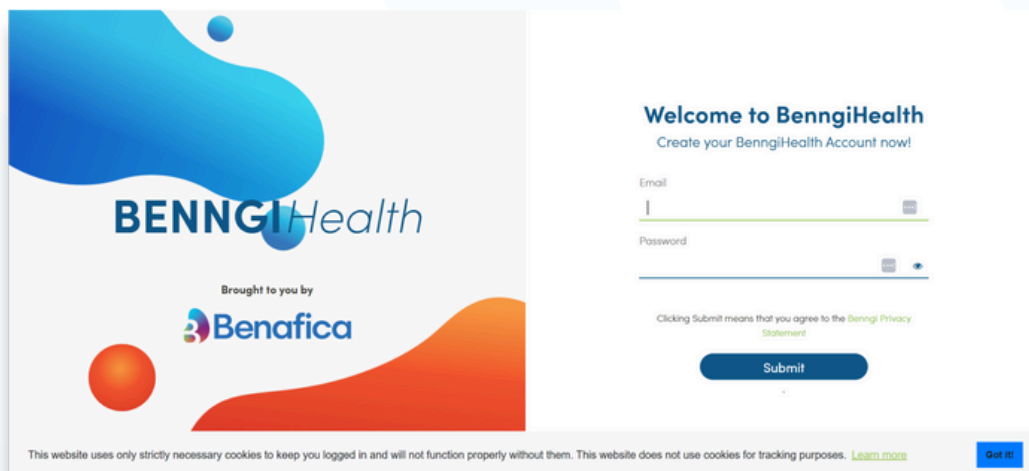


## Create Your Account

You'll receive a registration email from your employer when Open Enrollment begins.



- Click **"Register Now"** in the email
- Enter your email and create a password
  - 8 characters
  - At least 1 lowercase letter
  - At least 1 uppercase letter
  - At least 1 number
  - At least one special character (\$,!,@,#)
- Click **"Submit"**



## Create Your Account (cont'd)

The system will send you a 6-digit code you will have to enter



Enter the 6-digit code from your email and click “**Log in**”

You’ll be redirected to your BENNGI Health Dashboard.

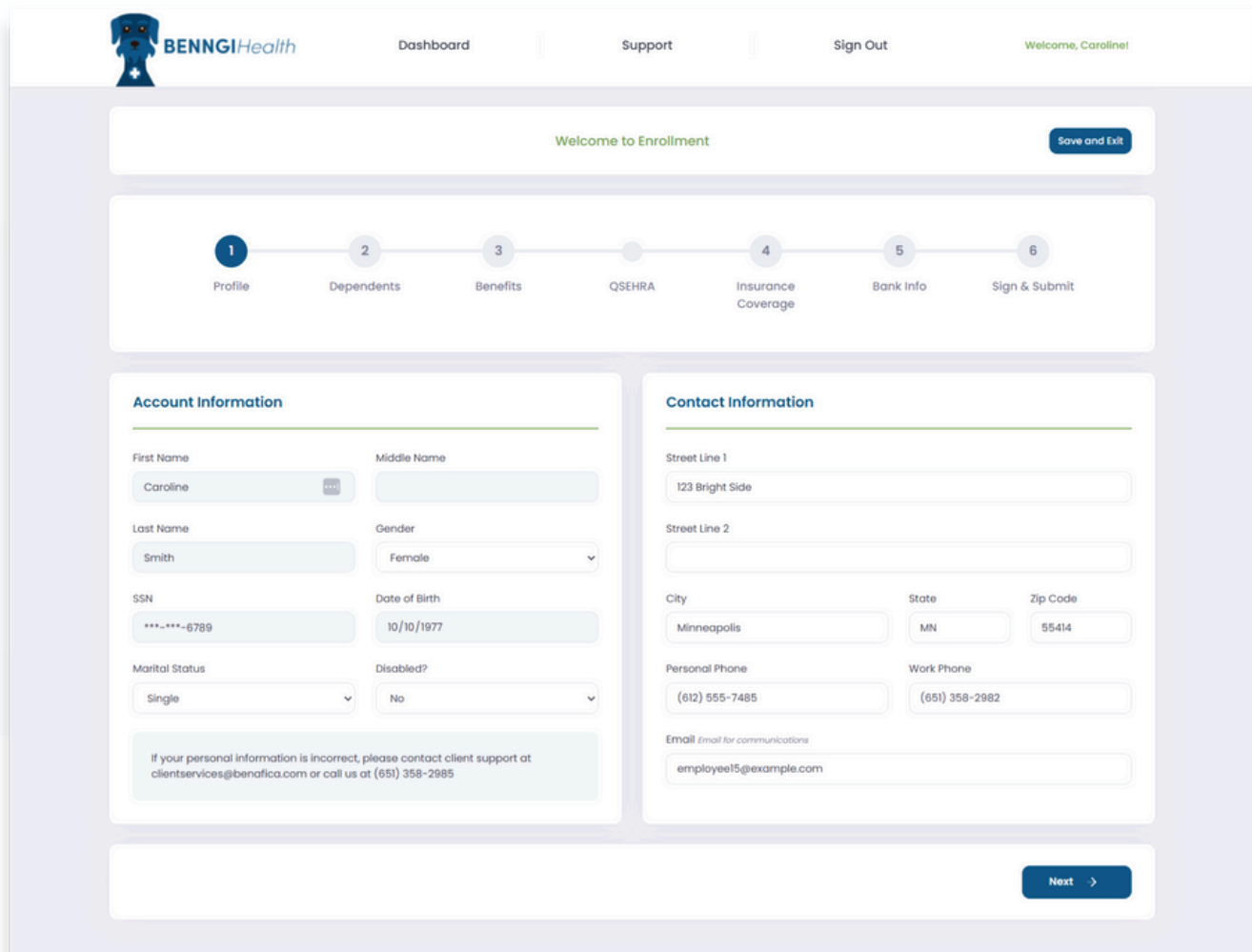
**Please note:** *The BENNGI platform does not facilitate the purchase of health insurance. Before you proceed to the next step of your QSEHRA enrollment, you must already be enrolled in a qualified health care plan.*

*This can include:*

- *A spouse’s or parent’s group plan*
- *An individual plan purchased through the ACA marketplace or directly from a health insurance carrier*
- *Medicare or Medicaid*

*You’ll be asked to upload proof of coverage, so be sure to enroll in your chosen health plan before continuing.*

# Your Enrollment Dashboard



The screenshot shows the BENNGIHealth Enrollment Dashboard. At the top, there's a navigation bar with "Dashboard", "Support", and "Sign Out" links, and a welcome message "Welcome, Caroline!". Below this is a "Welcome to Enrollment" banner with a "Save and Exit" button. A progress bar shows six steps: 1. Profile, 2. Dependents, 3. Benefits, 4. QSEHRA, 5. Insurance Coverage, and 6. Sign & Submit. The main content area is divided into two sections: "Account Information" and "Contact Information".

**Account Information**

First Name: Caroline  
Middle Name:   
Last Name: Smith  
Gender: Female  
SSN: \*\*\*-\*\*-6789  
Date of Birth: 10/10/1977  
Marital Status: Single  
Disabled?: No

If your personal information is incorrect, please contact client support at [clientservices@benafica.com](mailto:clientservices@benafica.com) or call us at (651) 358-2985

**Contact Information**

Street Line 1: 123 Bright Side  
Street Line 2:   
City: Minneapolis  
State: MN  
Zip Code: 55414  
Personal Phone: (612) 555-7485  
Work Phone: (651) 358-2982  
Email: Email for communications  
employee15@example.com

Next >

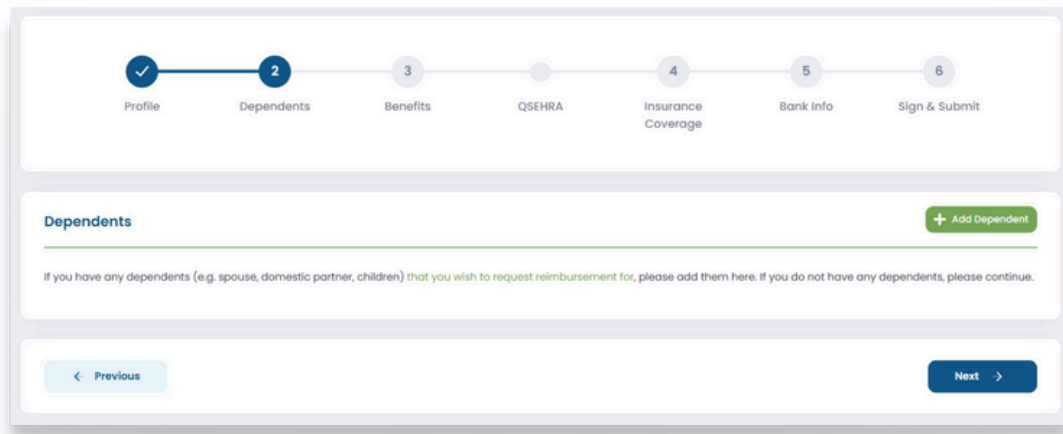
Your login dashboard will show some pre-filled information that has already been entered by your employer. Some information will not be editable. If you see a mistake, contact us at the listed email or phone number.

## Verify Your Contact Information

Make any edits to your address and email, then click "**Next**"

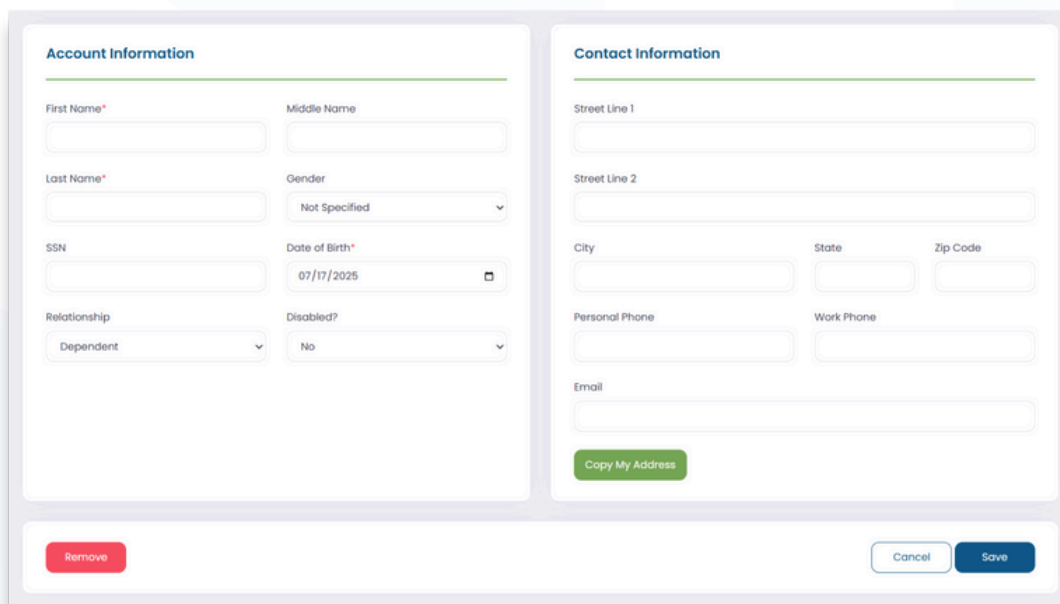
## Add Dependents

If your employer's QSEHRA benefit includes coverage for family members, you can add eligible dependents during the enrollment process. This may include your spouse and children under age 26.



The screenshot shows a progress bar at the top with six steps: Profile (1), Dependents (2), Benefits (3), QSEHRA (4), Insurance Coverage (5), and Sign & Submit (6). Step 2, 'Dependents', is currently active. Below the progress bar, the 'Dependents' section has a green '+ Add Dependent' button. A note below the button reads: 'If you have any dependents (e.g. spouse, domestic partner, children) that you wish to request reimbursement for, please add them here. If you do not have any dependents, please continue.' At the bottom of the form, there are two buttons: '< Previous' and 'Next >'. The 'Next >' button is highlighted in blue.

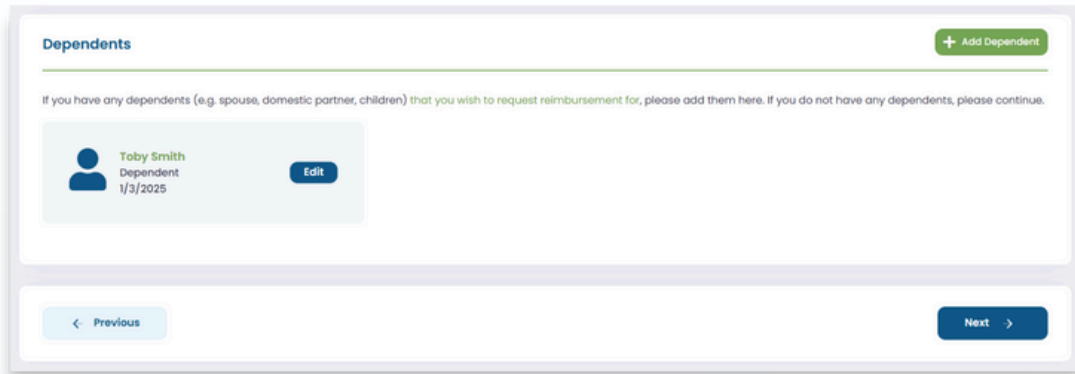
- Click **"Add Dependent"**
- Fill out the dependent information
  - Full name, Gender, Social Security Number, Date of Birth, Relationship, and Disability Status
- Click **"Save"**



The screenshot shows a form with two main sections: 'Account Information' and 'Contact Information'. The 'Account Information' section includes fields for First Name\*, Middle Name, Last Name\*, Gender (dropdown menu with 'Not Specified' selected), SSN, Date of Birth\* (calendar icon), Relationship (dropdown menu with 'Dependent' selected), and Disabled? (dropdown menu with 'No' selected). The 'Contact Information' section includes fields for Street Line 1, Street Line 2, City, State (dropdown menu), Zip Code, Personal Phone, Work Phone, and Email. A green 'Copy My Address' button is located below the 'Contact Information' section. At the bottom of the form, there are three buttons: 'Remove' (red), 'Cancel' (light blue), and 'Save' (dark blue). The 'Save' button is highlighted.

## Add Dependents (cont'd)

Confirm your dependent was added, and then click “**Next**”



**Dependents** + Add Dependent

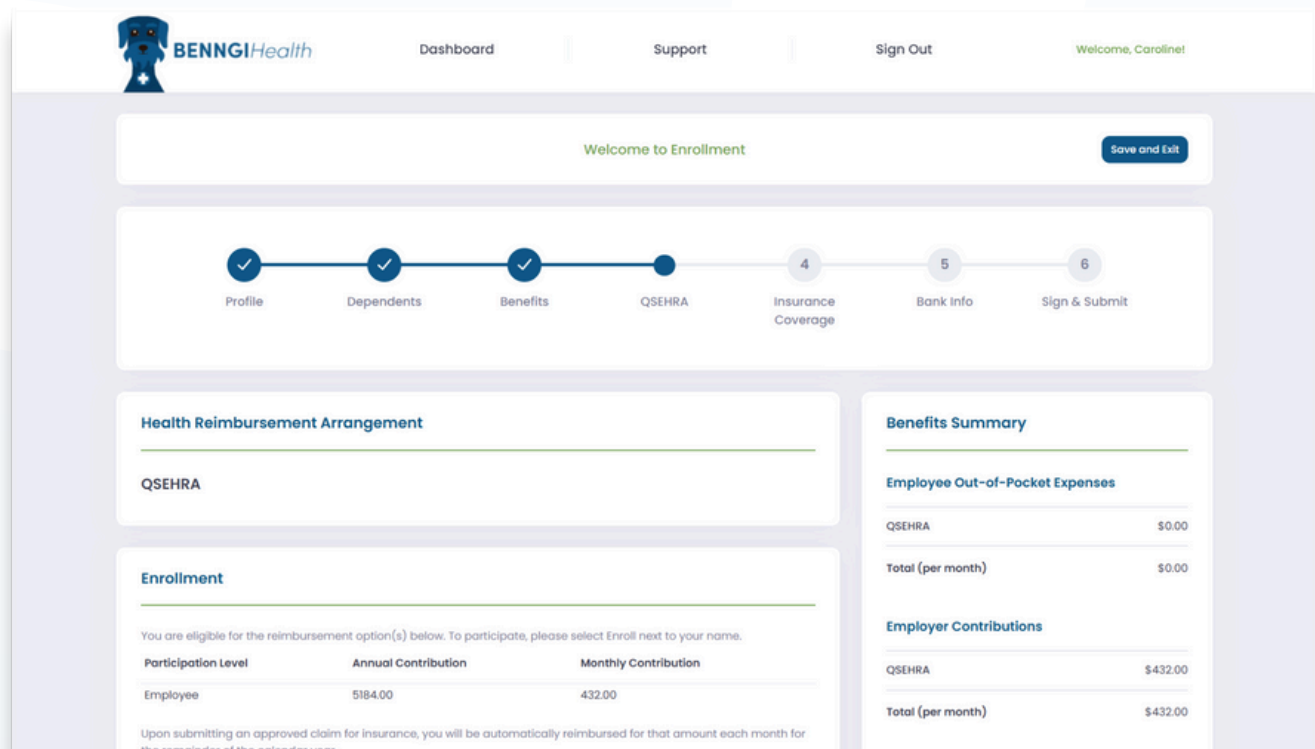
If you have any dependents (e.g. spouse, domestic partner, children) that you wish to request reimbursement for, please add them here. If you do not have any dependents, please continue.

| Dependent               | Date Added | Action               |
|-------------------------|------------|----------------------|
| Toby Smith<br>Dependent | 1/3/2025   | <a href="#">Edit</a> |

[< Previous](#) [Next >](#)

## Review Your QSEHRA Contribution Amount

On this page, you'll review the details of your new health benefit. You'll see the type of HRA you're enrolled in (QSEHRA), along with your monthly and annual contribution amounts — this is the maximum amount your employer will reimburse you for eligible healthcare expenses.



**BENNGIHealth** Dashboard Support Sign Out Welcome, Caroline!

Welcome to Enrollment Save and Exit

Progress: Profile ✓ Dependents ✓ Benefits ✓ **QSEHRA** 4 Insurance Coverage 5 Bank Info 6 Sign & Submit

**Health Reimbursement Arrangement**

QSEHRA

**Enrollment**

You are eligible for the reimbursement option(s) below. To participate, please select Enroll next to your name.

| Participation Level | Annual Contribution | Monthly Contribution |
|---------------------|---------------------|----------------------|
| Employee            | 5184.00             | 432.00               |

Upon submitting an approved claim for insurance, you will be automatically reimbursed for that amount each month for the remainder of the calendar year.

**Benefits Summary**

**Employee Out-of-Pocket Expenses**

|                   |        |
|-------------------|--------|
| QSEHRA            | \$0.00 |
| Total (per month) | \$0.00 |

**Employer Contributions**

|                   |          |
|-------------------|----------|
| QSEHRA            | \$432.00 |
| Total (per month) | \$432.00 |

## Review Your QSEHRA Contribution Amounts (cont'd)

- Check the box “**Yes**” to confirm enrollment and click “**Next**”



**Health Insurance Attestation**

---

The federal government requires employees with an HRA to have health insurance that is compliant with the Affordable Care Act. To use your employer's HRA plan, you must attest that you have suitable health insurance coverage or will have suitable health insurance coverage by the start date of your HRA plan.

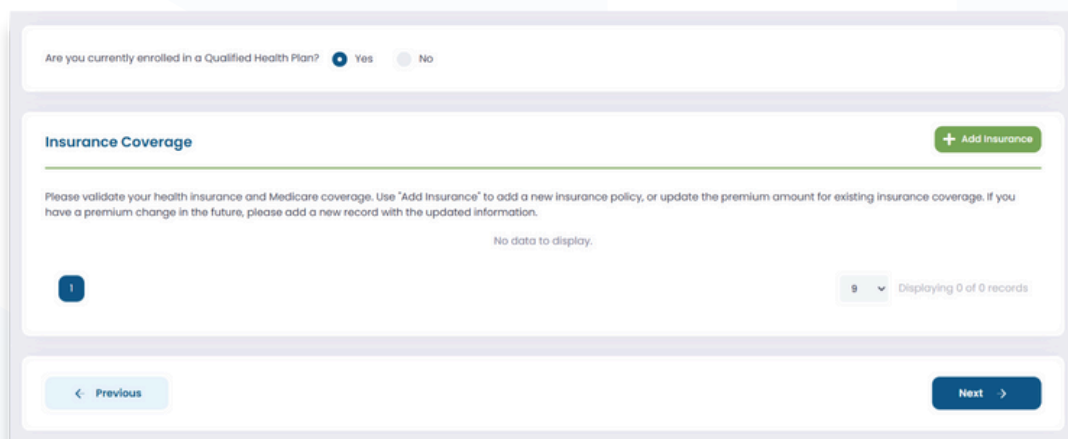
I attest that I am covered (or will be covered) by eligible health coverage:

☒ **Yes**

You will be required in Section 4, Insurance Coverage, to provide information regarding your insurance coverage

## Add Your Insurance Coverage

- Answer the question “**Are you currently enrolled in a Qualified Health Plan**” (Yes or No)
- If “**No**” - You can continue through your enrollment, but you will need to come back to this step later.
- If “**Yes**”, a module will expand where you can add your health coverage information



Are you currently enrolled in a Qualified Health Plan? ☒ Yes ☐ No

---

**Insurance Coverage** [+ Add Insurance](#)

---

Please validate your health insurance and Medicare coverage. Use “Add Insurance” to add a new insurance policy, or update the premium amount for existing insurance coverage. If you have a premium change in the future, please add a new record with the updated information.

No data to display.

1

9 ▼ Displaying 0 of 0 records

[< Previous](#) [Next >](#)

- Click “**Add Insurance**” to enter the details of your plan

## Add Your Insurance Coverage (cont'd)

- Select “Health Insurance” under **Insurance Type**
- Enter the **insurance company’s name**, **plan name**, and **policy number**
- Enter your **total recurring monthly premium** amount (or select “I don’t know at this time”)
- Enter the **start** and **end dates** of the policy
- Click your name under “**Policy Members**” to select other members, such as your dependents
- Write any **plan notes** (for your personal reference only)
- Select the **type of health coverage** your plan falls under (ACA Plan, Group Health Insurance, Medicare or Other)
- Upload **insurance documents**, like a Certificate of Coverage.
  - Must include carrier name, plan name, named insured, total premium and effective dates of coverage.

### Insurance Coverage

Insurance Type

Health Insurance

Insurance Company\*

Plan Name

Policy Number

My total monthly premium is (will be)\*

\$

Effective Start Date\*

07/17/2025

I don't know at this time

Effective End Date

mm/dd/yyyy

Policy Members\*

Caroline Smith

Plan Notes - For your personal reference

Type of Health Coverage\*

ACA Compliant Individual Insurance

Group Health Insurance

Medicare

Other

Remove

Cancel

Save

### Insurance Documents

Insurance Documentation must include carrier name, plan name, named insured, total premium, and effective dates of coverage. Necessary for future claim reimbursements. (You can add this at time of reimbursement.)

Drag and drop files here or click Select Files to upload

Select files...

Drag and drop files here

## Add Your Insurance Coverage (cont'd)

**Important Note:** *If you select ACA coverage as your health insurance type during enrollment, an additional question will appear asking whether you've received a health insurance subsidy (also known as a premium tax credit) from the government health insurance exchange.*

*If you receive a premium tax credit, your QSEHRA benefit may reduce the amount of that credit. That's because the IRS considers your QSEHRA allowance as help toward covering your insurance costs. When you report your QSEHRA amount to the Marketplace, they will adjust your subsidy accordingly. It's important to report this accurately to avoid owing money at tax time.*

Type of Health Coverage\*

☒ ACA Compliant Individual Insurance

☐ Group Health Insurance

☐ Medicare

☐ Other

If enrolled in an individual health insurance plan, do you receive a Health Insurance Subsidy from a government Health Insurance Exchange?\*

☒ Yes

☐ No

☐ I don't know



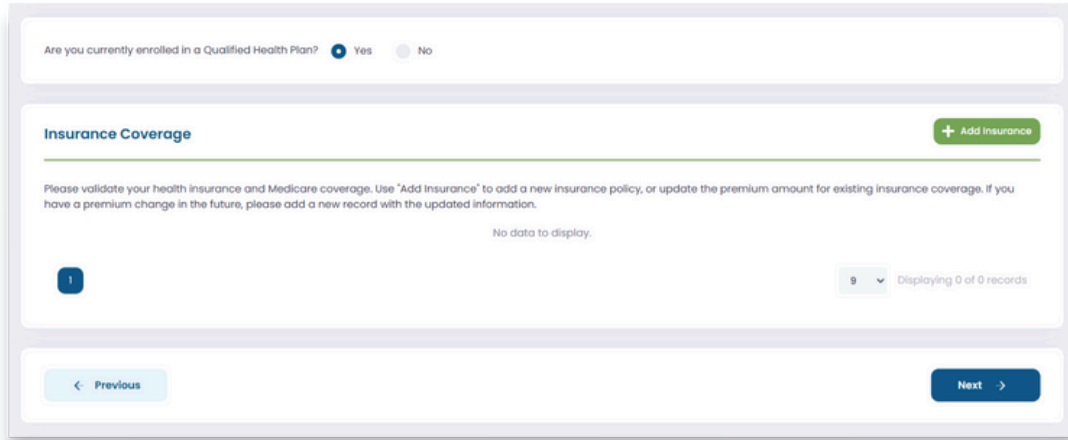
### Important Note

It is your urgent responsibility to notify the State/Federal Marketplace Exchange and report that your employer has offered you an ICHRA or QSEHRA, As stated in the HRA General Notice you received, this may affect your eligibility for the tax credit subsidy that you may be receiving.

Close

## Add Your Insurance Coverage (cont'd)

Verify your insurance coverage was added, and then click “[Next](#)”



Are you currently enrolled in a Qualified Health Plan? ☒ Yes ☐ No

### Insurance Coverage

[+ Add Insurance](#)

Please validate your health insurance and Medicare coverage. Use "Add Insurance" to add a new insurance policy, or update the premium amount for existing insurance coverage. If you have a premium change in the future, please add a new record with the updated information.

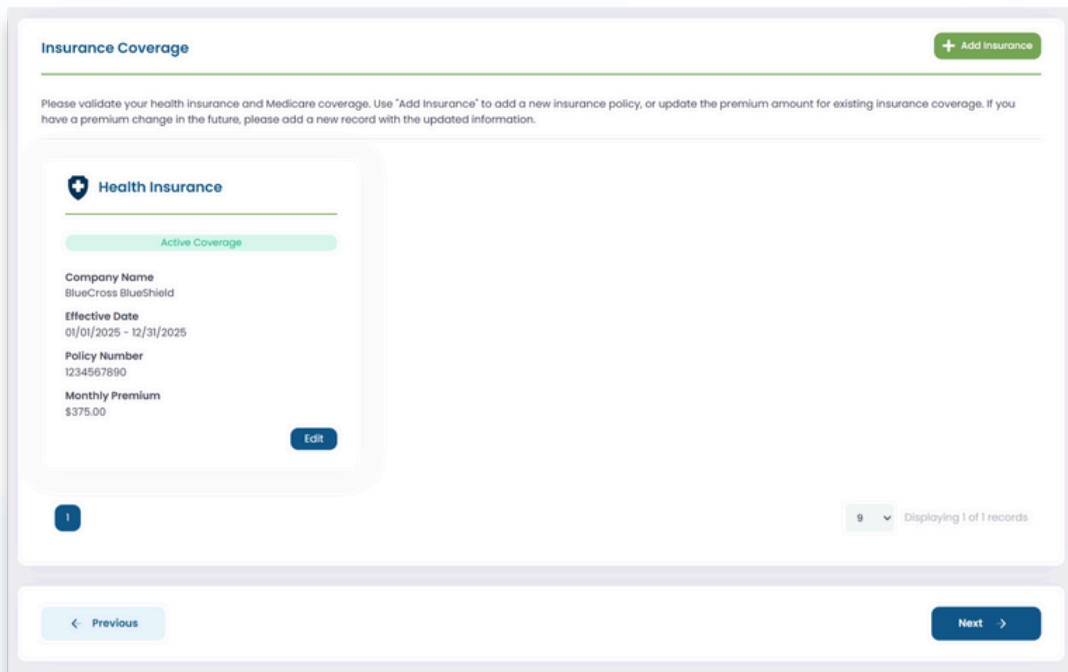
No data to display.

1 9 ▼ Displaying 0 of 0 records

[< Previous](#) [Next >](#)

## Add Your Insurance Coverage (cont'd)

Verify your insurance coverage was added, and then click “[Next](#)”



### Insurance Coverage

[+ Add Insurance](#)

Please validate your health insurance and Medicare coverage. Use "Add Insurance" to add a new insurance policy, or update the premium amount for existing insurance coverage. If you have a premium change in the future, please add a new record with the updated information.

#### Health Insurance

Active Coverage

Company Name  
BlueCross BlueShield

Effective Date  
01/01/2025 - 12/31/2025

Policy Number  
1234567890

Monthly Premium  
\$375.00

[Edit](#)

1 9 ▼ Displaying 1 of 1 records

[< Previous](#) [Next >](#)

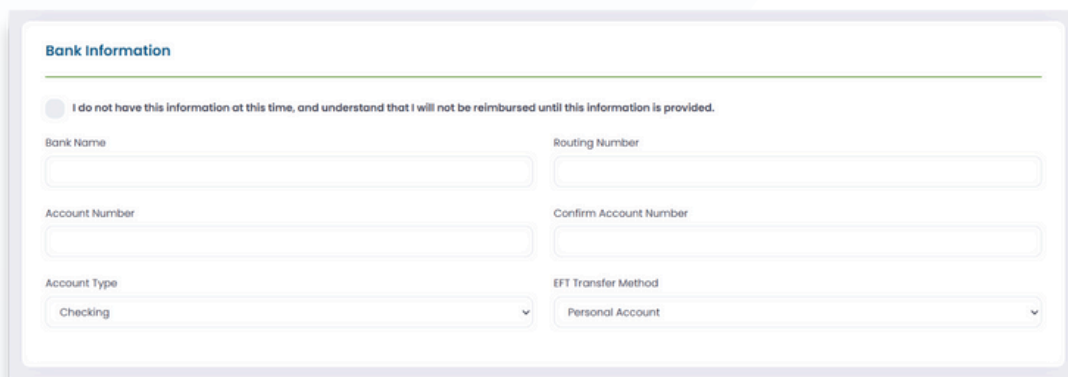
**Please Note:** You can add multiple insurance policies at this step, such as health insurance, dental insurance, vision insurance, etc.

## Add Your Bank Information

To ensure fast and secure claim reimbursements, be sure to add your bank account details. This allows us to deposit your approved reimbursements directly — no waiting, no paper checks.

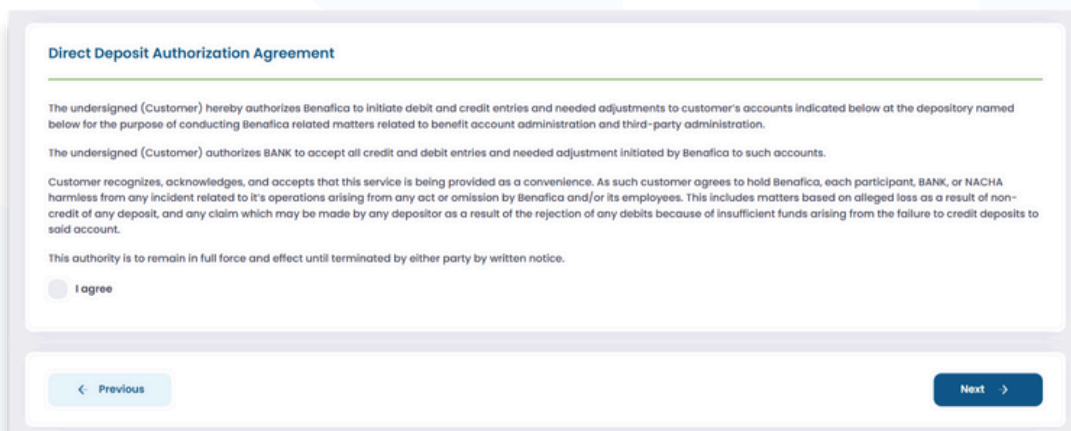
To add your bank account information, you will need:

- Bank Name
- Bank Routing Number
- Your Account Number
- Your Type of Account (Checking or Savings)



The form is titled "Bank Information" and includes a checkbox for "I do not have this information at this time, and understand that I will not be reimbursed until this information is provided." Below this are fields for "Bank Name", "Routing Number", "Account Number", and "Confirm Account Number". At the bottom, there are two dropdown menus: "Account Type" (with "Checking" selected) and "EFT Transfer Method" (with "Personal Account" selected).

Click the checkbox to accept the [Direct Deposit Authorization Agreement](#)

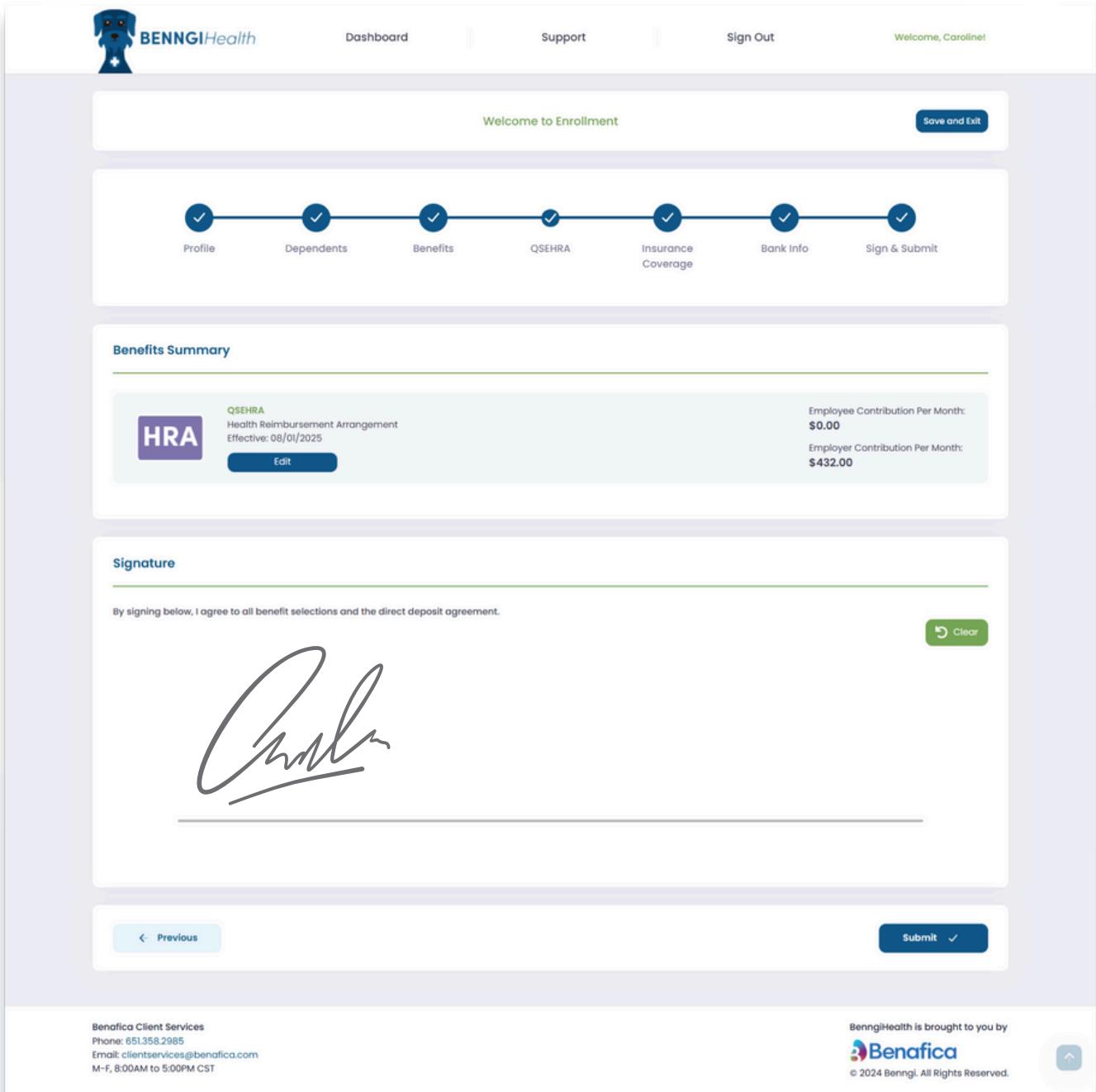


The form is titled "Direct Deposit Authorization Agreement". It contains several paragraphs of text explaining the authorization. At the bottom, there is a checkbox labeled "I agree". Below the form are two buttons: "Previous" and "Next".

**Please Note:** You can choose not to add your bank account information at this step, but you will need to add it before submitting claims.

## Finalize and Sign

You're almost done! On this page, you'll review your QSEHRA plan details, including your monthly contribution amount and coverage information. Once everything looks correct, simply **add your signature** in the box provided at the bottom to confirm your enrollment.



The screenshot shows the BenngiHealth enrollment interface. At the top, there's a navigation bar with 'Dashboard', 'Support', and 'Sign Out' links, and a welcome message 'Welcome, Caroline!'. Below this is a 'Welcome to Enrollment' banner with a 'Save and Exit' button. A progress bar shows seven steps: Profile, Dependents, Benefits, QSEHRA, Insurance Coverage, Bank Info, and Sign & Submit (the current step). The 'Benefits Summary' section displays 'HRA' (Health Reimbursement Arrangement) with an 'Edit' button. It also shows 'Employee Contribution Per Month: \$0.00' and 'Employer Contribution Per Month: \$432.00'. The 'Signature' section has a text box with a signature and a 'Clear' button. At the bottom, there are 'Previous' and 'Submit' buttons. The footer contains Benafica Client Services contact information and a copyright notice for BenngiHealth.

## Guide to Reimbursable Expenses

Your QSEHRA benefit may cover either **insurance premiums** only or premiums plus eligible **medical expenses** (up to the monthly contribution amount), depending on what your employer selected.

- If your plan is **premium-only**, just submit documentation showing your monthly premium. Once approved, that amount will be automatically reimbursed each month — no need to submit it again.
- If your plan includes **medical expenses**, you can also submit other qualified out-of-pocket costs (like prescriptions or copays) throughout the year. Each of these will need to be submitted individually with documentation showing proof of payment.

### Reimbursable Medical Expenses Can Include:



**Health Insurance  
Premiums**



**Dental Insurance  
Premiums & Care**



**Vision Insurance  
Premiums & Costs**



**Medicare or  
Medicaid**



**Prescription & OTC  
Drug Costs**



**Doctor Visit  
Co-Pays**



**Preventative  
Care**



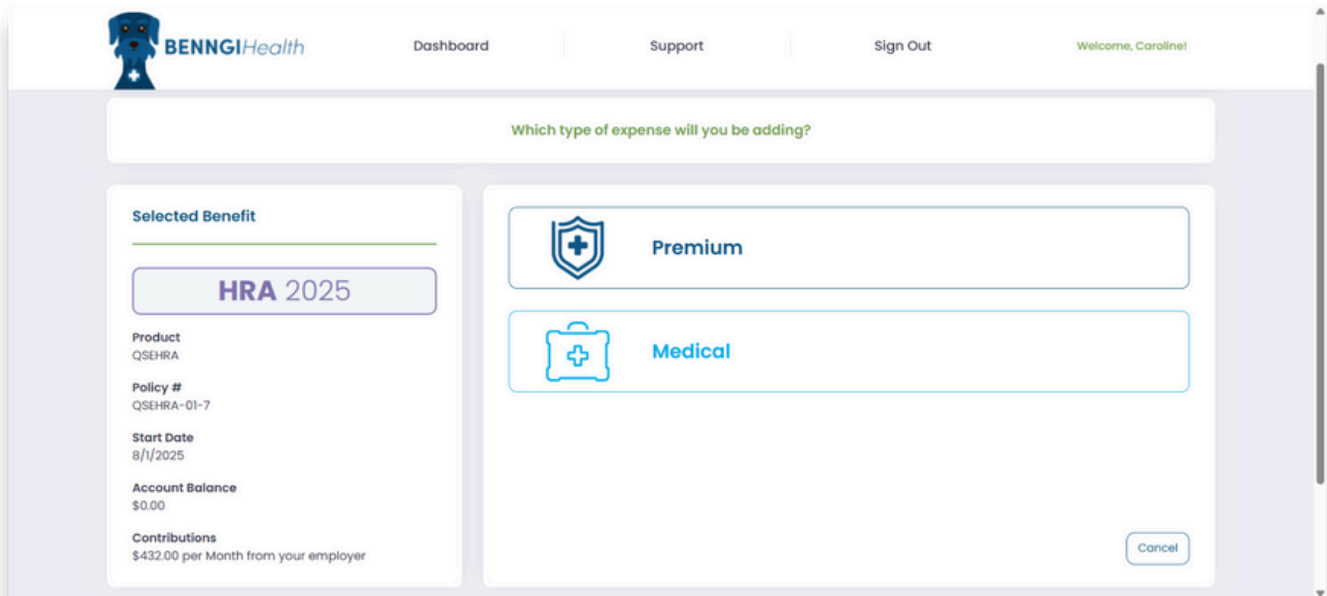
**Mental Health  
Services**



**Hearing Aids &  
Batteries**

And more! For a full list of reimbursable expenses, check with your employer.

## Submitting a Claim



**BENNGIHealth** Dashboard Support Sign Out Welcome, Caroline!

Which type of expense will you be adding?

**Selected Benefit**

**HRA 2025**

Product  
QSEHRA

Policy #  
QSEHRA-01-7

Start Date  
8/1/2025

Account Balance  
\$0.00

Contributions  
\$432.00 per Month from your employer

**Premium**

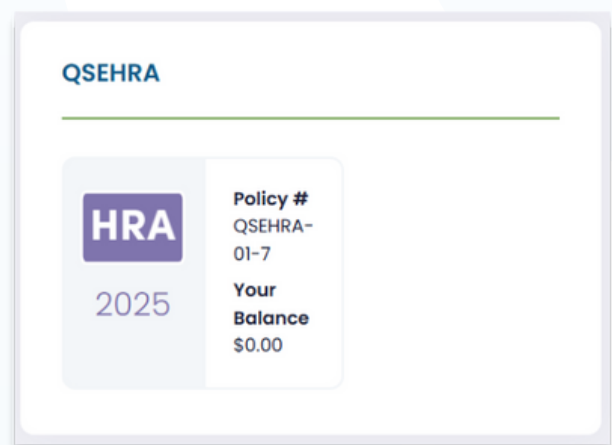
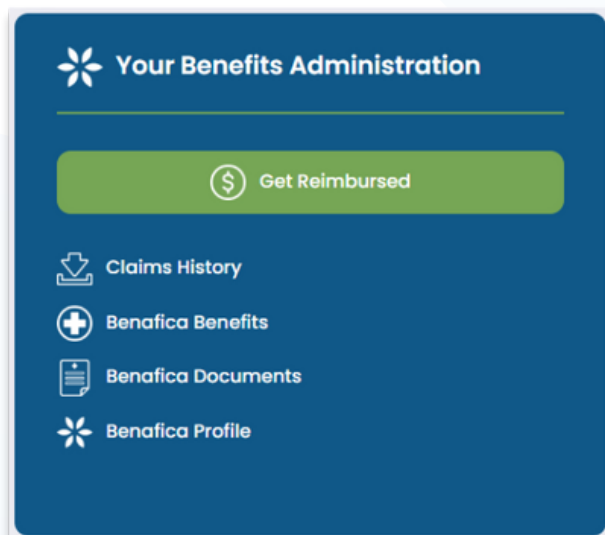
**Medical**

Cancel

### Submitting Your Recurring Premium Claim

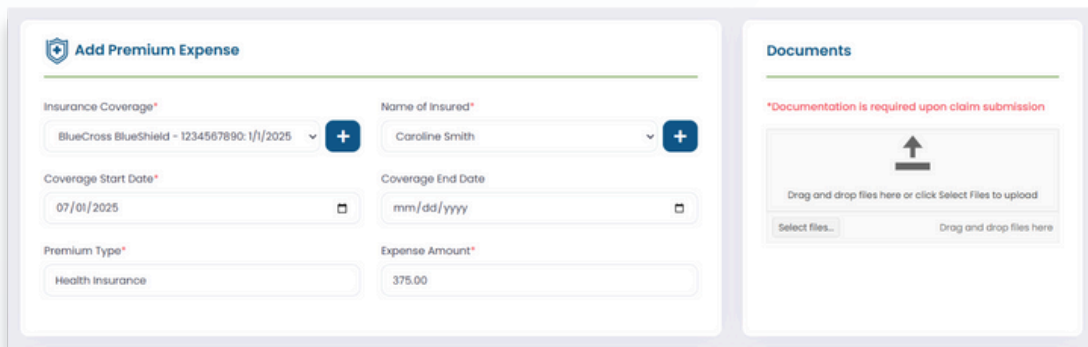
Based on information you entered during the enrollment process, your premium claim information may be pre-filled.

- From your dashboard, click the “[Get Reimbursed](#)” button
- Click on your [QSEHRA policy](#) to start
- Select “[Premium](#)” on the next screen (see image above)



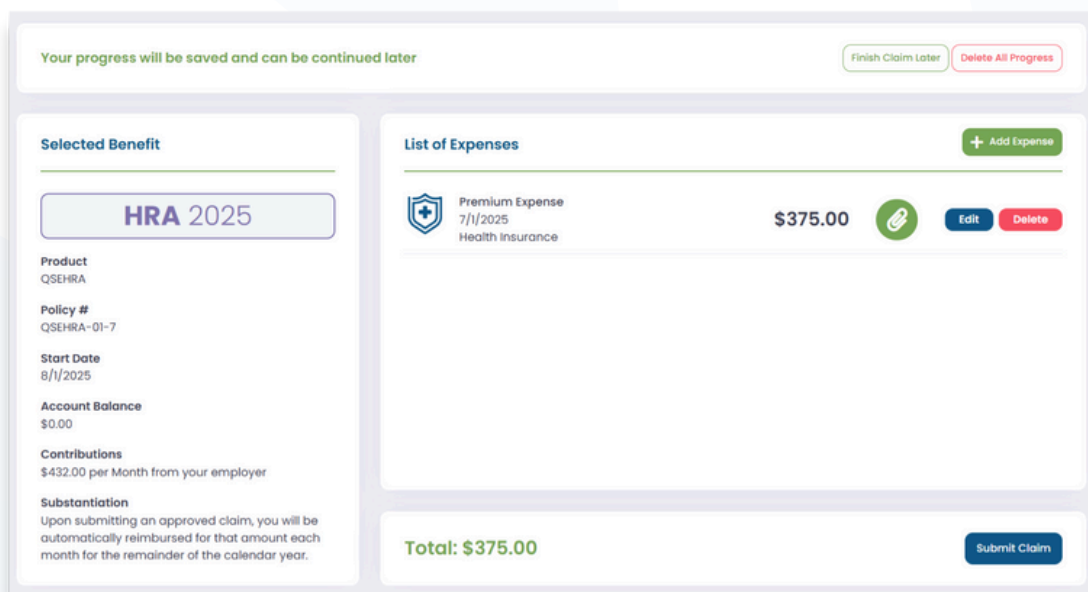
## Fill Out Premium Information

- Select the **insurance plan** associated with this claim (or add new one)
- Select the **name of insured**
- Fill out the **coverage start** and **end dates**
  - Your coverage start date will be pre-filled out to coordinate with your QSEHRA plan start date
- **Premium type** and **expense amount** should be pre-filled, but if they are blank, fill them out
- Upload **documentation** showing you paid your premium, like a receipt
- Click **“Save and Review Claim”** to go to the next step

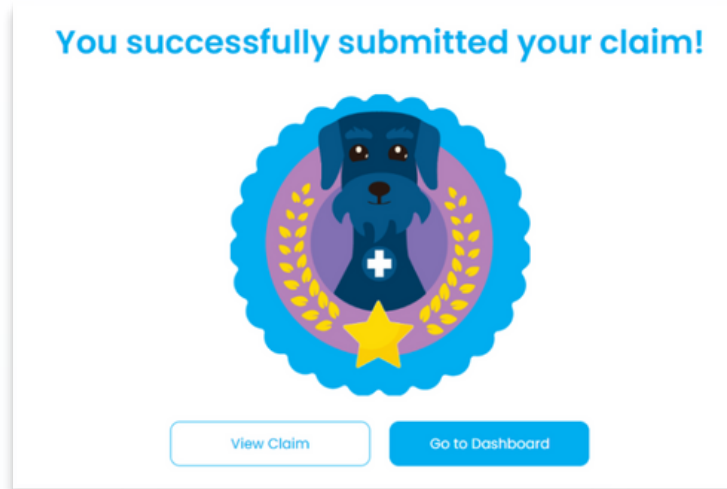


The screenshot shows the 'Add Premium Expense' form. It has two main sections. The left section contains fields for: Insurance Coverage\* (a dropdown menu showing 'BlueCross BlueShield - 1234567890: 1/1/2025'), Name of Insured\* (a text field with 'Caroline Smith'), Coverage Start Date\* (a date field with '07/01/2025'), Coverage End Date (a date field with a placeholder 'mm/dd/yyyy'), Premium Type\* (a text field with 'Health Insurance'), and Expense Amount\* (a text field with '375.00'). The right section is titled 'Documents' and includes a note: '\*Documentation is required upon claim submission'. Below this is a file upload area with an arrow icon and the text 'Drag and drop files here or click Select Files to upload'. There is a 'Select files...' button and another 'Drag and drop files here' text.

Review your claim information and click **“Submit Claim”** (or you can click **“Finish Claim Later”** to save a draft.)



The screenshot shows the 'Selected Benefit' and 'List of Expenses' section. At the top, there is a message: 'Your progress will be saved and can be continued later'. Below this are two buttons: 'Finish Claim Later' and 'Delete All Progress'. The 'Selected Benefit' section shows 'HRA 2025' as the selected benefit. Below this are details: Product (QSEHRA), Policy # (QSEHRA-01-7), Start Date (8/1/2025), Account Balance (\$0.00), Contributions (\$432.00 per Month from your employer), and Substantiation (Upon submitting an approved claim, you will be automatically reimbursed for that amount each month for the remainder of the calendar year.). The 'List of Expenses' section shows a table with one entry: 'Premium Expense' for '7/1/2025' with an amount of '\$375.00'. The entry is for 'Health insurance'. There are 'Edit' and 'Delete' buttons for this entry. At the bottom, there is a 'Total: \$375.00' and a 'Submit Claim' button.



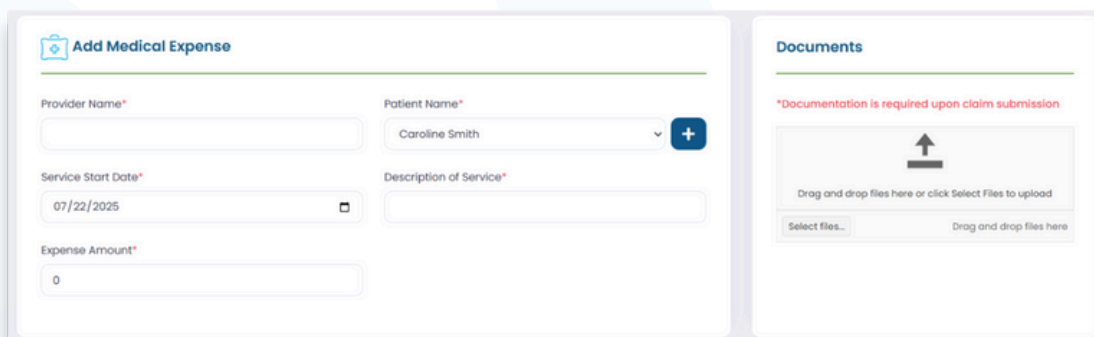
## Submitting a One-Time Claim

If allowed by your employer, for expenses that aren't premiums and won't be submitted for recurring reimbursement, follow the process below:

- From your dashboard, click the **"Get Reimbursed"** button
- Click on your **QSEHRA policy** to start
- Select **"Medical"** on the next screen

## Fill Out Medical Claim Information

- Type the **provider name** associated with this claim
- Select the **name of insured**
- Select the **service start date** (the day you received the service)
- Type in a **description of the service**, such as "co-pay" or "hospital bill"
- Upload **documentation** showing you paid this bill, like a receipt
- Click **"Save and Review Claim"** to go to the next step



**Add Medical Expense**

Provider Name\* Patient Name\* Caroline Smith +

Service Start Date\* 07/22/2025 Description of Service\*

Expense Amount\* 0

**Documents**

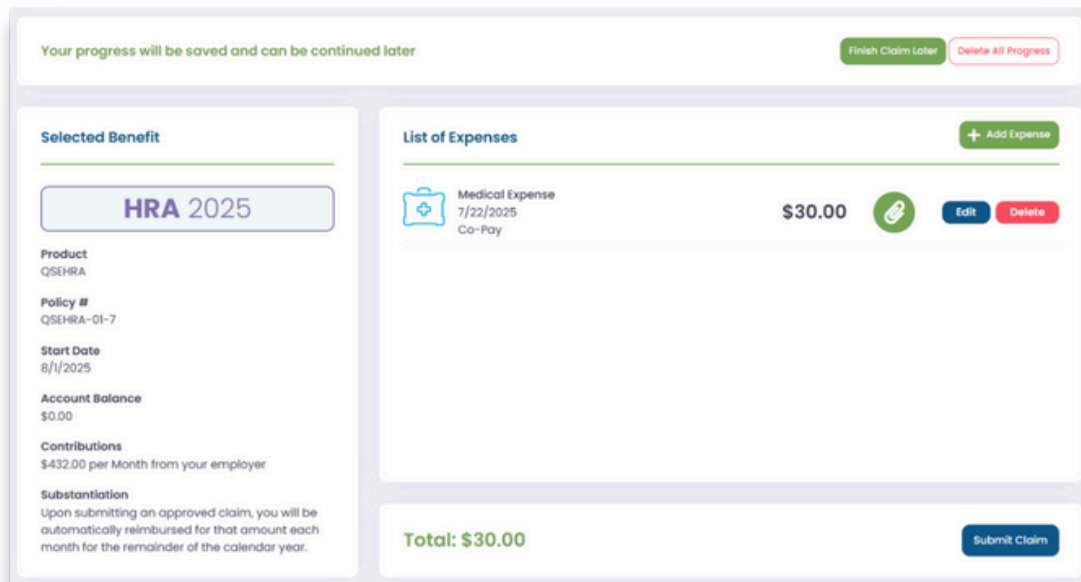
\*Documentation is required upon claim submission

Drag and drop files here or click Select Files to upload

Select files... Drag and drop files here

## Submitting a One-Time Claim (cont'd)

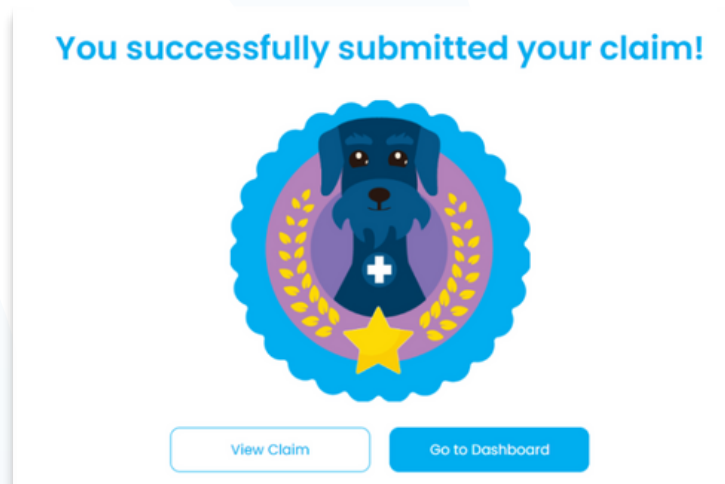
Add as many individual medical claims as you need at this step.  
Review your claim information and click “[Submit Claim](#)” (or you can click “[Finish Claim Later](#)” to save a draft.)



The screenshot shows a web interface for submitting a claim. At the top, a green message bar states: "Your progress will be saved and can be continued later." To the right of this bar are two buttons: "Finish Claim Later" (green) and "Delete All Progress" (red). The main content area is divided into two columns. The left column, titled "Selected Benefit", features a large button labeled "HRA 2025". Below this, it lists details: Product (QSEHRA), Policy # (QSEHRA-01-7), Start Date (8/1/2025), Account Balance (\$0.00), Contributions (\$432.00 per Month from your employer), and Substantiation (Upon submitting an approved claim, you will be automatically reimbursed for that amount each month for the remainder of the calendar year.). The right column, titled "List of Expenses", has an "+ Add Expense" button at the top. It contains one expense entry: "Medical Expense" dated "7/22/2025" with a "Co-Pay" of "\$30.00". To the right of the entry are "Edit" and "Delete" buttons. At the bottom of the right column, a green "Total: \$30.00" is displayed next to a blue "Submit Claim" button.

## Review and Direct Deposit

Once you submit a claim, our team will review it to ensure it meets IRS guidelines and your employer’s QSEHRA plan rules. If approved, your reimbursement will be sent directly to your bank account via direct deposit—no extra steps needed!



# Guide to Open Enrollment

## When is Open Enrollment?

Getting started with your employer's QSEHRA gives you access to a **Special Enrollment Period (SEP)** — a limited window of time to sign up for an individual health plan outside the usual open enrollment period. It begins based on when your employer chooses to start the QSEHRA, typically during the first month of the plan start date or a few weeks before. After this initial enrollment, you'll need to pay attention to your plan's annual open enrollment period. For ACA plans, open enrollment typically runs from **Nov 1<sup>st</sup> - Jan 15<sup>th</sup>**.



## 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**. Make sure to finalize your selections before the open enrollment end date.

## 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 the next page for more information on qualifying events.



# Guide to Qualifying Life Events



## 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 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 (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, 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 (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](https://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 don't have contracts with your insurance company to offer services at discounted rates. Using out-of-network providers will 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 before coverage can become effective for an employee or dependent.