BENAFICA × CBIZ PARTNER PLAYBOOK

Handling Employer Objections

ICHRA Resource Library

1 "We've heard the individual market isn't as strong"

Coverage

RESPONSE

It depends on the market. Pricing is based on standardized factors — age, location, family size, and tobacco use — not employer claims. In many areas, employees have access to a wide range of plan options.

For example, a gold plan typically covers around 80% of medical costs, meaning higher premiums but lower out-of-pocket costs when care is used. On the other end, a bronze plan may have lower premiums but higher deductibles.

With that range, the focus becomes helping employees choose what fits their situation — not limiting them to a single employer-selected plan.

2 "I don't want employees to feel like we're cutting back on benefits"

Trust / Support

RESPONSE

Education and communication are key. Employees are moving from one plan to multiple options, which can be a positive when it's explained clearly.

When they understand why the change is happening and how to choose a plan that fits their needs, the experience is much stronger.

3 "I don't want my employees left on their own to figure out the individual market"

Trust / Support

RESPONSE

They're not on their own. Each employee has access to licensed support to help them compare plans, understand their options, and enroll.

It's not just a platform — there's guidance behind it.

4 "This feels more complicated than our group plan"

Complexity

RESPONSE

It's different, but the complexity shifts. In a group plan, HR and the broker are managing renewals, billing issues, and employee questions. With ICHRA, plan selection is supported directly and premium payment oversight and processing are managed by the administrator.

For example, instead of an employee coming to HR because their ID card isn't working or a bill looks wrong, they have a dedicated point of contact to resolve that directly — which reduces the day-to-day issues that come back to HR and the broker.

5 "What about doctors, prescriptions, and hospitals?"

Coverage

RESPONSE

That's addressed during the plan selection process. Employees work one-on-one with a licensed advisor to verify their doctors, prescriptions, and hospitals before they enroll.

6 "We need PPO options"

Coverage

RESPONSE

There are PPO options in many markets, and carriers are also building off-exchange plans specifically for ICHRA.

For example, an employee might choose a lower-cost EPO plan where their primary doctors are in-network, even if it's not a PPO, because it better fits their monthly budget. Most employees focus on whether their doctors are covered and what the total cost looks like — not just the PPO label.

7 "I'm not convinced this will actually save money"

Cost

RESPONSE

That's fair. The goal isn't to assume savings — it's to compare this against what you have today.

In some cases it reduces cost, in others it creates more predictability over time.

8 "How do I know employees won't end up paying more?"

Cost

RESPONSE

We'll show you how premiums impact employees across different income levels, ages, and locations so you can see how it plays out before making a decision.

9 "What happens when something goes wrong — like payments not getting recogni... Trust / Support

RESPONSE

That's a fair concern — and it does happen. The difference is how it's handled.

For example, if a carrier doesn't pull a premium or a payment fails, that's identified and addressed, rather than showing up months later as a termination notice. There's a team monitoring payments and resolving issues, along with real-time visibility into status so everything stays on track.

10 "I've heard employers lose visibility into what's happening with employees" Control / Visibility

RESPONSE

That can happen depending on how it's set up. With the right model, you'll be able to see in real-time who's enrolled, what plans they're in, and whether premium payments are being made — so you have full visibility into what's happening.