

**Supporting Statement - Part A**  
**Health Reimbursement Arrangements and Other Account-Based Group Health Plans**  
**(CMS-10704/OMB control number: 0938-1361)**

**A. Background**

The Department of the Treasury, the Department of Labor, and the Department of Health and Human Services (HHS) (collectively, the Departments) issued final regulations on June 20, 2019, titled “Health Reimbursement Arrangements and Other Account-Based Group Health Plans” (84 FR 28888) (2019 final regulations) under section 2711 of the PHS Act and the health nondiscrimination provisions of HIPAA, Public Law 104-191 (HIPAA nondiscrimination provisions). The 2019 final regulations expanded the use of health reimbursement arrangements and other account-based group health plans (collectively referred to as HRAs) and recognized certain HRAs as limited excepted benefits (the excepted benefit HRA), for plan years beginning on or after January 1, 2020. In general, the 2019 final regulations expanded the use of HRAs by eliminating the prohibition on integrating HRAs with individual health insurance coverage, thereby permitting employers to offer individual coverage HRAs (ICHRA) to employees that can be integrated with individual health insurance coverage or Medicare. Under the regulations, employees are permitted to use amounts in an ICHRA to pay expenses for medical care (including premiums for individual health insurance coverage and Medicare), subject to certain requirements.

Additionally, under the 2019 final regulations, benefits provided under an HRA or other account-based group health plan (other than a health flexible spending arrangement) will qualify as limited excepted benefits not subject to PHS Act title XXVII requirements if they: (1) are offered by a plan sponsor that also offers traditional group health plan coverage that is not limited to excepted benefits for the plan year to the participant; (2) are funded with amounts newly made available for each plan year that do not exceed \$1,800, adjusted annually in a manner set forth in the final regulations; (3) do not reimburse premiums for individual health insurance coverage, group health plan coverage (other than COBRA continuation coverage or other continuation coverage), or Medicare, except for coverage that consists solely of excepted benefits; and (4) are made available under the same terms to all similarly situated individuals, regardless of any health factor.

In the preamble to the 2019 final regulations, the Departments noted that long-standing notice requirements under Part 1 of ERISA already apply to private-sector, employment-based plans. The Departments explained that under those notice requirements, excepted benefit HRAs (EBHRAs) that are subject to ERISA generally should provide information on eligibility to receive benefits, annual or lifetime caps or other limits on benefits under the plan, and a description or summary of the benefits. Accordingly, the 2019 final regulations included a cross-reference to existing ERISA notice provisions for EBHRAs that are subject

to ERISA, to help ensure that sponsors of such EBHRAs are aware of their obligations under those provisions. HHS believes individuals offered EBHRAs by non-Federal governmental plan sponsors should also have access to clear information about their EBHRA.

HHS issued final regulations on May 14, 2020, titled “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans” (85 FR 29164) (2021 Payment Notice), which required EBHRAs offered by non-Federal governmental entities to provide notice consistent with the discussion in the preamble to the 2019 final regulations.

The Centers for Medicare & Medicaid Services (CMS) is requesting an extension of OMB approval for the information collections included in this information collection request (ICR).

## **B. Justification**

### **1. Need and Legal Basis**

Under section 45 CFR 146.123(c)(5) of the 2019 final regulations, “Health Reimbursement Arrangements and Other Account-Based Group Health Plans,” an ICHRA must implement reasonable procedures to annually verify that individuals whose medical care expenses are reimbursable by the ICHRA are, or will be, enrolled in individual health insurance coverage (other than coverage that consists solely of excepted benefits) or Medicare Part A and B or Part C for the entire plan year on or before the first day of the plan year, or, for an individual who is not eligible to participate in the ICHRA on the first day of the plan year, by the date of enrollment in the ICHRA (annual coverage substantiation requirement).

In addition to the annual substantiation of coverage, with each new request for reimbursement of an incurred medical care expense for the same plan year, the regulations provide that the ICHRA may not reimburse a participant for any medical care expenses unless, prior to each reimbursement, the participant provides substantiation that the participant and, if applicable, any dependent(s) whose medical care expenses are requested to be reimbursed were enrolled in individual health insurance coverage (other than coverage that consists solely of excepted benefits) or Medicare Part A and B or Part C for the month during which the medical care expenses were incurred. The attestation may be part of the form used for requesting reimbursement.

To satisfy this requirement, the ICHRA may require that the participant submit an attestation or a document provided by a third party (for example, an explanation of benefit or insurance card) as substantiation.

In addition, section 45 CFR 146.123(c)(6) includes a requirement that an ICHRA provide written notice to eligible participants. The ICHRA is required to provide a written notice to each participant at least 90 days before the beginning of each plan year. For participants who are not yet eligible to participate at the beginning of the plan year (or who are not eligible when the notice is provided at least 90 days prior to the beginning of the plan year), the ICHRA must provide the notice no later than the date on which the participant is first eligible to participate in the HRA. However, the ICHRA is encouraged to provide the notice as soon as practicable prior to the date a participant becomes eligible. If the ICHRA is sponsored by an employer that is established less than 120 days prior to the beginning of the first plan year of the HRA, the notice may be provided no later than the date on which the participants are first eligible to participate in the ICHRA.

Under section 45 CFR 146.123(c)(1)(iii), if an individual's health insurance coverage is cancelled or terminated, including retroactively, for failure to pay premiums or any other reason (for example, a rescission), the ICHRA must require that the individual notify the HRA that coverage has been cancelled or terminated and the date on which the cancellation or termination is effective.

Under section 45 CFR 146.145(b)(3)(viii)(E) in the 2021 Payment Notice, EBHRAs offered by non-Federal governmental entities are required to provide notice consistent with the discussion in the preamble to the HRA regulations.<sup>1</sup> Specifically, an EBHRA offered by a non-Federal governmental plan sponsor is required to provide a notice that describes conditions pertaining to eligibility to receive benefits, annual or lifetime caps or other limits on benefits under the EBHRA, and a description or summary of the benefits available under the EBHRA. This is generally consistent with the content requirements of DOL summary plan description regulations at 29 CFR 2520.102-3(j)(2) and (3), although the content of the EBHRA notice provided by a non-Federal governmental plan sponsor does not have to include every data element specified in those DOL regulations. The notice must be provided in a manner reasonably calculated to ensure actual receipt by participants eligible for the EBHRA, such as by providing the notice in the same manner in which the plan sponsor provides other notices or plan documents to plan participants.

This notice must be provided no later than 90 days after the employee becomes a participant in the EBHRA and annually thereafter. Therefore, the notice must be provided no later than 90 days after the first day of the EBHRA plan year, or in the case of an employee who becomes a participant after the start of the plan year, no later than 90 days after the employee becomes a participant in the EBHRA.

## 2. Information Users

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<sup>1</sup> 84 FR 28888 at 28941.

ICHRAAs will need the verification of individual health insurance coverage or Medicare Part A and B or Part C to ensure that participants and dependents are enrolled in individual health insurance coverage or Medicare Part A and B or Part C and are eligible to receive reimbursements. The notice sent by the ICHRAAs to eligible participants will ensure that they understand the terms of the ICHRA, the right to opt out, and the consequences of enrolling in the ICHRA. ICHRAAs will also need to know when an enrollee's individual market coverage is terminated in order to stop issuing reimbursements from the ICHRA.

The notice sent by the EBHRAs to eligible participants will provide employees with information regarding EBHRAs offered by their employers. The notice will describe conditions pertaining to eligibility to receive benefits, annual or lifetime caps or other limits on benefits under the EBHRA, and a description or summary of the benefits available under the EBHRA.

3. Use of Information Technology

The documents related to substantiation of individual health insurance coverage or Medicare Parts A and B or Part C, notices to eligible participants, and notification of termination of coverage may be provided electronically.

4. Duplication of Efforts

There is no duplication of efforts for these information collections.

5. Small Businesses

Small businesses are not significantly affected by these information collections.

6. Less Frequent Collection

If these information collections are conducted less frequently, eligible individuals will not have information regarding the ICHRAAs and EBHRAs being offered by their employers in order to make informed decisions and the ICHRAAs will not be able to confirm that participants are eligible to receive reimbursements from the ICHRAAs.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

A notice will published in the Federal Register on May 15, 2026 (91 CFR 27961) providing the public with a 60-day period to submit written comments on these information collections.

No outside consultation was sought.

9. Payments/Gifts to Respondents

No payments or gifts are associated with these information collections.

10. Confidentiality

The issue of confidentiality between third parties is out of scope for this ICR.

11. Sensitive Questions

This ICR does not involve sensitive questions.

12. Burden Estimates

HHS used data from the Bureau of Labor Statistics to derive median labor costs (including a 100 percent increase of the median hourly wage to incorporate the cost of fringe benefits and other indirect costs) for estimating the burden and equivalent cost associated with these information collections.<sup>2</sup> Table 1 below presents the median hourly wage, cost of fringe benefits and other indirect costs, and adjusted hourly wage.

**TABLE 1: Adjusted Hourly Wages Used in Burden Estimates**

Occupation Title	Occupational Code	Median Hourly Wage (\$/hour)	Cost of Fringe Benefits and Other Indirect Costs (\$/hour)	Adjusted Hourly Wage (\$/hour)
Compensation and Benefits Manager	11-3111	\$67.48	\$67.48	\$134.96
Lawyer	23-1011	\$72.67	\$72.67	\$145.34

Substantiation of Individual Health Insurance Coverage or Medicare (45 CFR 146.123(c)(5))

An ICHRA must implement reasonable procedures to annually verify that participants or dependents, whose medical care expenses are reimbursable by the HRA are, or will be,

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<sup>2</sup> See Bureau of Labor Statistics, May 2024 Occupational Employment and Wage Statistics, national estimates at <https://www.bls.gov/oes/tables.htm>.

enrolled in individual health insurance coverage or Medicare Parts A and B or Part C for the entire plan year on or before the first day of the plan year, or, for an individual who is not eligible to participate in the ICHRA on the first day of the plan year, by the date ICHRA coverage begins (annual coverage substantiation requirement).

In addition to the annual substantiation of coverage, with each new request for reimbursement of an incurred medical care expense for the same plan year, the ICHRA may not reimburse a participant for any medical care expenses unless, prior to each reimbursement, the participant provides substantiation that the individual on whose behalf reimbursement of medical care expenses are requested to be reimbursed were enrolled in individual health insurance coverage or Medicare Parts A and B or Part C for the month during which the medical care expenses were incurred. The attestation may be part of the form used for requesting reimbursement.

To satisfy these substantiation requirements, the ICHRA may require that the participant submit a document provided by a third party (for example, an explanation of benefits or insurance card) showing that the participant and any dependent(s) covered by the ICHRA are, or will be, enrolled in individual health insurance coverage or Medicare Parts A and B or Part C during the plan year or an attestation by the participant stating that the participant and any dependent(s) are, or will be, enrolled in individual health insurance coverage or such Medicare coverage, the date coverage began or will begin, and the name of the provider of the coverage. Additionally, nothing in the 2019 final regulations prohibits an ICHRA from establishing procedures to comply with the substantiation requirements through electronic means, so long as the procedures are reasonable to verify enrollment. The ongoing substantiation may be in the form of a written attestation by the participant, which may be part of the form used for requesting reimbursement and which will minimize the burden on plan sponsors and participants. The ongoing substantiation requirement may also be satisfied by a document from a third party. The associated cost of substantiation will be minimal and is, therefore, not estimated.

The Departments released guidance providing model attestation language, separate from the 2019 final regulations.<sup>3</sup> However, ICHRAAs are not required to use the model attestation. For those ICHRAAs that elect to use the model attestation language provided by the Departments, it will further reduce burden for ICHRAAs and participants.

#### Notice Requirement for ICHRA (45 CFR 146.123(c)(6))

An ICHRA is required to provide a written notice to eligible participants. In general, the ICHRA must provide a written notice to each participant at least 90 days before the

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<sup>3</sup> See <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-market-reforms/downloads/hra-faqs.pdf>.

beginning of each plan year. For participants who are not yet eligible to participate at the beginning of the plan year (or who are not eligible when the notice is provided at least 90 days prior to the beginning of the plan year), the ICHRA must provide the notice no later than the date on which the ICHRA may first take effect for the participant. However, the Departments encourage the ICHRA to provide the notice as soon as practicable prior to the date the ICHRA may first take effect. If the ICHRA is sponsored by an employer that is established less than 120 days prior to the beginning of the first plan year of the ICHRA, the notice may be provided no later than the date on which the ICHRA may first take effect for the participant.

The written notice must include certain relevant information, including a description of the terms of the ICHRA, including the maximum dollar amount made available that is used in the affordability determination under the Code section 36B rules including information on when the amounts will be made available (for example, monthly or annually at the beginning of the plan year); a statement of the right of the participant to opt-out of and waive future reimbursement under the ICHRA; a description of the potential availability of the premium tax credit (PTC) for a participant who opts out of and waives an ICHRA if the ICHRA is not affordable under the PTC rules; a description of the PTC eligibility consequences for a participant who accepts the ICHRA; a statement on how the participant may find assistance for determining their ICHRA affordability; a statement that the participant must inform any Exchange to which they apply for advance payments of the PTC of certain relevant information; contact information (including at least a phone number) of an individual or a group of individuals who participants may contact with questions regarding the ICHRA; a statement that the participant should retain the written notice because it may be needed to determine whether the participant is allowed the PTC; a statement that the ICHRA may not reimburse any medical care expense unless the substantiation requirements are satisfied; a statement of availability of an SEP for employees and dependents who newly gain access to the ICHRA; the date as of which coverage under the ICHRA may first become effective and the date on which the ICHRA plan year ends; and a statement to clarify further that there are multiple types of HRAs and the type the participant is being offered is an ICHRA.

The written notice may include other information, as long as the additional content does not conflict with the required information. The written notice does not need to include information specific to a participant.

The Departments provided model language on certain aspects of the notice that are not employer-specific, including model language describing the PTC consequences of being offered and accepting an ICHRA, how the participant may find information to determine whether the ICHRA offered is affordable, and language to meet the requirement to include a statement regarding the availability of an SEP in the individual market for individuals for whom an ICHRA is newly made available. While the Departments hope it will be useful to

employers, plan sponsors are not required to use the model language and the 2019 final regulations do not prohibit an employer from providing more individualized notices, such as different notices for different classes of employees, if the employer so chooses.

HHS estimates that for each ICHRA plan sponsor, a compensation and benefits manager will need 2 hours (at \$134.96 per hour) and a lawyer will need 1 hour (at \$145.34 per hour) to prepare the notice. The total burden for an ICHRA plan sponsor will be 3 hours with an equivalent cost of approximately \$415.<sup>4</sup> This burden will be incurred the first time the plan sponsor provides an ICHRA. If the ICHRA plan sponsor elects to use the model notice, the burden may be reduced.

HHS estimates there are 90,887 state and local government entities and that nearly all of these entities sponsor health plans for their employees.<sup>5</sup> HHS assumes that 1 percent of state and local government entities that offer health insurance (approximately 909) will offer ICHRAs for the first time each year.<sup>6,7</sup>

HHS estimates there are 19,231,948 state and local government employees.<sup>8</sup> Based on the estimated average number of eligible participants per state or local government (212<sup>9</sup>) and the number of state or local governments that might offer an ICHRA for the first time each year (909), HHS estimates that 192,708 employees could be eligible participants for an ICHRA sponsored by a state or local government for the first time each year.

HHS therefore estimates that each year 909 additional state and local government entities will incur a burden of approximately 2,727 hours with an equivalent cost of approximately \$377,471 associated with the ICHRA notice requirement in the first year that the ICHRA is offered.

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<sup>4</sup> The average labor rate is therefore approximately  $(\$415.26/3 \text{ hours}) = \$138.42$  per hour.

<sup>5</sup> Based on the 2022 Census of Governments from the Census Bureau. According to the 2022 Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) (see Table III.B.2), 99.5 percent of state or local government employees work where health insurance is offered.

<sup>6</sup> Based on a simulation model from the U.S. Department of the Treasury, Office of Tax Analysis (84 FR 28888, 28965), HHS previously estimated that no additional state or local government entities would offer ICHRAs for the first time starting in 2025. However, based on recent market developments, HHS now anticipates that some state and local government entities might offer ICHRAs for the first time each year. This assumption is informed by an estimate in the KFF Employer Health Benefits Survey, 2025, which reported that, among private sector firms with 10 or more workers that offer health benefits but do not currently offer an ICHRA, around 2 percent were “very likely” to offer an ICHRA in the next two years. See KFF, 2025 Employer Health Benefits Survey, <https://www.kff.org/health-costs/2025-employer-health-benefits-survey/>.

<sup>7</sup> For comparison, the 3-year average number of new ICHRA sponsors estimated in the previous version of this supporting statement (covering 2023 to 2025) was 1,941.

<sup>8</sup> Estimate based on the 2022 MEPS-IC public sector data (see Table III.B.1, [https://meps.ahrq.gov/data\\_stats/summ\\_tables/insr/national/series\\_3/2022/ic22\\_iiia\\_g.pdf](https://meps.ahrq.gov/data_stats/summ_tables/insr/national/series_3/2022/ic22_iiia_g.pdf)).

<sup>9</sup> This is calculated as follows: 19,231,948 state and local government employees / 90,887 state and local government entities = 212.



HHS estimates that 4 percent of state and local government entities currently sponsor ICHRA for their employees (approximately 3,635 ICHRA sponsors).<sup>10,11</sup> Based on the estimated number of eligible participants per state or local government (212) and the number of state or local governments that might currently sponsor an ICHRA (3,635), HHS estimates that 770,620 employees might currently be eligible participants for an ICHRA sponsored by a state or local government. HHS assumes that 10 percent of ICHRA sponsors (approximately 364 in the first year, increasing to approximately 454 in the second year and approximately 545 in the third year) will change the benefits offered through the ICHRA and will therefore need to update the notice. HHS estimates that, for each ICHRA sponsor, a compensation and benefits manager will need 0.5 hours (at \$134.96 per hour) and a lawyer will need 0.25 hours (at \$145.34 per hour) to update the notice. The total burden for ICHRA sponsors revising the ICHRA notice will therefore be approximately 273 hours with an equivalent cost of approximately \$37,789 in the first year, approximately 341 hours with an equivalent cost of approximately \$47,132 in the second year, and approximately 409 hours with an equivalent cost of approximately \$56,579 in the third year.

As summarized in Table 2, for both the initial development of and updates to the ICHRA notice, the total burden is estimated to be approximately 3,000 hours with an equivalent cost of approximately \$415,260 in the first year, approximately 3,068 hours with an equivalent cost of approximately \$424,603 in the second year, and approximately 3,136 hours with an equivalent cost of approximately \$434,051 in the third year.

**TABLE 2: Burden and Costs for Non-Federal Governmental Plan Sponsors Offering an ICHRA Related to the Notice Requirement**

Year	Estimated Number of Respondents	Burden per Respondent (hours)	Total Annual Burden (hours)	Average Labor Rate (\$/hour)	Total Estimated Labor Cost
2026	1,273	2.4	3,000	\$138.42	\$415,260
2027	1,363	2.3	3,068	\$138.42	\$424,603
2028	1,454	2.2	3,136	\$138.42	\$434,051

<sup>10</sup> This assumption is informed by an estimate in the KFF Employer Health Benefits Survey, 2025, which reported that, among private sector firms that offer health benefits, around 4 percent offered funds to one or more of their employees to purchase non-group coverage (including through an ICHRA). See KFF, 2025 Employer Health Benefits Survey, <https://www.kff.org/health-costs/2025-employer-health-benefits-survey/>.

<sup>11</sup> For comparison, the number of ICHRA sponsors estimated in the previous version of this supporting statement was 11,643 for 2025. The number estimated in this version of the supporting statement is more in line with recent evidence regarding actual take-up of ICHRA by private sector firms that offer health benefits.

3-year Average	1,363	2.3	3,068	\$138.42	\$424,638
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#### Notification of Termination of Coverage (45 CFR 146.123(c)(1)(iii))

If an individual's health insurance coverage is cancelled or terminated, including retroactively, for failure to pay premiums or any other reason (for example, a rescission), the ICHRA must require that the individual notify the ICHRA that coverage has been cancelled or terminated and the date on which the cancellation or termination is effective. The associated cost of this notification will be minimal and is, therefore, not estimated.

#### Notice Requirement for EBHRAs (45 CFR 146.145(b)(3)(viii)(E))

An EBHRA offered by a non-Federal governmental plan sponsor must provide a notice that describes conditions pertaining to eligibility to receive benefits, annual or lifetime caps or other limits on benefits under the plan, and a description or summary of the benefits. This notice must be provided on an annual basis no later than 90 days after the first day of the EBHRA plan year (or, if a participant is not eligible to participate at the beginning of the plan year, no later than 90 days after the employee becomes a participant in the EBHRA).

HHS assumes that each non-Federal governmental plan sponsor that offers an EBHRA has already incurred the initial cost to prepare the notice. In subsequent years, if there are changes in benefits, HHS estimates that a compensation and benefits manager will need 0.5 hours (at \$134.96 per hour) and a lawyer will need 0.25 hours (at \$145.34 per hour) to update the notice. The total burden for an EBHRA plan sponsor will be 0.75 hours with an equivalent cost of approximately \$104.<sup>12</sup> If there are no changes in benefits, the burden to update the notice in subsequent years is expected to be minimal and therefore is not estimated.

HHS estimates that approximately 901 non-Federal governmental plan sponsors will offer EBHRAs each year.<sup>13</sup> We further estimate that approximately 10 percent of non-Federal governmental plan sponsors will make substantive changes to the benefits each year and the total annual burden will be approximately 68 hours with an equivalent cost of approximately \$9,343.

#### **TABLE 3: Annual Burden and Costs for Non-Federal Governmental Plan Sponsors Offering EBHRAs Related to the Notice Requirement**

<sup>12</sup> The average labor rate is therefore approximately (\$103.82/0.75 hours=) \$138.42 per hour.

<sup>13</sup> HHS assumes that approximately 1 percent of non-Federal governmental plan sponsors will offer EBHRAs.

Estimated Number of Respondents	Burden per Respondent (hours)	Total Annual Burden (hours)	Average Labor Rate (\$/hour)	Total Estimated Labor Cost
90	0.75	68	\$138.42	\$9,343

### 13. Capital Costs

ICHRA sponsors will provide the notice to eligible participants every year. HHS estimates that ICHRA sponsors will provide the notice to approximately 963,328 eligible participants in 2026, 1,156,036 eligible participants in 2027, and 1,348,744 eligible participants in 2028. HHS anticipates that the notices will be approximately 6 pages long and the cost of materials and printing will be \$0.05 per page, with a total cost of \$0.30 per notice. It is assumed that these notices will be provided along with other benefits information with no additional mailing cost. HHS assumes that approximately 58.3 percent of notices will be provided electronically and approximately 41.7 percent will be provided in print along with other benefits information.<sup>14</sup> Therefore, in 2026, state and local government entities providing ICHRA will print approximately 401,708 notices at a cost of approximately \$120,512. In 2027, approximately 482,067 notices will be printed at a cost of approximately \$144,620 and in 2028, approximately 562,426 notices will be printed at a cost of approximately \$168,728.

**TABLE 4: Capital Costs Related to the Notice Requirement for ICHRA**

Year	Total Number of Respondents	Number of Responses	Number of Notices Printed	Cost Per Printed Notice	Total Printing and Materials Cost
2026	4,544	963,328	401,708	\$0.30	\$120,512
2027	5,453	1,156,036	482,067	\$0.30	\$144,620
2028	6,362	1,348,744	562,426	\$0.30	\$168,728
3-year Average	5,453	1,156,036	482,067	\$0.30	\$144,620

EBHRAs offered by non-Federal governmental plans will provide the notice to eligible participants every year. HHS estimates that plan sponsors will provide the notice to approximately 191,012 eligible participants annually.<sup>15</sup> HHS anticipates that the notice will be approximately 1 page long and the cost of materials and printing will be \$0.05 per notice. HHS assumes that these notices will be provided along with other benefits information with no additional mailing cost. HHS assumes that approximately 58.3 percent of notices will be

<sup>14</sup> See <https://www.federalregister.gov/d/2024-20612/p-992>.

<sup>15</sup> HHS assumes that EBHRAs will be offered to all employees of state and local government entities that offer EBHRAs. This is an upper bound, and the actual number of eligible participants is likely to be lower if EBHRAs are offered to only some employee classes.

provided electronically and approximately 41.7 percent will be provided in print along with other benefits information.<sup>16</sup> Therefore, state and local government entities providing EBHRAs to their employees will print approximately 79,652 notices at a cost of approximately \$3,983 annually.

**TABLE 5: Annual Capital Costs Related to the Notice Requirement for EBHRAs**

Total Number of Respondents	Number of Responses	Number of Notices Printed	Cost Per Printed Notice	Total Printing and Materials Cost
901	191,012	79,652	\$0.05	\$3,983

14. Cost to Federal Government

There is no cost to the Federal government.

15. Changes to Burden

The estimated annual burden associated with the ICHRA notice requirement has decreased to 3,068 hours from 5,822 hours, a total reduction of 2,754 hours. This decrease in burden is largely due to a decrease in the estimated number of employers offering an ICHRA. There is no change in the estimated annual burden associated with the EBHRA notice requirement (68 hours). In total, the estimated annual burden associated with this ICR has decreased to 3,136 hours from 5,890 hours, a reduction of 2,754 hours.

16. Publication/Tabulation Dates

There are no plans to publish the outcomes of the information collections, as they are third-party disclosures.

17. Expiration Date

The expiration date will be displayed on the first page of each instrument (top, right-hand corner).

18. Certification Statement

There are no exceptions to the certification statement.

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<sup>16</sup> See <https://www.federalregister.gov/d/2024-20612/p-992>.

**ATTACHMENTS:**

**1. INDIVIDUAL COVERAGE HRA MODEL ATTESTATION**

**2. INDIVIDUAL COVERAGE HRA MODEL NOTICE**