



Picking your 2024 Health Insurance Plan

October 2023



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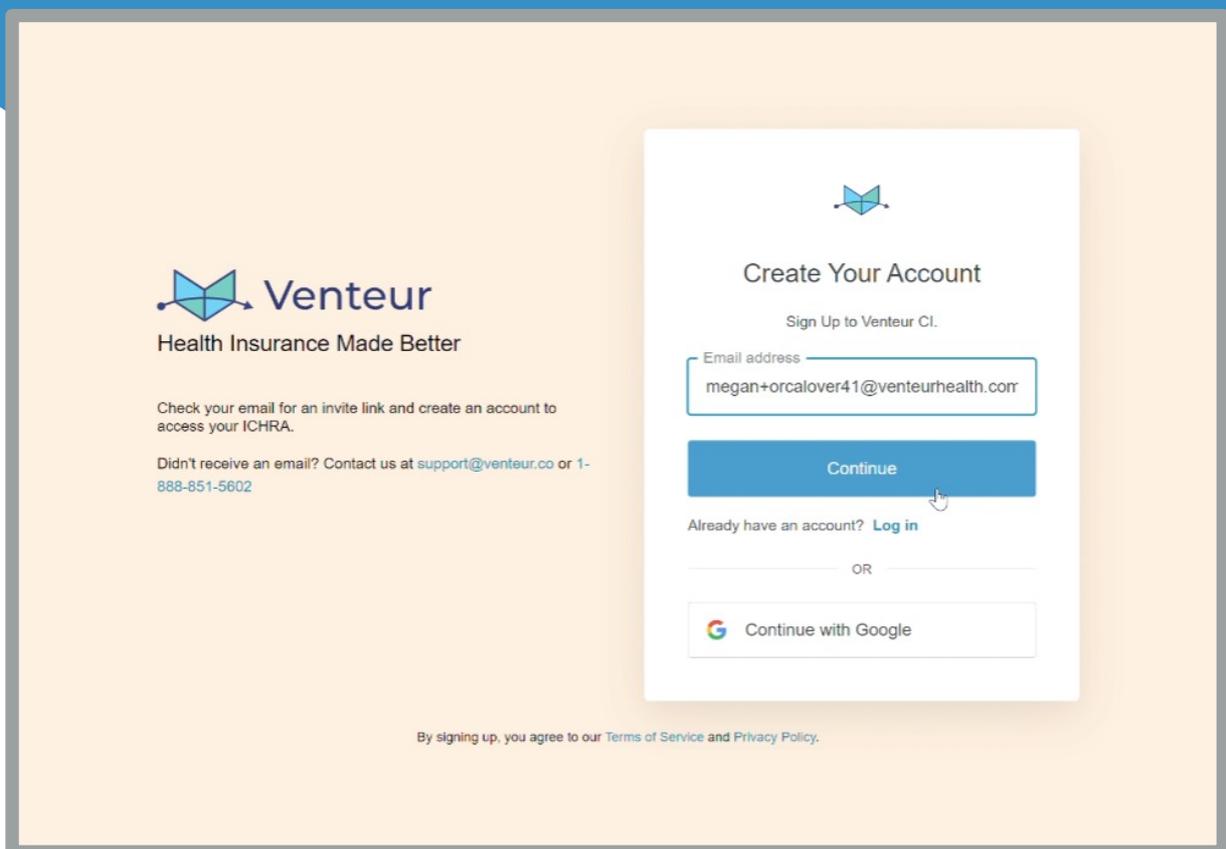
2 How to Enroll in Your 2024 Health Insurance Plan

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Step 1. Activate your Account

Find your invitation email.



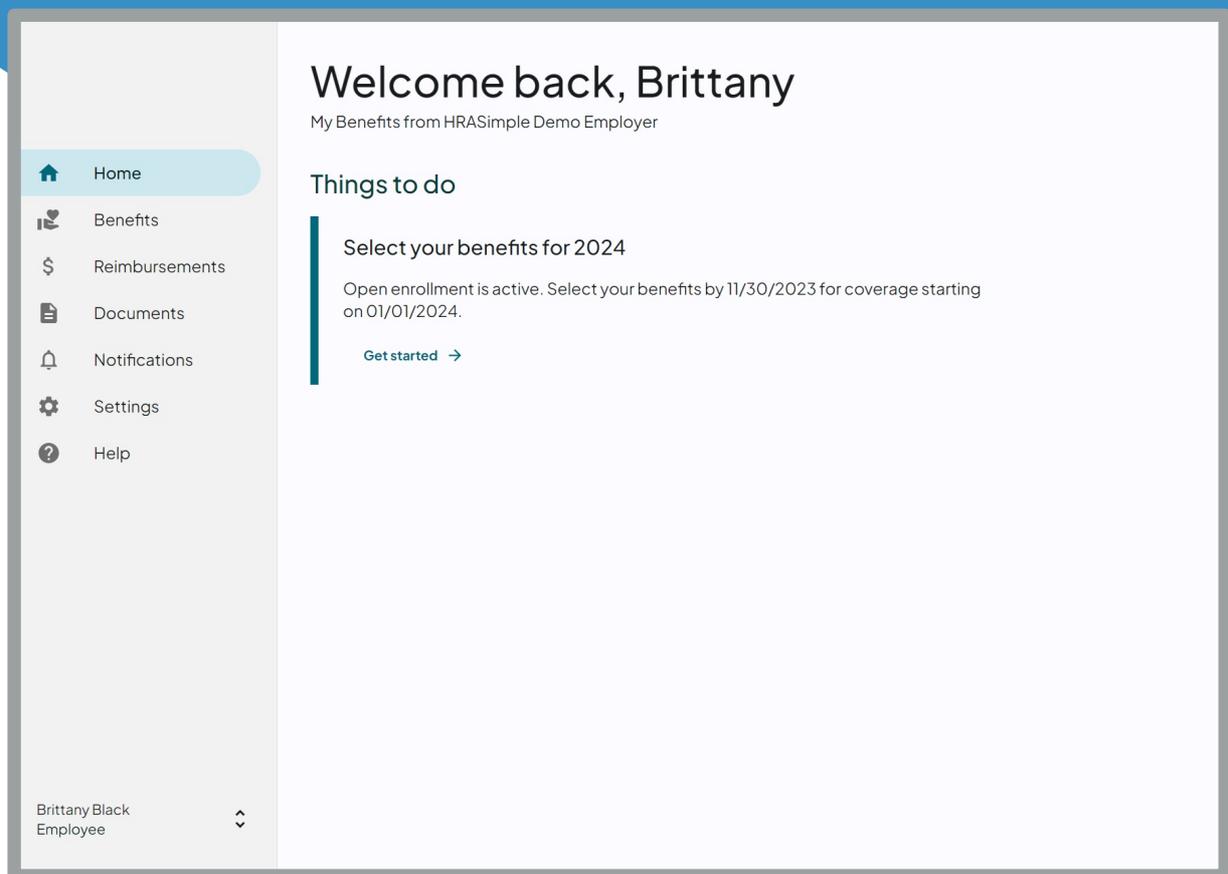
Watch for your email invitation on November 1 and click the "**Get Started**" link in the email.

If you are new to Venteur, follow the instructions to sign up for an account using the email address to which the invite was sent.

If you already have an account, use your existing credentials to log in.

If you didn't receive an email, please email support@venteur.com.

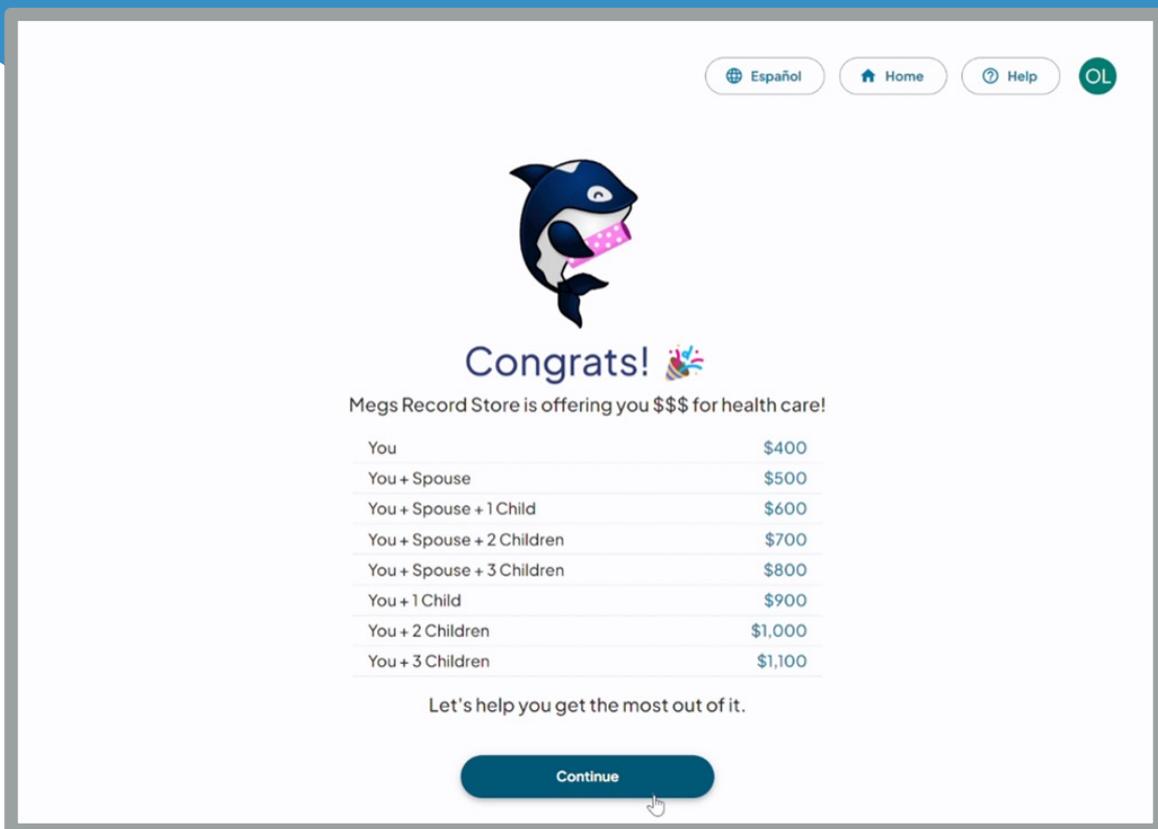
Begin your 2024 Benefits selection.



On your dashboard, you'll find a task card under Things To Do titled "**Select your benefits for 2024.**"

Click the "**Get started**" button.

View your ICHRA contribution.



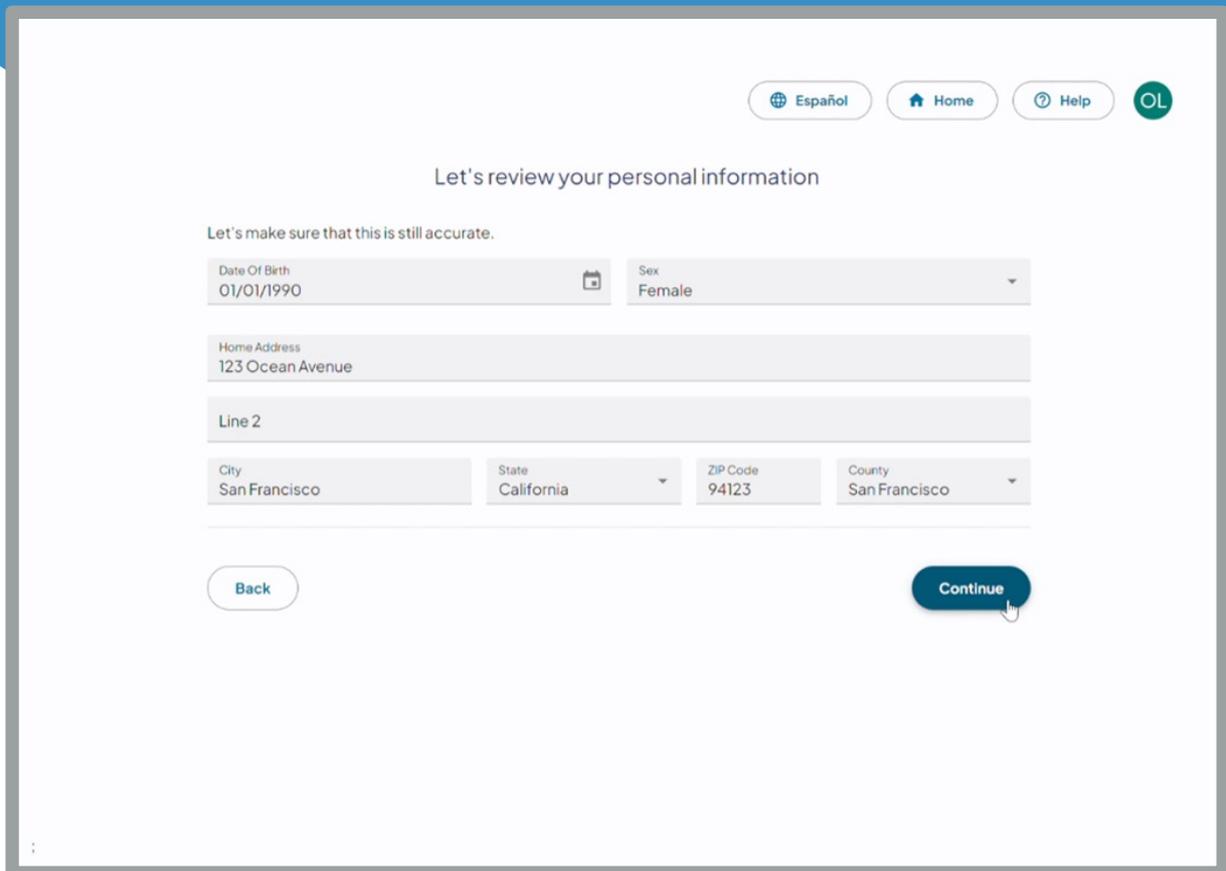
The screenshot shows a web interface with a navigation bar at the top containing 'Español', 'Home', 'Help', and a user icon 'OL'. Below the navigation bar is a cartoon illustration of a blue and white whale wearing a pink party mask. The main heading reads 'Congrats!' followed by a party popper icon. Below this, a message states 'Megs Record Store is offering you \$\$\$ for health care!'. A table lists various contribution options and their corresponding amounts. At the bottom of the table, there is a text prompt 'Let's help you get the most out of it.' and a dark blue 'Continue' button with a mouse cursor hovering over it.

You	\$400
You + Spouse	\$500
You + Spouse + 1 Child	\$600
You + Spouse + 2 Children	\$700
You + Spouse + 3 Children	\$800
You + 1 Child	\$900
You + 2 Children	\$1,000
You + 3 Children	\$1,100

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

Your ICHRA contribution is based on your age, zip code, and family size.

Review your information.



The screenshot shows a user interface for reviewing personal information. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a profile icon 'OL'. The main heading is 'Let's review your personal information'. Below this, a sub-heading says 'Let's make sure that this is still accurate.' The form contains several input fields: 'Date Of Birth' with the value '01/01/1990' and a calendar icon; 'Sex' with a dropdown menu showing 'Female'; 'Home Address' with the value '123 Ocean Avenue'; 'Line 2' (empty); 'City' with the value 'San Francisco'; 'State' with a dropdown menu showing 'California'; 'ZIP Code' with the value '94123'; and 'County' with a dropdown menu showing 'San Francisco'. At the bottom, there are two buttons: 'Back' and 'Continue'.

Let's review your personal information

Let's make sure that this is still accurate.

Date Of Birth
01/01/1990

Sex
Female

Home Address
123 Ocean Avenue

Line 2

City
San Francisco

State
California

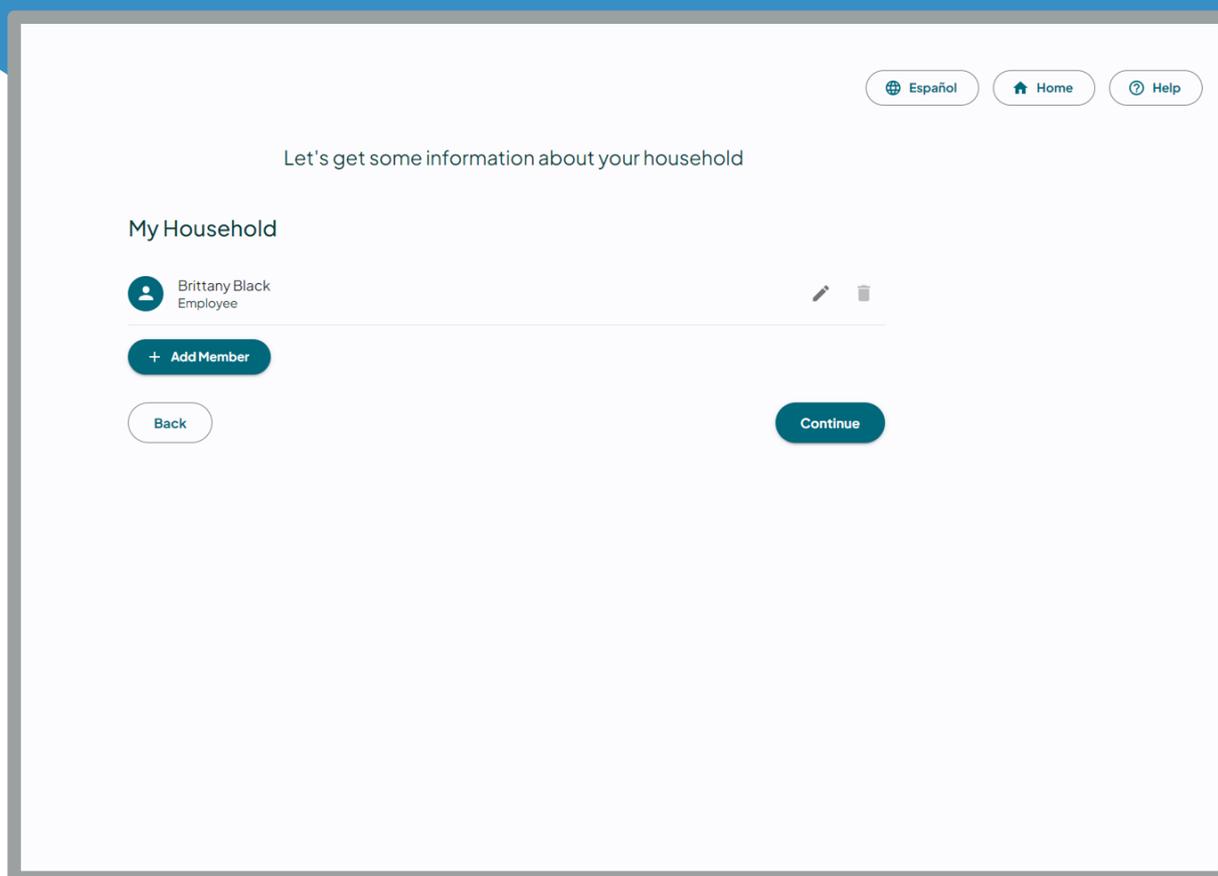
ZIP Code
94123

County
San Francisco

Back Continue

Make any necessary updates to ensure all of your personal information is correct.

Add your household members.



If you have other household members, add them to make sure they receive the right coverage. Provide each dependent's name, date of birth, and relationship to you.

If you're adding a spouse, please answer whether they are offered health insurance through another employer.

Complete the tobacco attestation.

Spanish Home Help MO

Tobacco Use

Have you or anyone else in your household used a tobacco product in the past 6 months? ?

Yes

No

Brittany Black

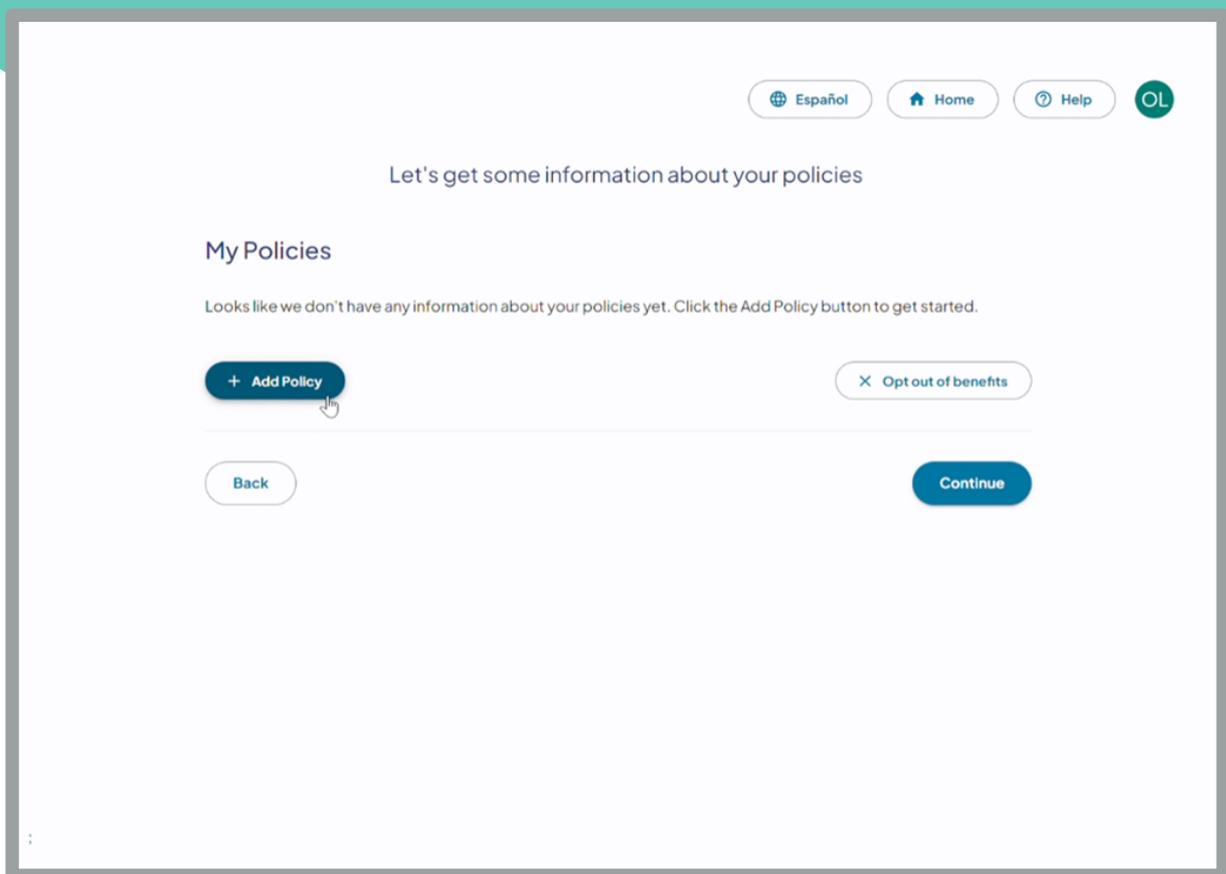
Bob Black

Back Continue

Select all household members, if any, that have used a tobacco product 4 or more times per week on average during the past 6 months (not including ceremonial uses).

**Add a policy or
decline coverage in
your Employer's
ICHRA.**

Decide if you wish to add a policy or opt out.



Add a policy or decline participation. To add a policy, click the "**Add policy**" button.

To decline participation in your employer's benefits, click the "**Opt Out of Benefits**" button.

Select your policy.

Let's get some information about your policies

What type of policy do you want to add?

- Shop for a new health plan
One or more people in my household want to shop for a new health plan
- Add a preexisting health plan
One or more people in my household already have an individual health plan that they purchased from a healthcare exchange or directly from an insurer
- Add a preexisting student health plan
Someone in my household is a fulltime student and has a health plan that was offered to them through their college or university
- Upload your Medicare Coverage for Reimbursement
Someone in my household has Medicare coverage including "original" Medicare (Part A, Part B) or a Medicare Advantage plan (Part C)

[Back](#) [Continue](#)

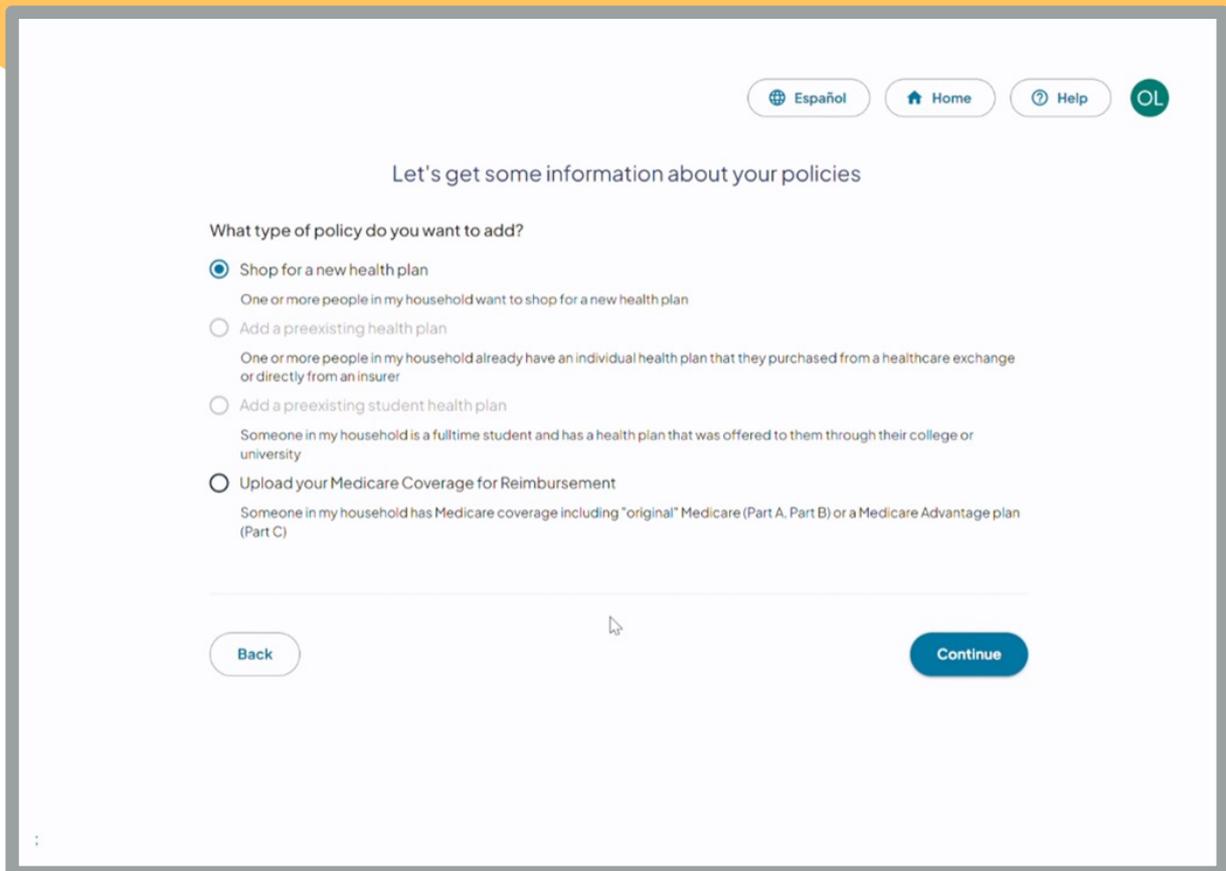
Customize your health insurance plan for each household member. You will be able to add multiple household members to each policy you choose. You can either:

- 1) Shop for a new health plan
- 2) Upload your Medicare Coverage for Reimbursement
- 3) Shop for a new vision plan
- 4) Shop for a new dental plan

Shop for a new health plan.

Skip this section if it is not applicable to you.

Shop for a new health plan.



Let's get some information about your policies

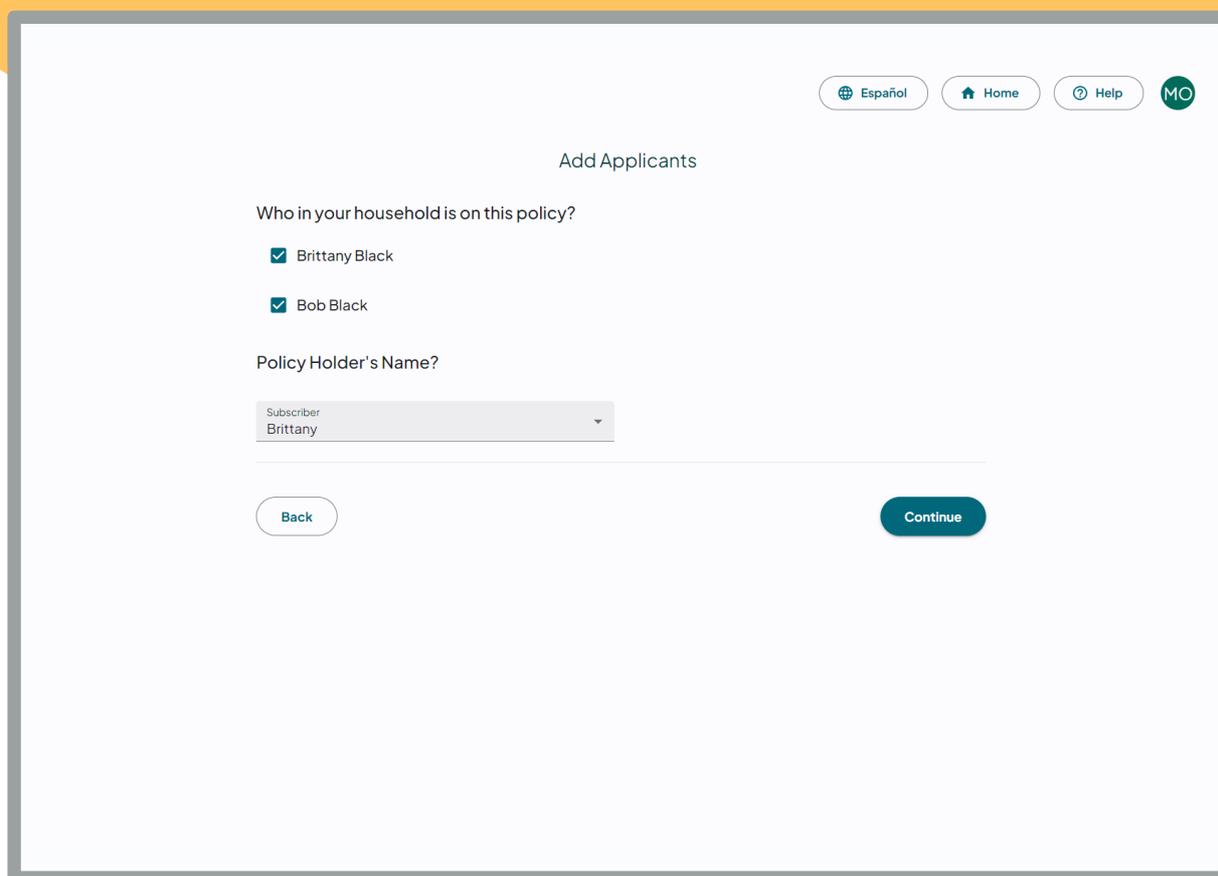
What type of policy do you want to add?

- Shop for a new health plan
One or more people in my household want to shop for a new health plan
- Add a preexisting health plan
One or more people in my household already have an individual health plan that they purchased from a healthcare exchange or directly from an insurer
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Someone in my household is a fulltime student and has a health plan that was offered to them through their college or university
- Upload your Medicare Coverage for Reimbursement
Someone in my household has Medicare coverage including "original" Medicare (Part A, Part B) or a Medicare Advantage plan (Part C)

[Back](#) [Continue](#)

On the new policy screen, choose the option “**Shop for a new health plan.**”

Choose household members.



The screenshot shows a web application interface for adding household members to a policy. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a 'MO' logo. The main heading is 'Add Applicants'. Below this, the question 'Who in your household is on this policy?' is followed by two checked checkboxes: 'Brittany Black' and 'Bob Black'. Underneath, the question 'Policy Holder's Name?' is followed by a dropdown menu with 'Subscriber' and 'Brittany' selected. At the bottom, there are two buttons: 'Back' and 'Continue'.

Indicate which household members will be on this plan.

Confirm your home address.

My Benefits Selection

What's your home address?
Use your home address in the state where you're applying for coverage. It can't be a PO box.

Home address

Line 1*
123 Ocean Avenue

Line 2

City* San Francisco State* California ZIP Code* 94123 County* San Francisco

I don't have a home address

Confirm or update your home address.

Confirm your mailing address.

My Benefits Selection

What's your mailing address?

Same as my home address

Mailing address

[Save Changes](#) [Discard Changes](#)

Confirm or update your mailing address.

Add your desired coverage start date.

My Benefits Selection

When do you want your coverage to start?

Start Date
January 2024 

[Save Changes](#) [Discard Changes](#)

This is the date you prefer for your insurance coverage to begin.

Please keep in mind that while we'll make every effort to align with this date, the actual coverage start date may be influenced by the specific insurance plan you select and the timing of your selection. Choose your preferred date, and we'll do our best to make it happen.

Add your doctors and hospitals.

Let's find your providers

Are there any providers you'd like to keep seeing?

Yes

No

Great! Can you add them here?

[Add Provider](#)

[Back](#)

Search Provider

Zip Code
94123

Employee
Doctor

Provider Name
Michael

We recommend always to call your doctor to confirm they currently accept your plan. We strive to keep our provider directory up-to-date, however doctors and care providers leave and join plans often.

MICHAEL IV
Radiology
5800 Hollis St
Emeryville, CA 94608

MICHAEL CHEN
Dentist
742 Arnold Dr
Ste A
Martinez, CA 94553

MICHAEL OCONNOR
Internal Medicine
400 Parnassus Ave
San Francisco, CA 94143

MICHAEL TRAUNER
Dermatology
2320 Woolsey St
Berkeley, CA 94705

[Cancel](#)

Specify any healthcare providers you want to ensure are within your network.

Add your prescriptions.

Let's review your medications

Are there any medications you'd like to continue using?

Yes
 No

Great! Can you add them here?

[Add Drug](#)

[Back](#) [Continue](#)

Search Drugs

Drug Name
advil

Play it safe and call to confirm with your pharmacy that they accept your plan.

- JUNIOR STRENGTH ADVIL**
+ ibuprofen
Med ID: 240035
- ADVIL**
+ ibuprofen
Med ID: 259181
- JUNIOR STRENGTH ADVIL**
+ ibuprofen
Med ID: 240856
- INFANTS ADVIL**
+ ibuprofen
Med ID: 549137
- CHILDRENS ADVIL**
+ ibuprofen
Med ID: 436725
- ADVAIR**
+ fluticasone propionate and salmeterol
Med ID: 196643

[Cancel](#)

List the names of prescriptions you want covered by your health insurance plan.

Wait for your recommendation.

The screenshot shows a web interface for 'Policy Information'. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a user profile icon 'MO'. Below the title, a yellow warning banner reads: 'Incomplete Policy - We need you to review the information below and select a plan.' The main content area contains a list of fields, each with an icon, a label, a value, and an 'Update' button:

- Home Address** (house icon): 123 Ocean Avenue, San Francisco, CA 94123. Update button.
- Mailing Address** (envelope icon): 123 Ocean Avenue, San Francisco, CA 94123. Update button.
- Desired Coverage Start Date** (calendar icon): January 1, 2024. Update button.
- Add Your Providers** (stethoscope icon): Add Providers (0). Update button.
- Prescription Drugs** (shopping cart icon): No Prescriptions. Update button.
- Selected Plan** (shopping cart icon): Getting you the latest quotes. Start button.

At the bottom left is a 'Back' button, and at the bottom right is a 'Return to Adding Policies' button.

Hang tight while we generate a personalized recommendation for you. This process may take a few moments.

Once your recommendation is generated, the Start button will be enabled. Click the **Start** button to view your recommendations.

Review your recommended plans.

My Benefits Selection

Recommended Plans

[← Return to Policy](#)

Great Value

 **SoloCare No Referral HMO Standard Expanded Bronze**

\$298.51/month

EXPANDED BRONZE HMO

Enroll

[See Details](#)

Add to Compare

Great Coverage

 **SoloCare PPO Standard Platinum**

\$718.31/month

PLATINUM PPO

Enroll

[See Details](#)

Add to Compare

[See All Plans](#) [Compare Plans](#)

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

Plan quality ratings are calculated by the Centers for Medicare & Medicaid (CMS) using data provided to CMS by health plans in 2022.

Venteur will analyze the plans available to you and make initial recommendations .

1) The "Great Value" plan maximizes the amount of cash you can spend on qualified medical expenses.

2) The "Great Coverage" plan offers the most financial coverage.

Explore your options.

My Benefits Selection

Recommended Plans

[← Return to Policy](#)

Great Value

 **SoloCare No Referral HMO Standard Expanded Bronze**

\$298.51/month

EXPANDED BRONZE HMO

[Enroll](#)

[See Details](#)

Add to Compare

Great Coverage

 **SoloCare PPO Standard Platinum**

\$718.31/month

PLATINUM PPO

[Enroll](#)

[See Details](#)

Add to Compare

[See All Plans](#) [Compare Plans](#)

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

Plan quality ratings are calculated by the Centers for Medicare & Medicaid (CMS) using data provided to CMS by health plans in 2022.

Explore the full list of plans available to you by selecting "**See All Plans.**"

Learn more about each plan by clicking "**See Details.**"

Click "**Compare Plans**" to utilize our comparison tool to assess different plans side by side, ensuring you select the one that best aligns with your needs.

See all plans.

The screenshot displays a web interface for selecting health plans. At the top, it indicates 'Showing 71 out of 71 available plans' and includes a 'Sort By' dropdown menu. The main content area lists five plans, each with a 'Great Value' or 'Great Coverage' badge, the Alliant logo, a plan name, and key financial details. To the right of the plan list is a filter sidebar with sections for 'Carrier', 'Metal Type', and 'Plan Type', each containing checkboxes for various options.

Plan Name	Carrier	Metal Type	Plan Type	Premium
SoloCare No Referral HMO Standard Expanded Bronze	Alliant Health Plans	Expanded Bronze	HMO	\$298.51/month
SoloCare PPO Standard Platinum	Alliant Health Plans	Platinum	PPO	\$718.31/month
SoloCare No Referral HMO Standard Expanded Bronze Chiro	Alliant Health Plans	Expanded Bronze	HMO	\$302.61/month
SoloCare PPO Standard Expanded Bronze	Alliant Health Plans	Expanded Bronze	PPO	\$305.06/month
SoloCare PPO Standard Expanded Bronze Chiro	Alliant Health Plans	Expanded Bronze	PPO	\$309.15/month

Explore all plans available to you by clicking “**See All Plans**”.

Sort plans by Recommended, Lowest Premium, Lowest Deductible, or In-Network Providers.

Use the bar on the right to filter plans by carrier, and metal tier, and plan type.

Compare plans.

The screenshot shows a web interface titled "Let's Compare Plans!". At the top right, there are navigation links for "Español", "Home", "Help", and a logo "MO". A "Back to recommendations" link is on the left. Three plan cards are displayed, each with a dropdown menu, a plan name, a network type (EXPANDED BRONZE, HMO, PLATINUM, PPO), an "Enroll" button, and a "See Details" link.

	SoloCare No Referral HMO Standard Expanded Bronze	SoloCare PPO Standard Platinum	SoloCare No Referral HMO Standard Expanded Bronze Chiro
Premiums			
Full Annual Premiums	\$399	\$818	\$403
Your Cost	\$299	\$718	\$303
Health Waiver OCP	\$0	\$0	\$0
Annual Deductible & Out-of-Pocket			
Annual Deductible	In Network: \$7,500 (Individual) Out of Network: Not Applicable	In Network: \$0 (Individual) Out of Network: \$20,000 (Individual)	In Network: \$7,500 (Individual) Out of Network: Not Applicable
Separate Drug Deductible	In Network: Not Applicable Out of Network: Not Applicable	In Network: \$0 (Individual) Out of Network: \$0 (Individual)	In Network: Not Applicable Out of Network: Not Applicable
Out-of-Pocket Maximum	In Network: \$9,400 (Individual) Out of Network: Not Applicable	In Network: \$3,200 (Individual) Out of Network: Not Applicable	In Network: \$9,400 (Individual) Out of Network: Not Applicable
Maximum Cost per Prescription	Not Applicable	Not Applicable	Not Applicable

Each plan in the list includes a checkbox labeled **“Add to Compare”**. To begin comparing plans, select at least 2 plans.

After selecting the plans you want to compare, click the **“Compare Plans”** button.

View plan details.

Plan Details

[← Back to compare plans](#)



SoloCare No Referral HMO Standard Expanded Bronze

EXPANDED BRONZE HMO

Deductible: \$7,500/year
Primary Care Visits: \$50 copay after your deductible is met
Generic Drugs: \$25 copay after your deductible is met

[Summary of Benefits](#)

\$298.51/month
after \$100 monthly employer contribution

[Enroll](#)

Provider Network

My Providers

[Add Your Providers](#)

Network Details

Network Type: Health Maintenance Organization (HMO)

Estimated Total Cost

Benefit

Annualized Employer Contribution: \$1,200

Costs

Full Annual Premiums: \$4,782
Typical Out-of-Pocket: \$0 - \$1,020

Net

Effective Premiums You Pay: \$3,582
Health Wallet for Out-of-Pocket: \$0

Benefit Details

Annual Deductible & Out-of-Pocket	In Network	Out-of-Network
Annual Deductible	\$7,500 (Individual)	Not Applicable
Separate Drug Deductible	Not Applicable	Not Applicable
Out-of-Pocket Maximum	\$9,400 (Individual)	Not Applicable
Maximum Cost per Prescription	Not Applicable	

Doctor Visits

	In Network	Out-of-Network
Primary Care Visit	\$50 copay after your deductible is met	See plan docs

Click on “**See Details**” to see more information about each plan.

You can view benefit details and add additional providers.

Enroll in a plan.

Plan Details

[← Back to compare plans](#)



SoloCare No Referral HMO Standard Expanded Bronze

EXPANDED BRONZE HMO

Deductible: \$7,500/year
Primary Care Visits: \$50 copay after your deductible is met
Generic Drugs: \$25 copay after your deductible is met

[Summary of Benefits](#)

\$298.51/month
after \$100 monthly employer contribution

[Enroll](#)

Provider Network

My Providers

[Add Your Providers](#)

Network Details

Network Type: Health Maintenance Organization (HMO)

Estimated Total Cost

Benefit

Annualized Employer Contribution: \$1,200

Costs

Full Annual Premiums: \$4,782
Typical Out-of-Pocket: \$0 - \$1,020

Net

Effective Premiums You Pay: \$3,582
Health Wallet for Out-of-Pocket: \$0

Benefit Details

Annual Deductible & Out-of-Pocket	In Network	Out-of-Network
Annual Deductible	\$7,500 (Individual)	Not Applicable
Separate Drug Deductible	Not Applicable	Not Applicable
Out-of-Pocket Maximum	\$9,400 (Individual)	Not Applicable
Maximum Cost per Prescription	Not Applicable	Not Applicable
Doctor Visits	In Network	Out-of-Network

Once you have chosen a plan to enroll in, click the “**Enroll**” button.

Upload your Medicare coverage for reimbursement.

This only applies to individuals 65 or older. Skip this section if it is not applicable to you.

Upload your Medicare coverage for reimbursement.

The screenshot shows a web interface for adding a new policy. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a user profile icon 'OL'. The main heading is 'Let's get some information about your policies'. Below this, the question 'What type of policy do you want to add?' is followed by four radio button options. The first option, 'Shop for a new health plan', is selected. The second option is 'Add a preexisting health plan'. The third option is 'Add a preexisting student health plan'. The fourth option, 'Upload your Medicare Coverage for Reimbursement', is the one being highlighted in the instruction. At the bottom of the form, there are 'Back' and 'Continue' buttons.

Let's get some information about your policies

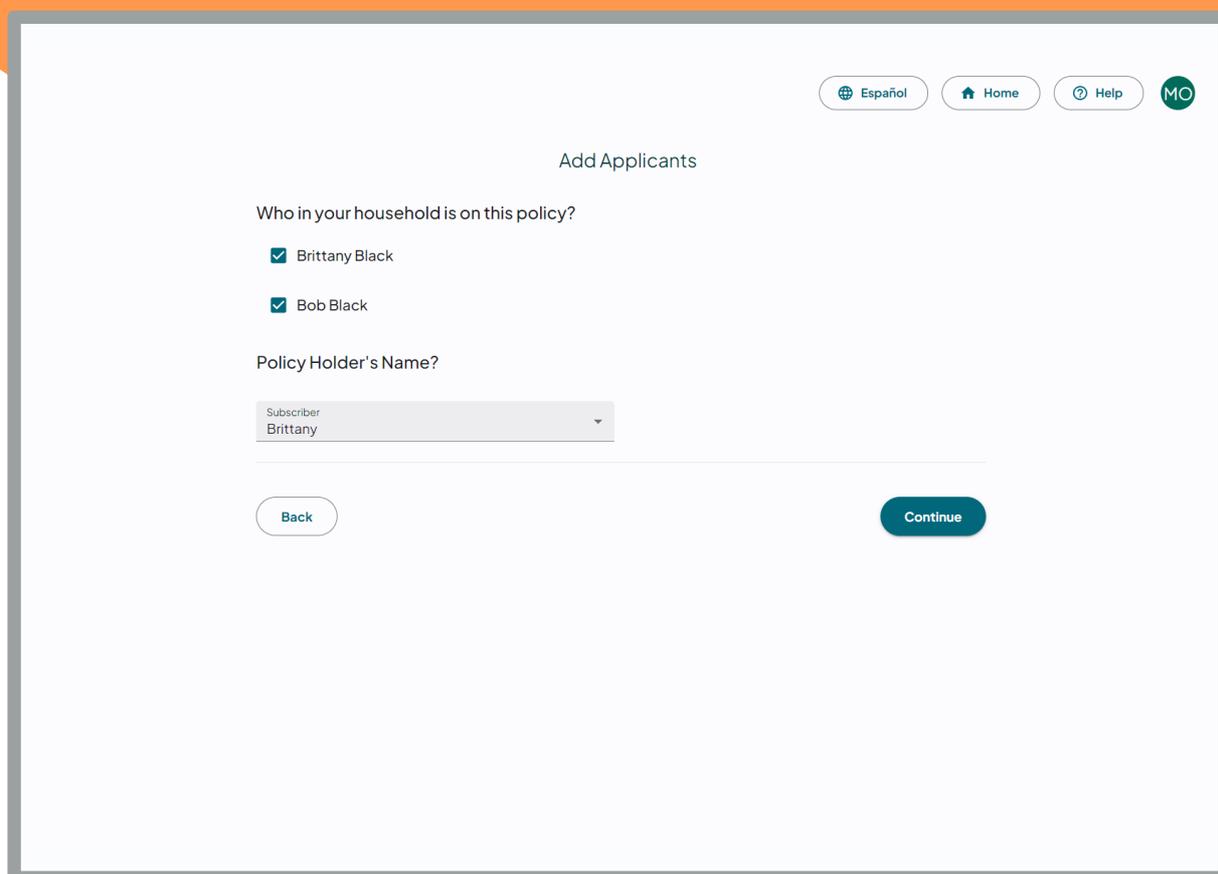
What type of policy do you want to add?

- Shop for a new health plan
One or more people in my household want to shop for a new health plan
- Add a preexisting health plan
One or more people in my household already have an individual health plan that they purchased from a healthcare exchange or directly from an insurer
- Add a preexisting student health plan
Someone in my household is a fulltime student and has a health plan that was offered to them through their college or university
- Upload your Medicare Coverage for Reimbursement
Someone in my household has Medicare coverage including "original" Medicare (Part A, Part B) or a Medicare Advantage plan (Part C)

Back Continue

On the New Policy screen, choose the option “**Upload your Medicare Coverage for Reimbursement.**”

Choose household members.



The screenshot shows a web application interface for adding household members to a policy. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a 'MO' logo. The main heading is 'Add Applicants'. Below this, the question 'Who in your household is on this policy?' is followed by two checked checkboxes: 'Brittany Black' and 'Bob Black'. Underneath, the question 'Policy Holder's Name?' is followed by a dropdown menu with 'Subscriber' and 'Brittany' selected. At the bottom, there are 'Back' and 'Continue' buttons.

Español Home Help MO

Add Applicants

Who in your household is on this policy?

- Brittany Black
- Bob Black

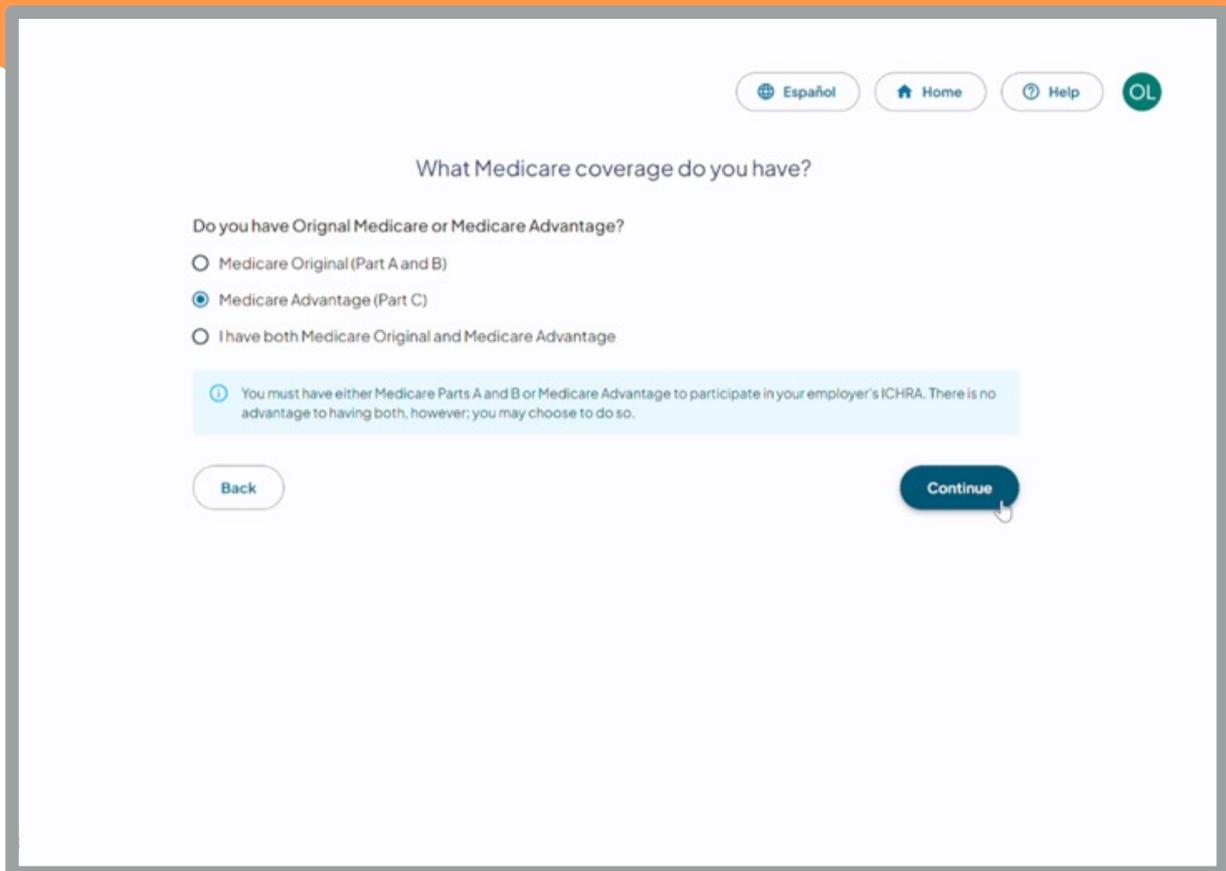
Policy Holder's Name?

Subscriber
Brittany

Back Continue

Indicate which household members will be on this plan.

Select your Medicare coverage type.



The screenshot shows a web form titled "What Medicare coverage do you have?". At the top right, there are navigation links for "Español", "Home", "Help", and a user icon labeled "OL". The main question is "Do you have Original Medicare or Medicare Advantage?". Below this, there are three radio button options: "Medicare Original (Part A and B)", "Medicare Advantage (Part C)", and "I have both Medicare Original and Medicare Advantage". The "Medicare Advantage (Part C)" option is selected. A light blue informational box contains a note: "You must have either Medicare Parts A and B or Medicare Advantage to participate in your employer's ICHRA. There is no advantage to having both, however; you may choose to do so." At the bottom, there are "Back" and "Continue" buttons.

What Medicare coverage do you have?

Do you have Original Medicare or Medicare Advantage?

Medicare Original (Part A and B)

Medicare Advantage (Part C)

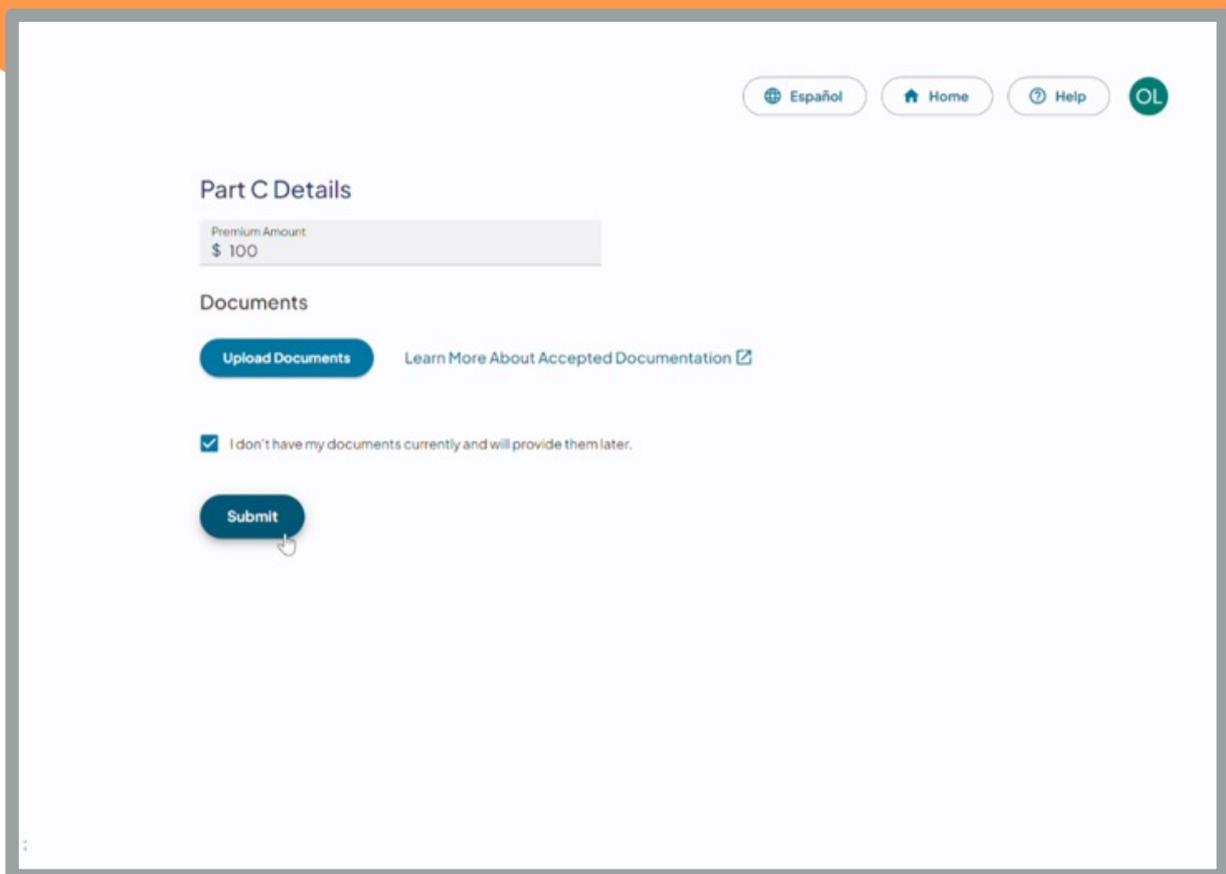
I have both Medicare Original and Medicare Advantage

i You must have either Medicare Parts A and B or Medicare Advantage to participate in your employer's ICHRA. There is no advantage to having both, however; you may choose to do so.

[Back](#) [Continue](#)

To qualify for reimbursement, you must have either Medicare Parts A and B or Medicare Advantage.

Provide details about your Medicare coverage.



The screenshot shows a web form titled "Part C Details". At the top right, there are navigation links for "Español", "Home", "Help", and a user profile icon labeled "OL". The form contains a "Premium Amount" field with the value "\$ 100". Below this is a "Documents" section with an "Upload Documents" button and a link "Learn More About Accepted Documentation". A checkbox is checked, with the text "I don't have my documents currently and will provide them later." Below the checkbox is a "Submit" button.

For each type of Medicare coverage you have, enter the exact premium amount and upload proof of coverage documents. Documentation must list the name of all covered individuals, the name of the plan, and the total monthly premium. Documentation is required to qualify for reimbursement.

If you don't have the documents at the moment, you can skip this step and upload them later.

Repeat this step for all types of Medicare coverage you have. This may include Medicare Part A, Part B, Medicare Advantage (Part C), Drug Coverage (Part D), and/or Medigap. When you've completed the process for all your Medicare coverage types, you'll return to the My Benefits Selection landing page.

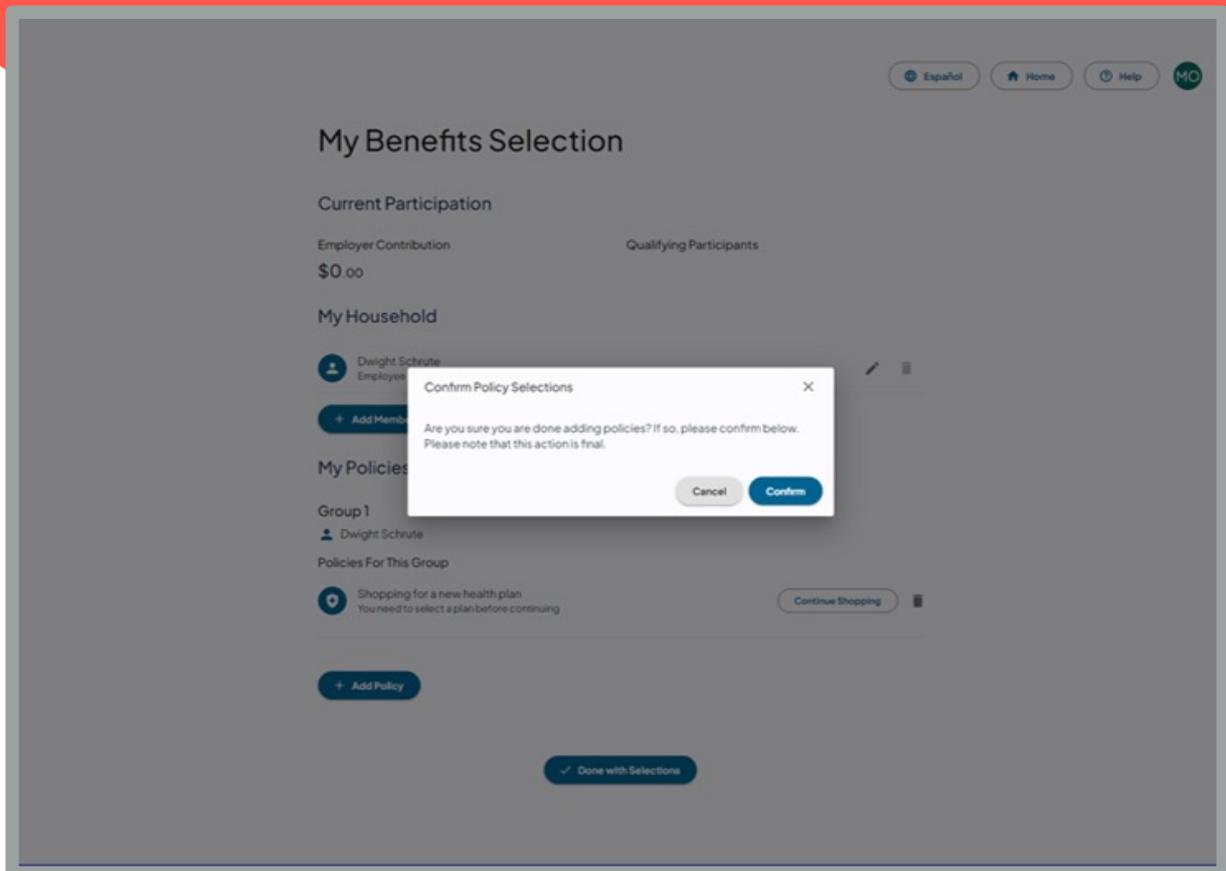
**Finalize your
selections.**

Complete your selection.

The screenshot shows a web interface for 'My Benefits Selection'. At the top right, there are navigation links for 'Español', 'Home', 'Help', and a user profile icon labeled 'MO'. The main heading is 'My Benefits Selection'. Below this, there are sections for 'Current Participation' (Employer Contribution: \$0.00, Qualifying Participants), 'My Household' (listing Brittany Black as an Employee with an 'Add Member' button), and 'My Policies' (listing Group 1 with Brittany Black and a 'Continue Shopping' button for a new health plan). At the bottom center, there is a 'Done with Selections' button.

Once you have made all your benefits selections, click **“Done with Selections”**.

Confirm policy selections.



Confirm that you are done adding policies. Note that this action is final. Click "**Confirm**" to continue.

Review your benefits selection.

Health Insurance
Regence BlueCross BlueShield
Bronze Essential 8500 Legacy
Monthly Premium
\$780.72
[Edit selection](#)

Dental Insurance
No Plan Selected
You are declining Dental Insurance
[Select a plan](#)

Vision Insurance
No Plan Selected
You are declining Vision Insurance
[Select a plan](#)

Health Insurance Monthly Premium	\$780.72
Total Monthly Premiums	\$780.72
Monthly Employer Contribution	\$600.00
You Pay (Deducted Monthly from Payroll)	\$180.72

Let's get started on enrolling you to your health benefits. There are a few more questions that we need to ask to finalize enrollment.

[Checkout](#)

Verify that your plans, premiums amount, contribution amount, and amount you are responsible for are correct. Click “**Checkout**” if everything looks good.

Complete the questionnaire.

Additional Personal Information

Gender
Male

Social Security Number
123-12-1234

Please upload a picture of a government issued ID such as a driver's license or passport

Select File

Are you a US Citizen or US National?

Yes

No

Do any of these other situations these apply to you?

Does not have a social security number.

Has smoked tobacco 4 or more times a week in the past 6 months.

Currently incarcerated (detained or jailed).

Alaska Native or Native American

Currently covered by Medicare

You will be asked to provide more information about yourself and your household members.

This will help us enroll you in the selected health insurance plans.

Set up your payments.

Other Situations
NoneApply

3. Your Selections

Health Insurance Kaiser Permanente Bronze 60 HMO 8200/0%	Health Insurance Monthly Premium	\$516.24
Dental Insurance No Plan Selected You are declining Dental Insurance	Total Monthly Premiums	\$516.24
Vision Insurance No Plan Selected You are declining Vision Insurance	Monthly Employer Contribution	\$100.00
	You Pay (Deducted Monthly from Payroll)	\$416.24

3. Payments

By default, we will work with your employer to pay your premiums directly and withhold money from your paycheck as needed. You may opt to pay premiums yourself and request reimbursements each month.

We partner with Dwolla and Evolv Bank & Trust to help facilitate payments and reimbursements for your health plan.

Payments Method PremiumPay update

4. Review and Confirm

Choose how you want to pay your premiums.

In our default **PremiumPay** option, Venteur will pay your insurance premium directly.

You may also opt to pay for your premiums yourself and submit receipts for reimbursement by choosing **Self Pay**.

And that's it!

Congrats on getting an amazing plan!



You are one step closer to great health insurance!
What should you expect as next steps?

1. You will receive an email confirming your selections shortly. If you have any questions or changes,

A confirmation screen will appear once your plan selection is received.

Take note of any next steps. You will also receive an email with your enrollments and any next steps.

Have a question?

Venteur Online Help Center



Visit:

<http://support.Venteur.com>



Call:

1-888-851-5602



Email

Support@Venteur.com

2024 Open Enrollment Employee Checklist

✓	Action Item	Date
	Review current health insurance plan. Reflect on whether a change makes sense for you and your family. Do you want to increase/decrease coverage levels?	October 2023
	Accept invite from HRASimple ICHRA Platform. Set up account. This step is mandatory in order to activate your ICHRA money.	November 1, 2023
	Use Venteur ICHRA Platform shopping tools to compare plans. You can research doctors, prescriptions, co-pays, and co-insurance levels.	November 2023
	Optional. Book an appointment a licensed insurance professional from the Venteur team who can review health insurance plan options with you.	November 2023
	Set up your premium payments. <ul style="list-style-type: none"> • Default: Your health insurance premiums will automatically be paid each month on your behalf. If you pick a plan that is more expensive than your ICHRA contribution, we will issue a payroll deduction. • Alternatively, you can decide to pay the health insurance carrier directly and submit a reimbursement request each month. 	No later than November 30, 2023
	Select and enroll in your 2024 Health Insurance Plan on the Venteur Platform (you must do this even if you are renewing your 2023 health insurance plan).	No later than November 30, 2023
	Receive confirmation of your 2024 health insurance plan enrollment.	December 2023
	Your coverage begins.	January 2024



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