

2017

Nonprofit Employee Benefits Report

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Expanding Benefits to Support Employee Physical and Financial Health

Nonprofit employers have always recognized that employee benefits are an important recruitment and retention tool. More than ever before, employees want access to a broad range of benefits to help them manage both their physical and financial health. Often, nonprofit organizations struggle to meet those needs, whether due to uncertain or unpredictable funding, fear of change, or the conflicting demands of a multi-generational workforce regarding benefits. The good news is that nonprofits seem to be embracing several low- to no-cost programs that enhance the benefit offerings that allow employees more choice when selecting benefits that best meet their life stage and lifestyle.

Based on results of the *2017 Nonprofit Employee Benefits Survey*, nonprofit employers have begun to embrace voluntary benefits to either replace contributory options or to enhance existing benefit plans. This year, more surveyed nonprofits are offering voluntary coverages such as supplemental medical, dental, vision, accident, critical illness, group legal, and doctors by phone, and most coverages had a double-digit increases over 2016. Employees are also beginning to appreciate these benefits, particularly those enrolled in high deductible health plans. They increasingly value benefits that help cover out-of-pocket costs in the event of an accident, emergency or sudden illness.

The 2017 survey also indicates that nonprofit employers are beginning to embrace wellness programs and participation incentives. Surveyed employers are adding more lifestyle and behavior coaching, programs administered by wellness companies, nutritional counseling, and health fairs. These can be wonderful tools for building employee loyalty and for encouraging employees to make health and lifestyle changes.

Finally, more nonprofit organizations are embracing benefits technology, whether using it to support eligibility management and COBRA administration or to eliminate paper enrollment forms by allowing employees to enroll in benefits online. Results of this year's survey show that nearly 75% of nonprofits are using an online system to manage ongoing benefits administration, and one-third give employees access to an enrollment portal to make benefit elections. One-third may seem low, but it represents a 32% increase over last year's result. Clearly, nonprofit employers are learning that employee self-service enrollment reduces enrollment time, eliminates legibility errors, improves the enrollment experience for employees, and better supports a modern workforce of virtual teams, telecommuters, and the now largest working generation, digital-native Millennials.

SECTION 1: BENEFITS OFFERED

Prevalence of Benefits

The most prevalent benefits offered by nonprofits continue to be group medical, group dental, and employer-paid life insurance, although the number of nonprofit employers who reported offering them has dipped slightly from 2016: medical dropped from 98.7%; dental fell from 94.9%; paid life decreased from 92.8%. The number offering spending accounts stayed relatively the same.



96.4%
Offer Group Medical



87.4%
Offer Group Dental

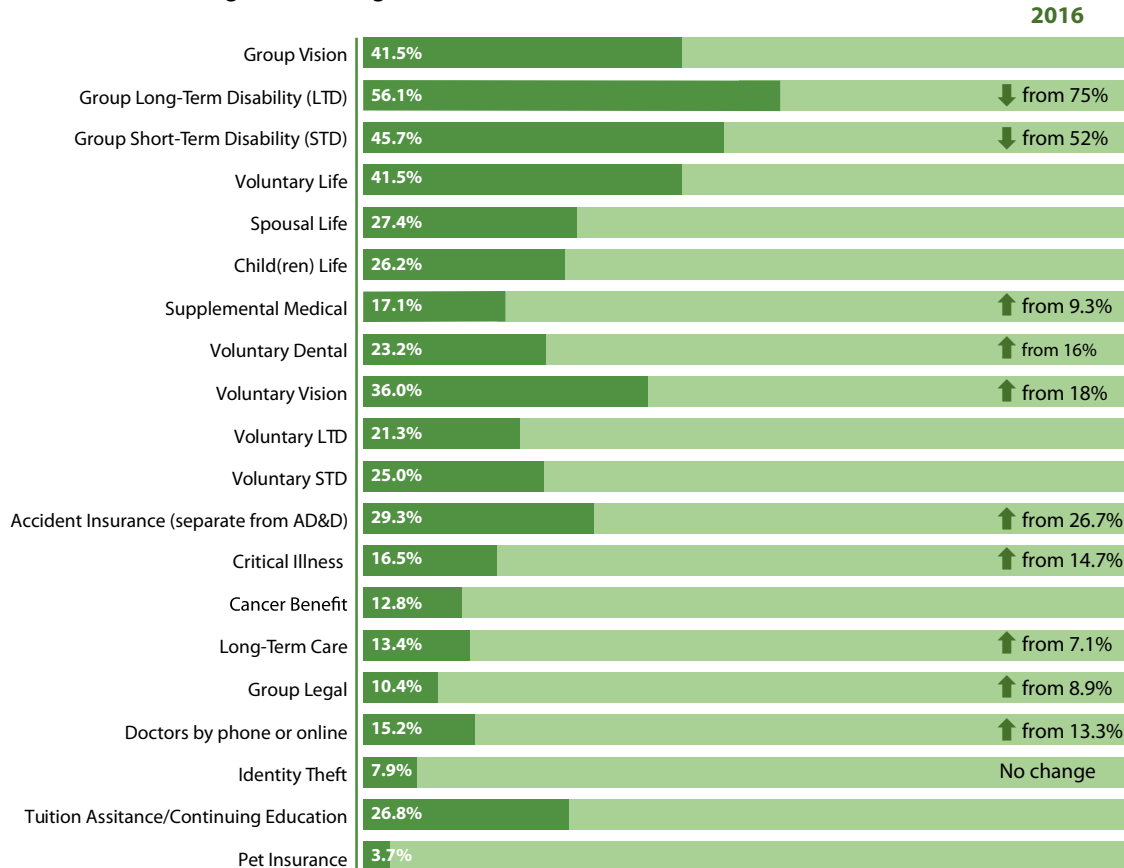


81.4%
Offer Employer-Paid
Life Insurance



74.9%
Offer Tax-Advantage
Spending Accounts

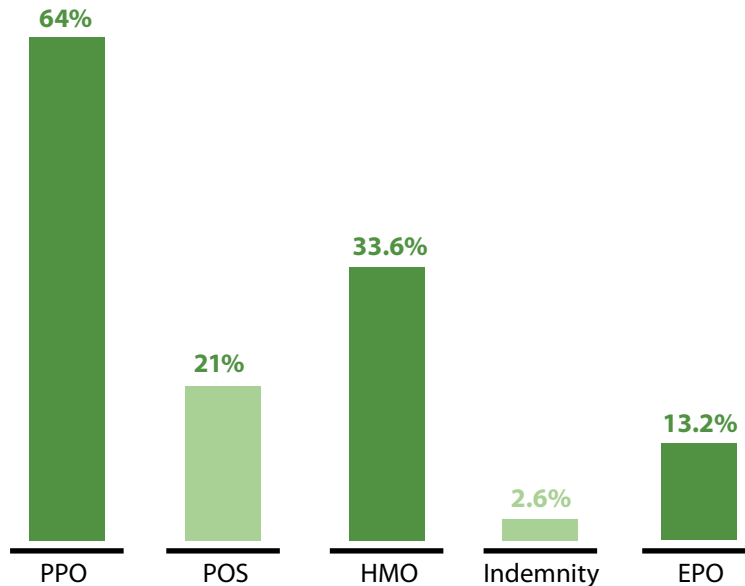
Among other benefits offered, group long-term disability (LTD) came out on top at 56.1%, but it also saw a significant drop from 2016 when 75% of nonprofits reported offering the benefit. Following LTD were group STD, then voluntary life and group vision. Certain voluntary benefits such as critical illness, accident, supplemental medical, dental, vision, legal, telemedicine, and long-term saw significant increases from 2016.



SECTION 1: BENEFITS OFFERED

Medical Plan Types

Preferred Provider Organizations (PPOs) continue to be the most common medical plan type among surveyed nonprofits and are offered by nearly 64% of survey participants, an increase from 57.6% in 2016. Slightly fewer nonprofit employers reported use of Point of Service (POS) and Exclusive Provider Organization (EPO) plans compared to 2016.



Use of High Deductible Health Plans (HDHPs) Continues to Grow

Nearly six out of ten surveyed nonprofit medical plans can be categorized as an HDHP, which are often considered more affordable for employees due to lower premiums. In 2016, 57.7% of survey participants reported having an HDHP. The 5.6% jump from 2016-2017 reflects the biggest year-to-year jump since we began this survey.

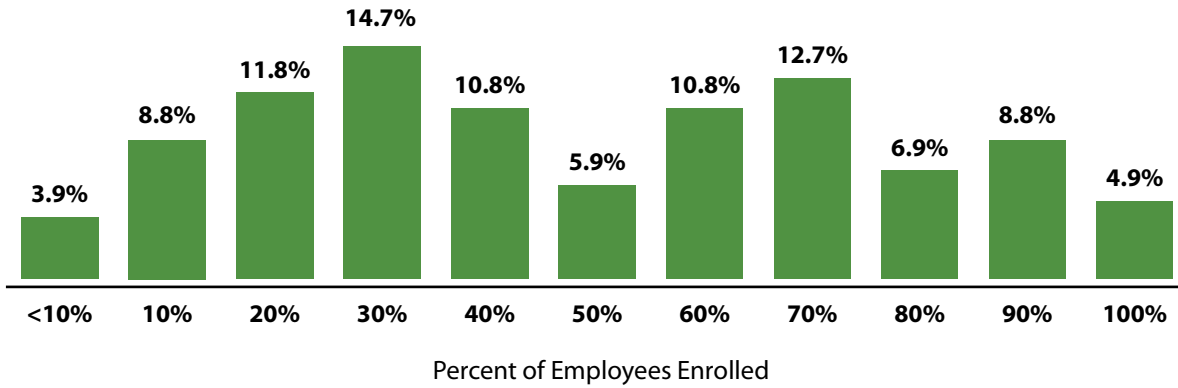


63.3%
of Nonprofit Medical Plans are
High Deductible Health Plans (HDHPs)

SECTION 1: BENEFITS OFFERED

Employee Enrollment in High Deductible Health Plans (HDHPs)

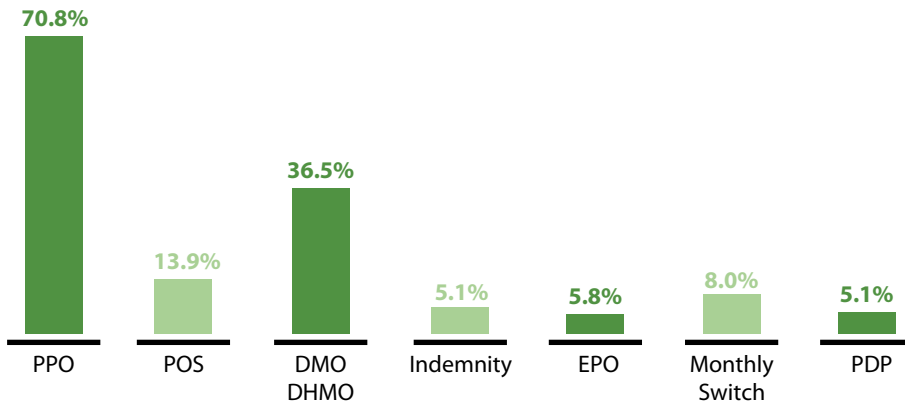
Enrollment in HDHPs runs the gamut - 50% of employers surveyed reported less than 50% of employees enrolled in the HDHP, and 44% reported more than 50% enrolled.



Dental Plan Types

PPOs are the most common dental plan type offered by surveyed nonprofits (70.8%). Following are Dental Maintenance Organizations (DMOs) and Point of Service (POS) plans.

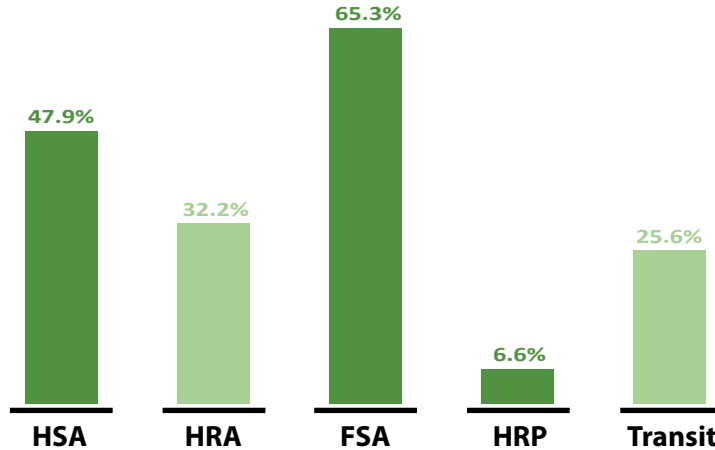
A dental plan described as a “monthly switch” allows employees to switch between a DMO and either a PPO or indemnity plan. An indemnity plan, or fee-for-service plan, reimburses the covered person for incurred expenses once the deductible is met.



SECTION 1: BENEFITS OFFERED

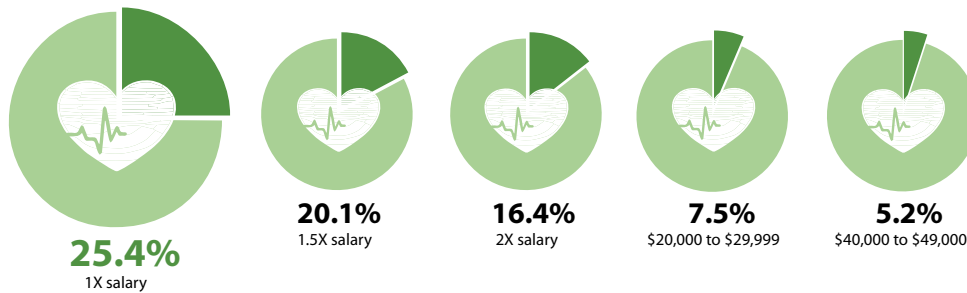
Tax Advantaged Accounts

Flexible Spending Accounts (FSAs) are the most common type of tax advantaged account offered by surveyed nonprofits. However, 2017 saw a sharp decrease in the number of employers offering an FSA, 65.3% from 80.2% in 2016. The number of employers who offer an HSA rose slightly from 40% in 2016 to 47.9% in 2017.



Employer-Paid Life Insurance

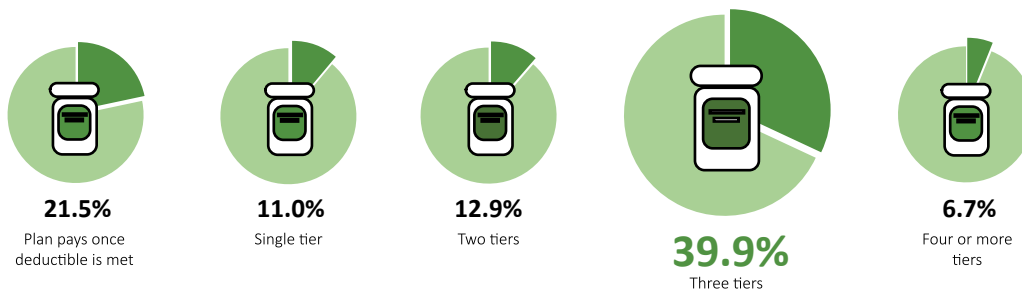
The most common level of employer-paid life insurance offered by nonprofits is “1X salary,” accounting for just over 25% of results. However, this is a decrease from 2011 when 35.9% of employers reported that benefit amount. The second most common answer was “1.5X salary,” followed by “2X salary” which is reversed from 2016.



Statistics less than 5% are not shown: 3X Salary - 4.5%; 4X Salary - 1.5%; 5X Salary - 1.5%; \$1 to \$9,999 - 3.7%; \$10,000 to \$19,000 - 3.0%; \$30,000 to \$39,999 - 1.5%; \$50,000 to \$74,999 - 3.0%; \$75,000 to \$99,999 - 1.5%; \$100,000 or more - 2.2%

Prescription Drug Plans

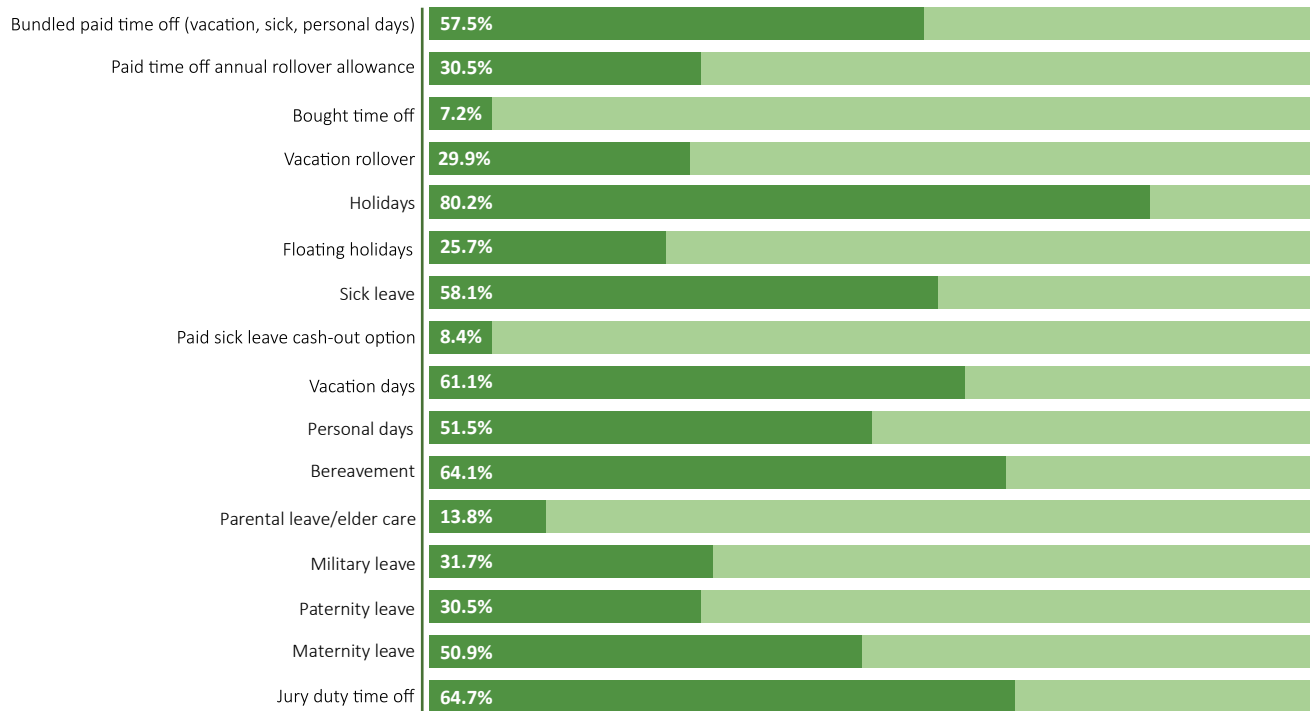
The majority of surveyed nonprofit employers offer a three tier prescription drug plan to their employees, as reported by nearly 40% of survey participants. This is consistent with our 2016 survey results but is significantly lower than the 63% reported in 2015. The second most common answer is “plan pays once deductible is met,” followed by “two tiers.” 8% of surveyed employers do not offer a prescription drug plan.



SECTION 1: BENEFITS OFFERED

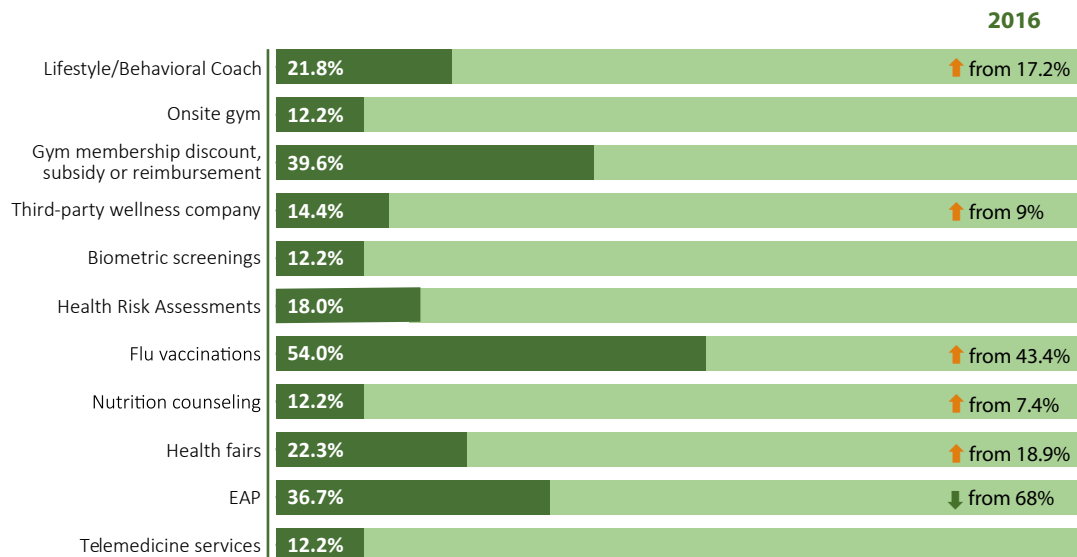
Paid Leave

The most prevalent paid leave benefits offered by surveyed nonprofits are Holidays, Bereavement time, and Jury duty, followed by Vacation days, bundled time off (PTO), and Sick leave.



Wellness Programs

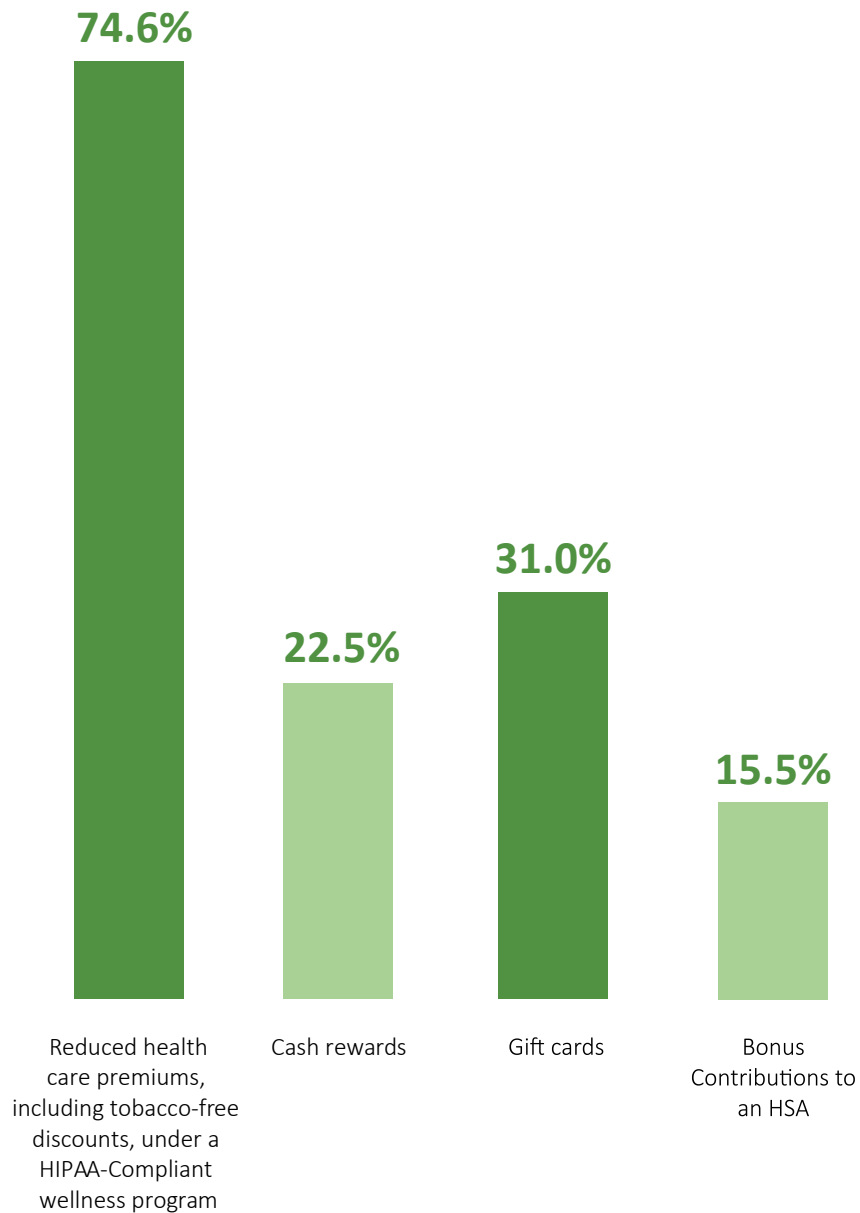
This year, Flu vaccinations topped the list of most popular wellness programs, above Employee Assistance Programs (EAPs) which since the start of this annual survey, was the highest reported program (the EAP is often tied to disability benefits, so the drop is consistent with the reduced number of surveyed employers who offer a paid disability benefit in 2017). Nonprofit employers are making wellness a priority, as seen by the growth in offerings like Lifestyle coaching, Third party wellness, Nutritional counseling, and Health fairs.



SECTION 1: BENEFITS OFFERED

Wellness Participation Incentives

The ACA amended ERISA and HIPAA nondiscrimination provisions to permit group health plans to adopt wellness program incentives that vary a person's health plan premiums or cost-sharing based on their health status or participation, as long as the wellness program meets certain requirements. We asked survey participants which incentives were in place at their organization, and nearly three-quarters selected "reduced healthcare premiums."



SECTION 2: SELECTION & MANAGEMENT

Benefits Program Objectives

When selecting benefit plans, 90.6% of survey participants said that “controlling costs” was very to extremely important to them. “Reducing administrative costs” and “retaining employees” were also deemed very to extremely important by 84.2% and 83% of survey participants, respectively.

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Controlling costs	60.1%	30.5%	7.8%	0%	0.6%
Retaining employees	41.8%	41.2%	14.5%	1.8%	0.6%
Reducing benefit administration costs	41.2%	43%	13.3%	2.4%	0%
Increasing employee job satisfaction	32.1%	48.5%	17.6%	1.8%	0%
Attracting employees	34.3%	41.6%	20.5%	2.4%	1.2%
Providing benefit options that are easy for employees to understand	36.1%	38.6%	21.1%	4.2%	0%
Addressing employees’ diverse needs	32.1%	42.4%	23%	2.4%	0%
Increasing employee productivity	34.8%	37.8%	21.3%	6.1%	0%
Encouraging healthy lifestyles	34.5%	32.7%	27.3%	4.8%	0.6%

SECTION 2: SELECTION & MANAGEMENT

Benefits Program Challenges

The two most challenging factors when providing employee benefits relate to cost. 83.6% of survey participants rated “cost to nonprofits” very to extremely challenging, and 74.4% of survey participants rated “cost to employees” very to extremely challenging. These are consistent with 2016 Survey results.

One notable increase over 2016 results was the “employee resistance to change” result, which went from 36.9% of survey participants rating it very to extremely challenging in 2016 to 48.8% rating it that way in 2017.

	Extremely challenging	Very challenging	Moderately challenging	Slightly challenging	Not at all challenging
Cost to nonprofit	47.6%	36%	14%	1.8%	0.6%
Cost to employees	37.8%	36.6%	19.5%	3%	3%
Plan design/quality of benefits & networks	21.8%	36.4%	33.9%	5.5%	2.4%
Administrative burden	12.2%	31.1%	37.2%	14%	5.5%
Employee education and communication	12.7%	24.2%	39.4%	20.6%	3%
Competition for talent	12.9%	23.3%	41.7%	15.3%	6.7%
Compliance with state & federal regulations	15.2%	20.6%	30.9%	21.8%	11.5%
Employee resistance to change	16.5%	32.3%	30.5%	14%	6.7%
Healthcare reform implementation	16.5%	26.2%	36.6%	4.8%	4.9%
Selecting plans that meet the needs of our diverse employee population	18.4%	30.7%	36.2%	11%	3.7%

SECTION 2: SELECTION & MANAGEMENT

Cost-Saving Strategies in Response to Rising Costs

The top three cost-saving strategies that surveyed nonprofit employers have implemented or plan to implement this year are “creating wellness incentives” (60% - up from 20.7% in 2016), “increasing employee contributions” (59.4% - up from 42.2% in 2016), and “offering a high deductible medical plan (HDHP),” (52.4% - statistically unchanged from 2016). Rounding out the least implemented strategies are “moving to a private exchange,” “offer coverage through an Accountable Care Organization (ACO),” and “offer a Minimum Value plan,” which are consistent with 2016 results.

	Has been implemented	Plan to implement this year	Plan to implement in next 3 years	Plan to implement at some point	No plans to implement
Increase employee contributions	42.4%	17%	9.1%	14.5%	16.4%
Reduce or drop certain benefits	22.3%	12.7%	9.6%	13.3%	42.2%
Reduce or eliminate dependent coverage	14.7%	11.7%	4.9%	6.1%	62.6%
Offer a High Deductible Health Plan (HDHP)	43.3%	9.1%	7.9%	10.4%	29.3%
Extend our new hire waiting period	10.3%	9.7%	8.5%	7.9%	63.6%
Restrict eligibility for coverage	11.6%	10.4%	6.1%	7.3%	64.6%
Move to a private exchange marketplace	8%	8.6%	6.8%	13%	63.6%
Change to a defined contribution model (fixed contributions)	19.1%	8.6%	9.9%	17.9%	44.4%
Replace employer-paid benefits with voluntary benefits	15.3%	13.5%	8.6%	16.6%	46%
Offer a “Minimum Value Plan” only	5.6%	8.6%	11.7%	11.7%	62.3%
Create wellness incentives	42%	18%	9.9%	23.6%	22.4%
Offer coverage through an Accountable Care Organization (ACO)	8%	8%	6.2%	8%	69.8%

SECTION 3: BENEFITS ADMINISTRATION

Online Benefits Administration Systems

Benefits administration systems reduce the need for paper enrollment forms, insecure sharing of information, and delays/errors associated with manual processing. Through an online portal, employers and/or their employees can instead process enrollment changes securely and at their convenience, and often gain access to additional resources such as reporting functionality, COBRA compliance, ACA data, and billing.

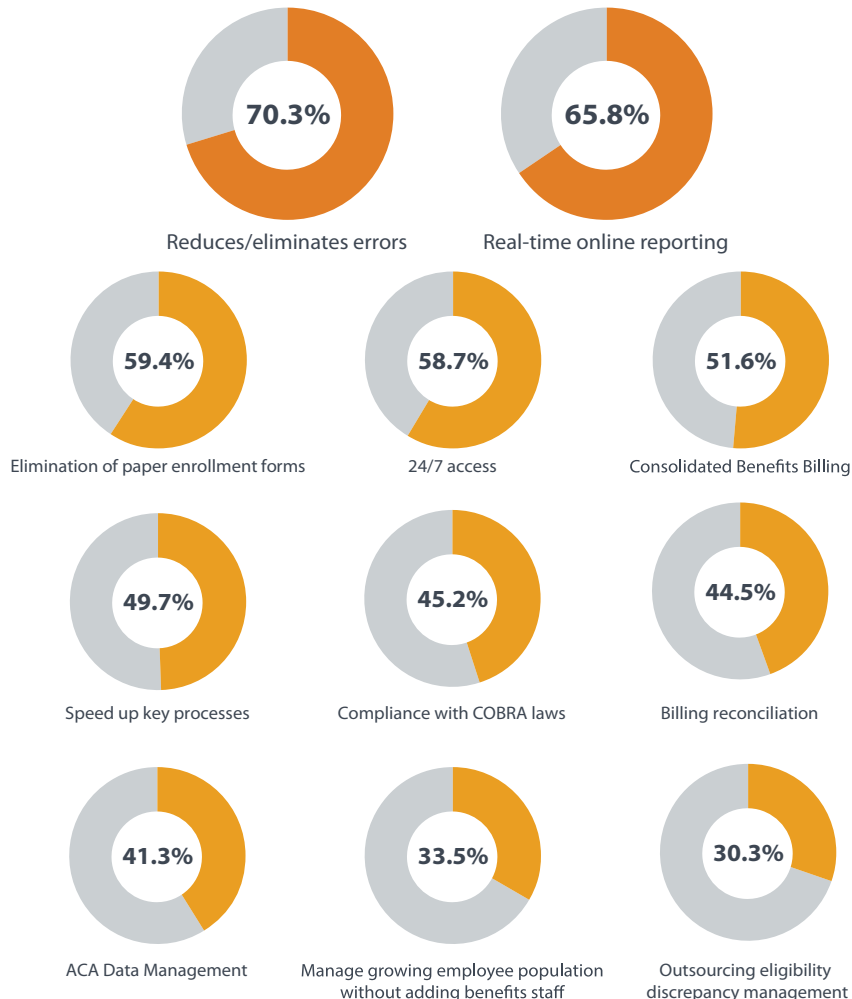


73.9%

of surveyed nonprofits use software or an online system to manage employee benefit programs.

Benefits Technology Perceptions

According to surveyed nonprofits, the top advantages of benefits administration technology are “reducing or eliminating errors,” “real-time reporting,” “elimination of paper enrollment forms,” “24/7 access,” and “consolidated benefits billing” were close behind. Rated the least advantageous are “manage growing populations” and “eligibility discrepancy management.”



SECTION 3: BENEFITS ADMINISTRATION

Enrollment Methods

Paper enrollment continues to be the most common enrollment method among surveyed nonprofits, but it's down significantly from years past (74% in 2016). In 2016, only 19.9% of survey respondents reported use of an Online system to enroll their employees. In 2017, that number jumped to 44.6%.

The number of employers allowing employees to make their own benefit elections using an Online self-service portal also jumped from 25.5% in 2016 to 33.7% in 2017. This is the most significant increase since we began tracking use of employee self service in the 2013 survey.



64.5%

Employees complete a paper enrollment form



44.6%

Employer uses an online enrollment system to enroll employees



33.7%

Employees use an online enrollment portal during open-enrollment



25.3%

Employer sends enrollment forms to carriers or benefits administrator



22.3%

Employees use an online enrollment portal to make life-event changes



5.4%

Automatic Enrollment: new employees automatically enrolled with opt-out ability



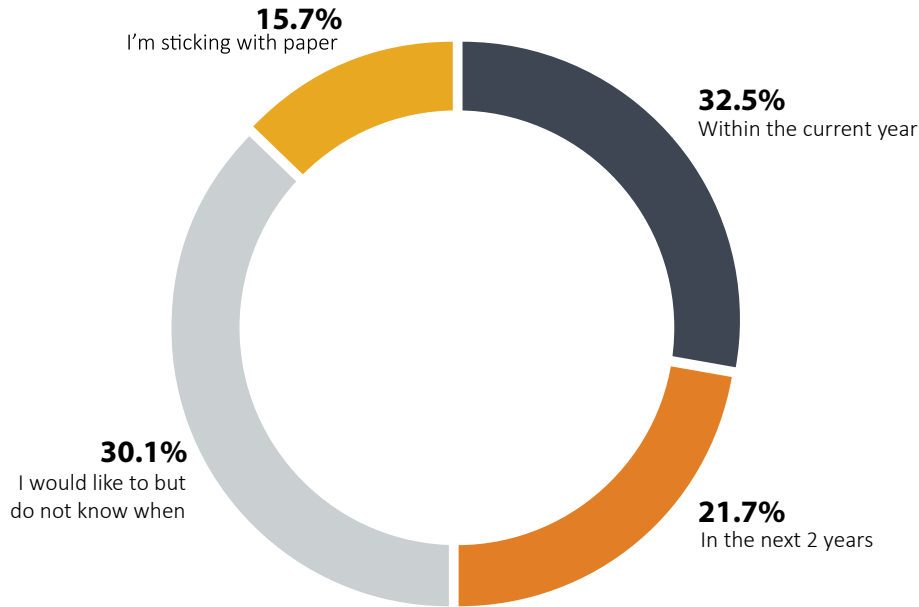
1.2%

Telephonic

SECTION 3: BENEFITS ADMINISTRATION

Employee Self-Service Implementation

Withing the next two years, 54.2% of nonprofit employers surveyed plan to ditch paper enrollment forms and allow employees to elect benefits through an online enrollment portal.



Educating Employees about their Benefits

Group meetings are still the most popular method of communicating benefits information to employees, followed by enrollment brochures and materials, one-on-one meetings and through email.



78.2%
Group meetings



50.6%
One-on-one In person meetings



61%
Enrollment brochures/
materials



50%
Email



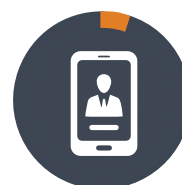
37.2%
Company intranet or
benefits website



16%
Benefit fairs



11.5%
Online decision
support tools



7.7%
Mobile App

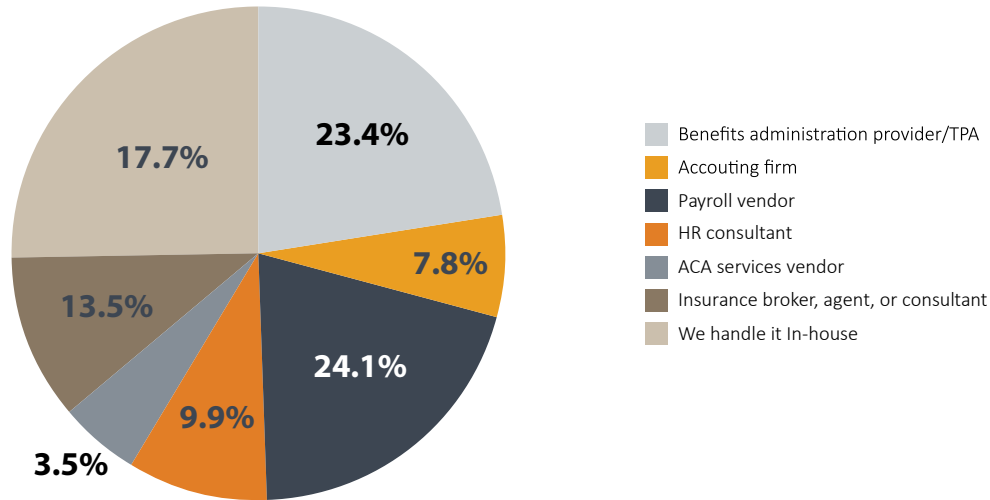


6.4%
Text messages

SECTION 3: BENEFITS ADMINISTRATION

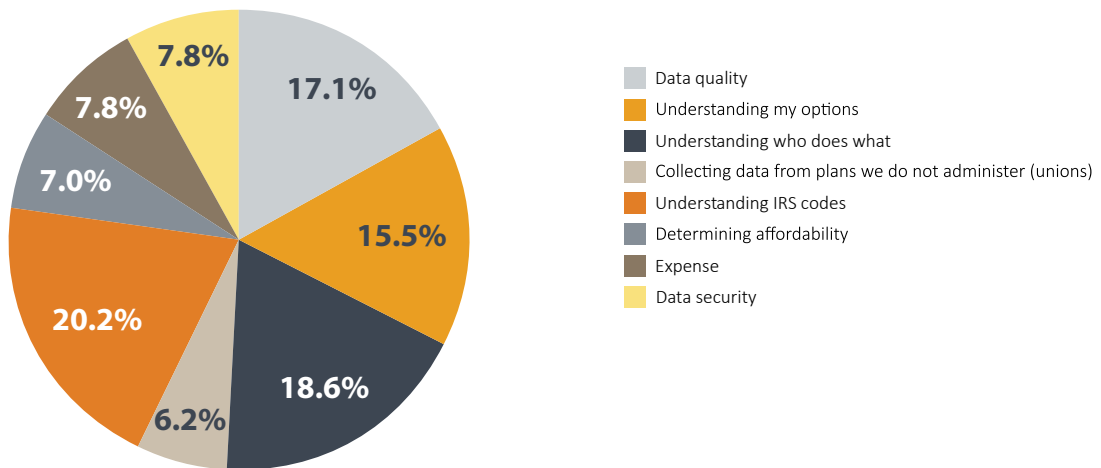
ACA Compliance Assistance

Most surveyed nonprofit employers use either their benefits administration provider/TPA or their payroll provider to assist with ACA reporting, while a relatively significant percentage handle it internally.



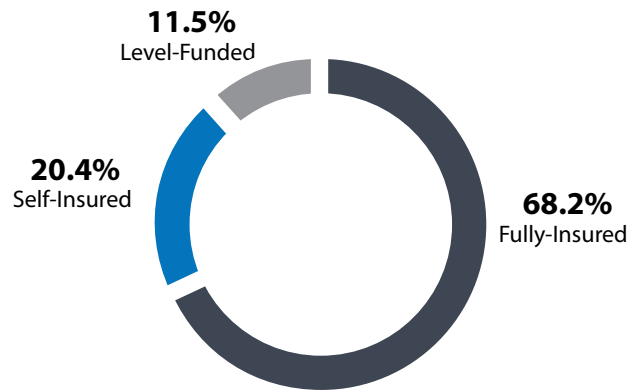
Concerns with IRS Sections 6055/6056 Reporting

The biggest concerns surveyed participants expressed with regard to IRS ACA Reporting is Understanding the IRS codes, followed by "understanding who does what," collecting data from plans not administered" (unions and aggregated employer groups) and "understanding their options."



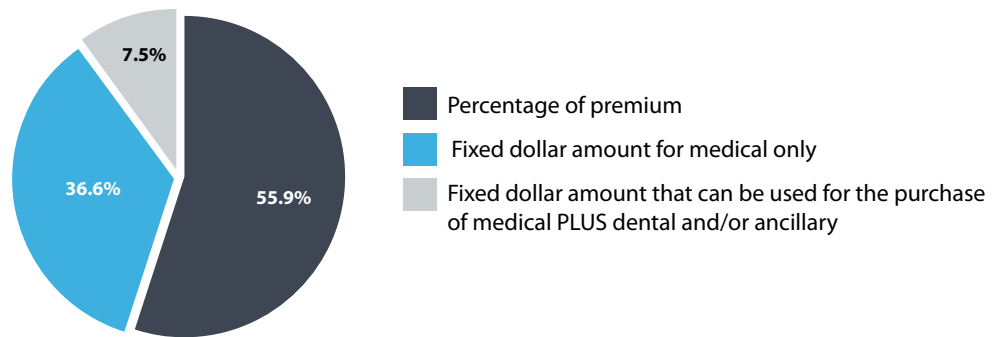
SECTION 4: PLAN FUNDING & CONTRIBUTIONS

Medical Plan Funding

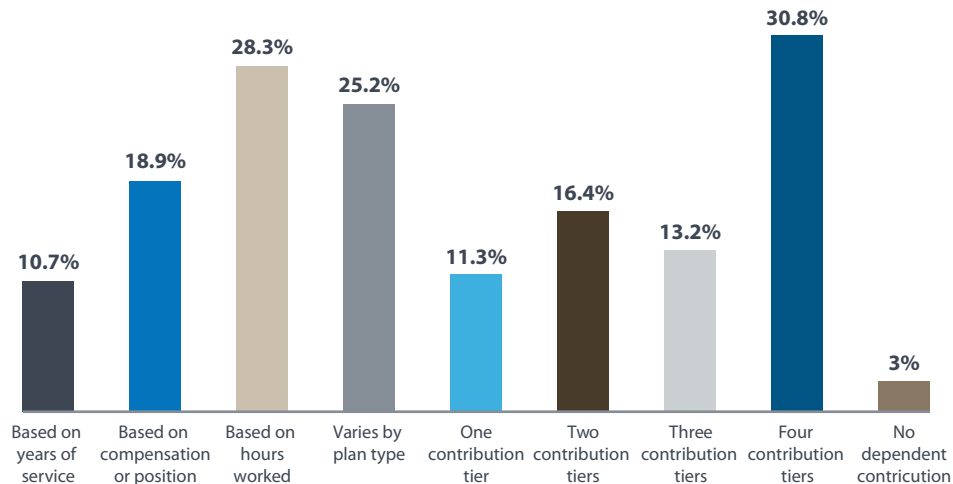


Medical Contribution Strategy

The majority of surveyed nonprofits (nearly 55.9%) use a percentage of premium contribution strategy for medical plans. 36.6% contribute a fixed dollar amount (defined contribution) for the purchase of medical benefits, which is an increase of nearly 9% over 2016. The remaining 7.5% contribute a fixed amount, or a defined contribution, for medical and dental and/or ancillary.



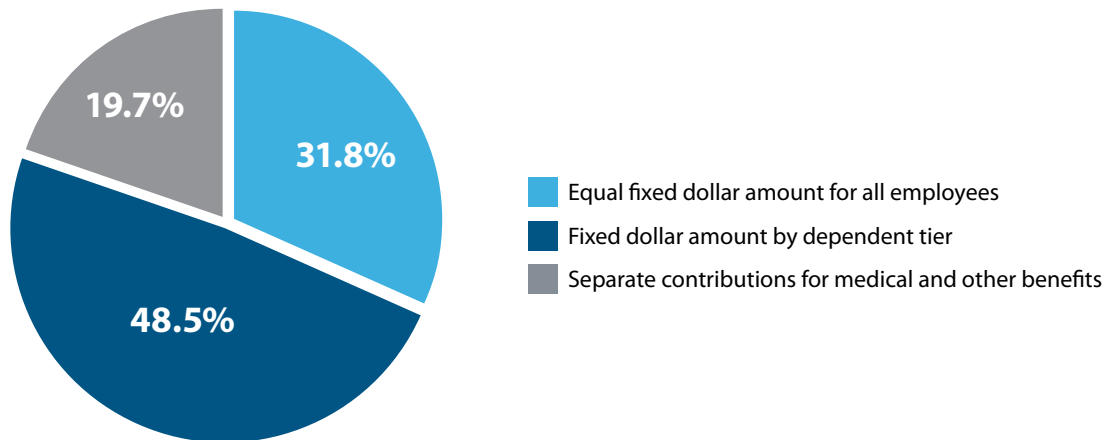
Additional contribution details show that 30.8% of employers surveyed use a four-tier rate structure (employee only, employee plus spouse, employee plus child(ren), employee plus family, or some variation thereof), and slightly fewer than 30% use contributions that vary by hours worked.



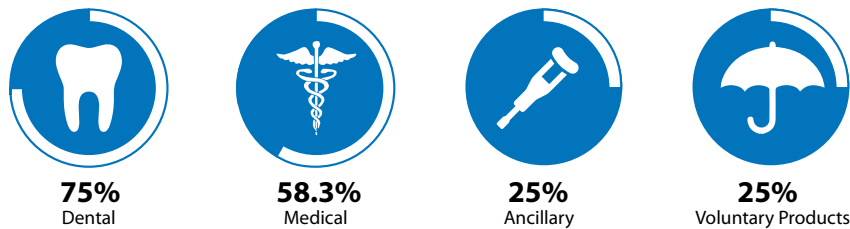
SECTION 4: PLAN FUNDING & CONTRIBUTIONS

Defined Contribution Strategy

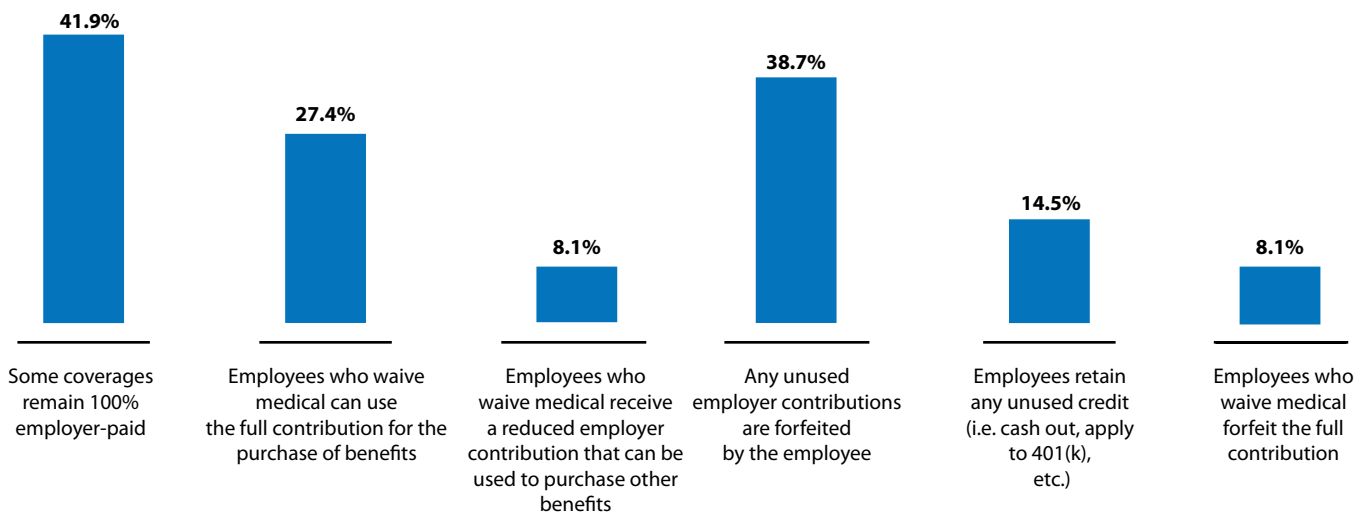
Nearly half of nonprofit employers who use a defined contribution strategy most often contribute a fixed dollar amount by dependent tier, followed by an equal, flat amount for all employees, regardless of dependents covered. Only about 20% offer separate contributions for medical coverage versus other benefits.



Interestingly, more employers, 75%, use a defined contribution for the dental benefit, as opposed to the medical at 58.3%.



We also asked survey participants who currently use a defined contribution funding strategy to describe how their contributions are structured:



SECTION 4: PLAN FUNDING & CONTRIBUTIONS

MONTHLY Employee Payroll Deduction for the Medical Plan with the Most Enrolled Participants

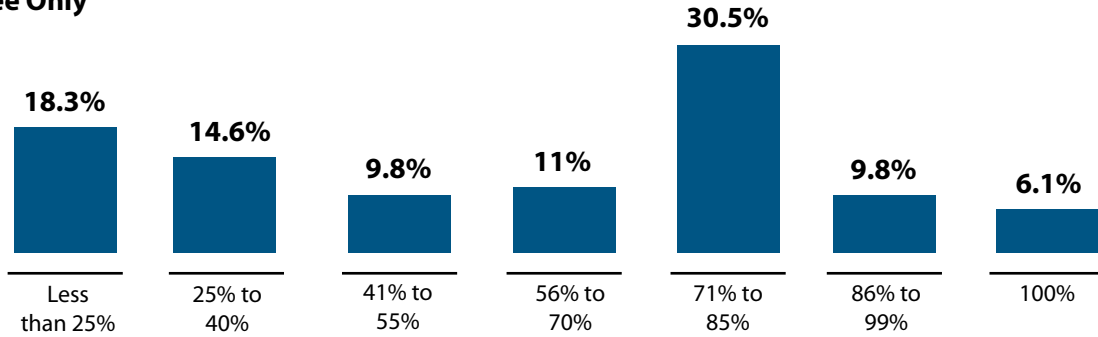
Most survey participants selected \$50 to \$100 for the employee-only monthly payroll deduction, virtually unchanged from 2015 and 2016 (33.9% to 32%).

	None	Less than \$50	\$50 to \$100	\$101 to \$150	\$151 to \$200	\$201 to \$250	\$251 to \$300	\$301 to \$400	\$401 to \$500	\$501 to \$600	\$600 to \$750	More than \$750
Employee Only	13.6%	15.9%	31.8%	22.7%	8%	5.7%	1.1%	0%	0%	0%	0%	1.1%
Employee plus spouse	13.3%	7.2%	13.3%	12%	16.9%	8.4%	6%	13.3%	4.8%	4.8%	0%	0%
Employee plus children	10.7%	3.6%	16.7%	14.3%	7.1%	14.3%	13.1%	11.9%	3.6%	4.8%	0%	0%
Family	11.3%	7.5%	7.5%	12.5%	10%	8.8%	12.5%	0%	8.8%	11.3%	0%	10%

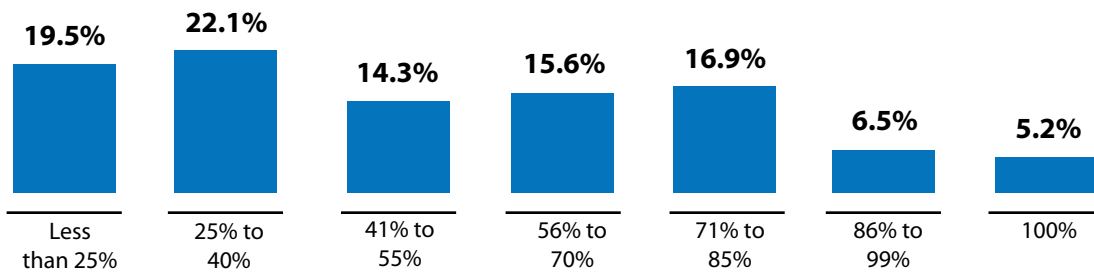
SECTION 4: PLAN FUNDING & CONTRIBUTIONS

ANNUAL Percentage of Premium Employer Contribution for the Medical Plan with the Most Enrolled Participants

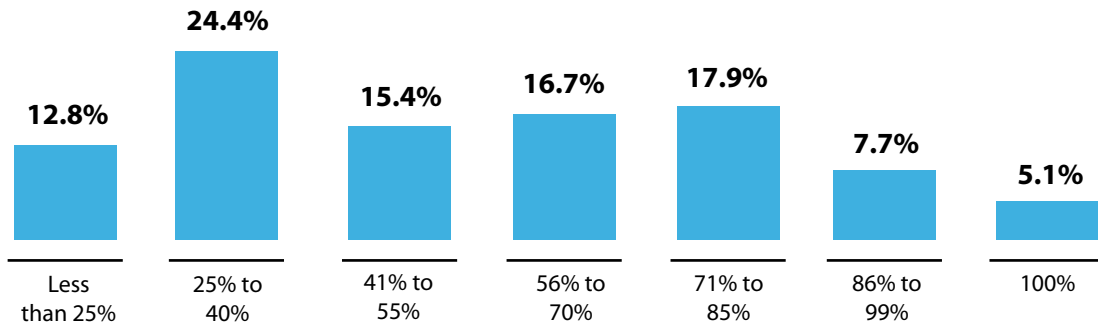
Employee Only



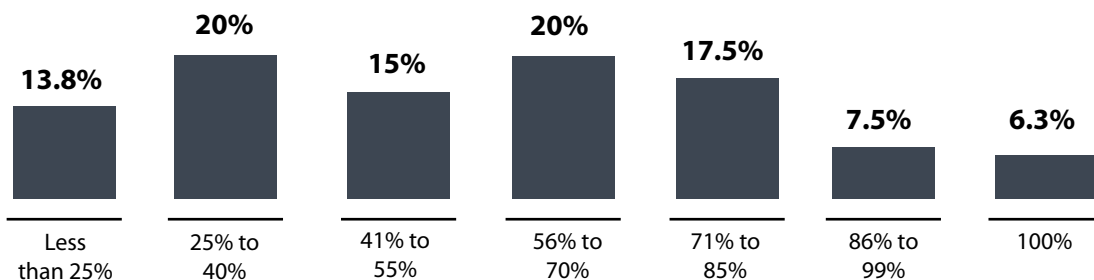
Employee Plus Spouse



Employee Plus Child(ren)



Employee Plus Family



SECTION 4: PLAN FUNDING & CONTRIBUTIONS

Average Annual Employer Contribution to the HSA, HRA, and/or HRP

	\$0	Up to \$49	\$50 to \$99	\$100 to \$199	\$200 to \$499	\$500 to \$699	\$700 to \$999	\$1,000 to \$1,500	More than \$1,500
Health Savings Account (HSA)	18%	4%	10%	10%	18%	16%	10%	10%	4%
Health Reimbursement Account (HRA)	10%	8%	6%	10%	12%	6%	4%	20%	22%
Health Reimbursement Plan (HRP)	15%	3%	21%	15%	9%	18%	3%	0%	3%

Funding of Non-Medical Benefits

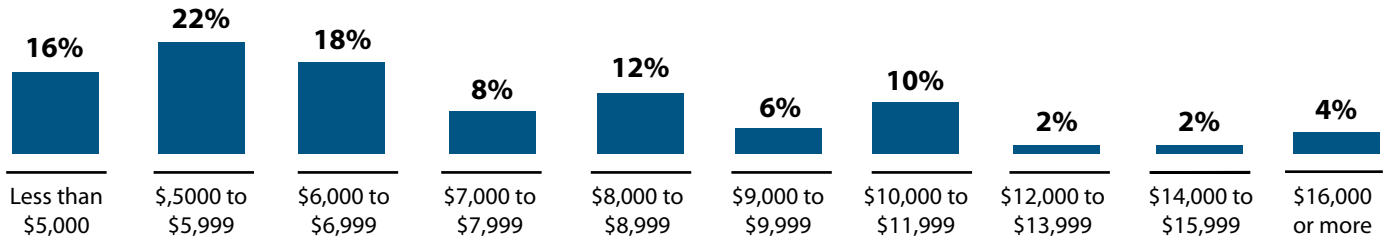
Life insurance and disability are most often 100% employer-paid, while dental and vision are mostly cost-shared.

	Do not offer	Paid in full by employer	Cost shared by employer and employee	Employer-paid base plan with employee buy-up options	Employee-paid (voluntary)
Dental	10.2%	19.8%	57.5%	5.4%	7.2%
Life Insurance	4.2%	57%	20%	12.1%	6.7%
Long-term disability (LTD)	12.7%	47.9%	20%	7.3%	12.1%
Short-term disability (STD)	12.7%	44.8%	21.2%	6.1%	15.2%
Vision	19%	14.7%	41.1%	5.5%	19.6%

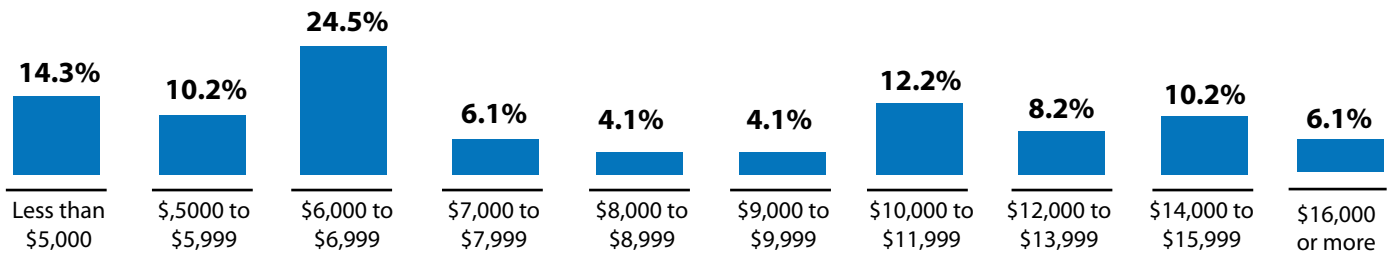
SECTION 4: PLAN FUNDING & CONTRIBUTIONS

ANNUAL Fixed Dollar Employer Contribution for the Medical Plan with the Medical Plan with the Most Enrolled Participants

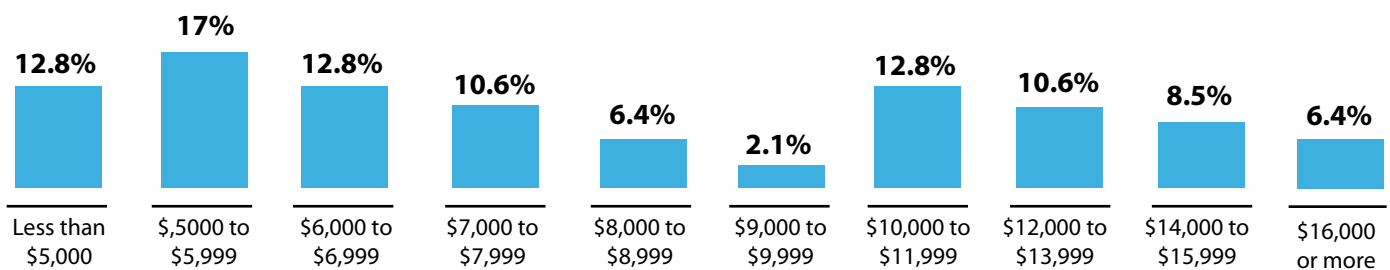
Employee Only



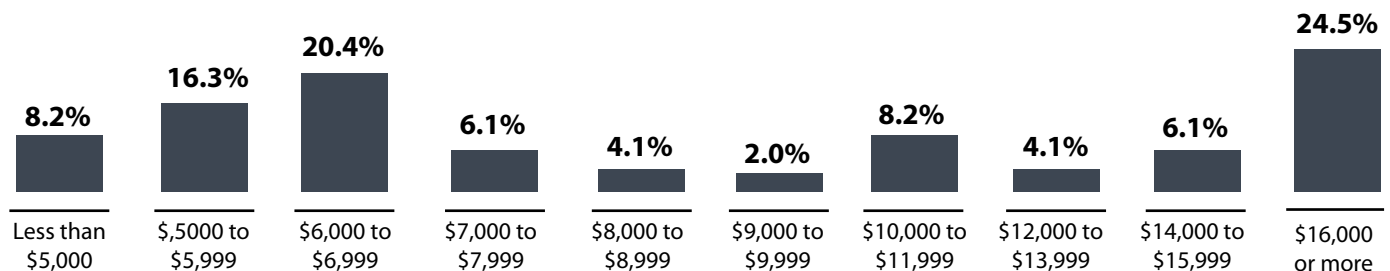
Employee Plus Spouse



Employee Plus Child(ren)



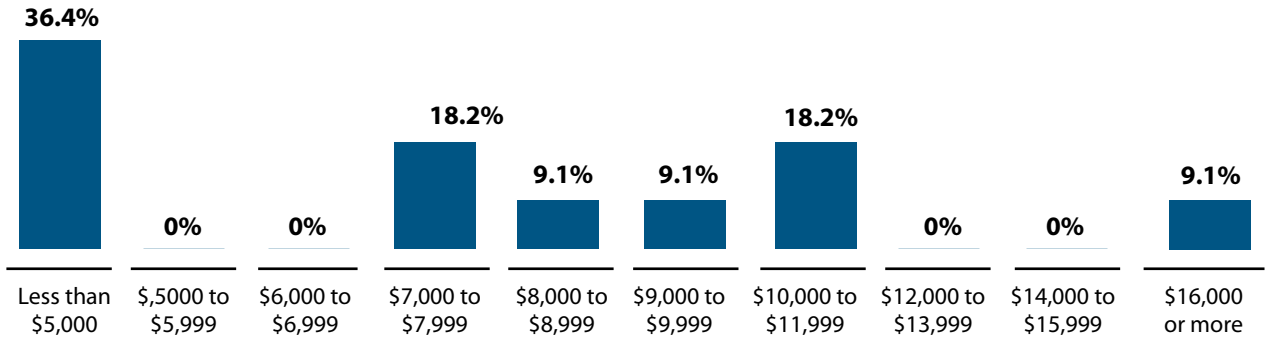
Employee Plus Family



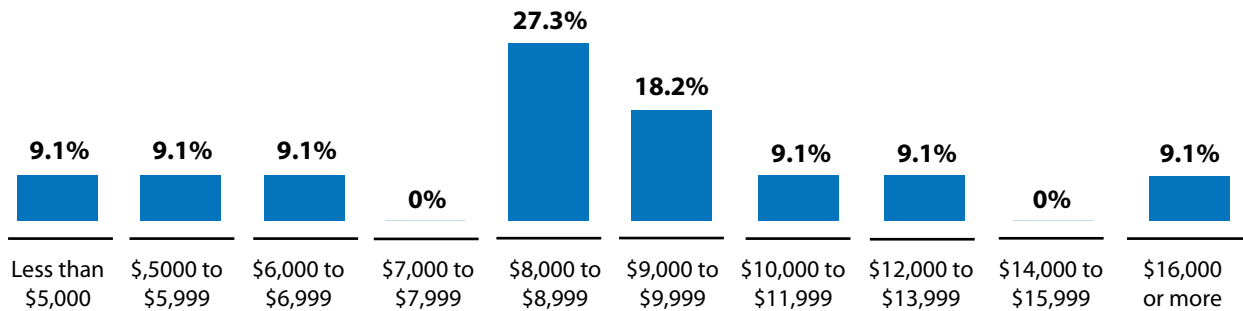
SECTION 4: PLAN FUNDING & CONTRIBUTIONS

ANNUAL Fixed Dollar Employer Contribution for the purchase of ALL insurance products (medical, dental, ancillary)

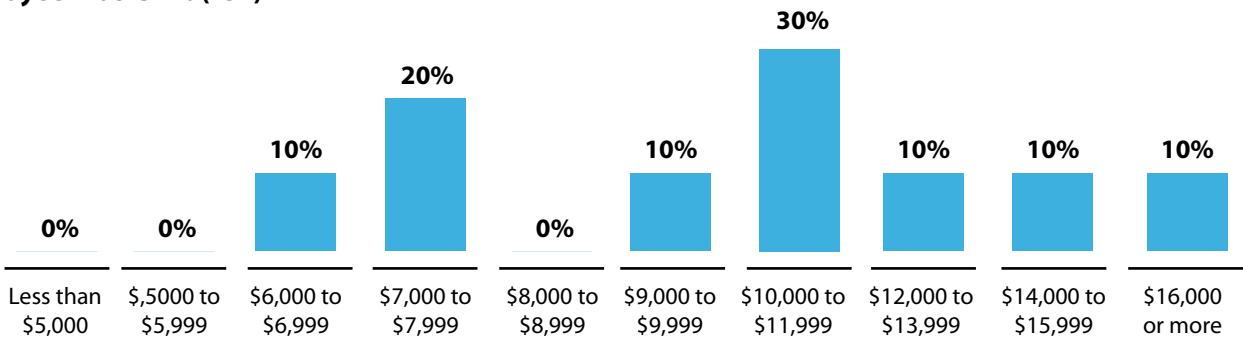
Employee Only



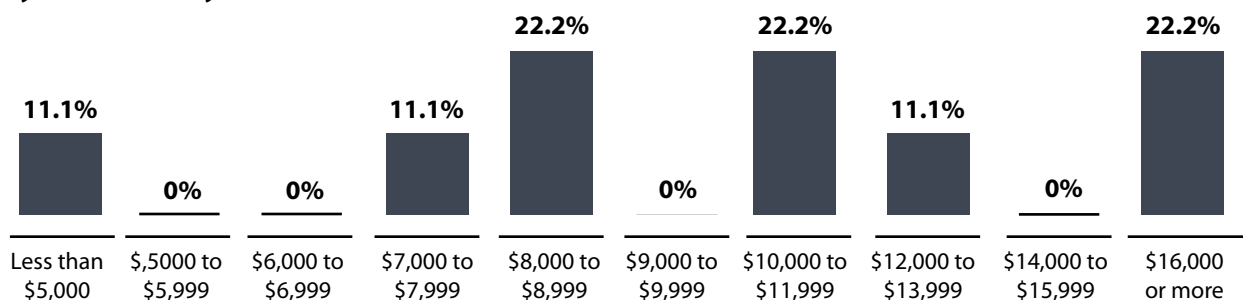
Employee Plus Spouse



Employee Plus Child(ren)



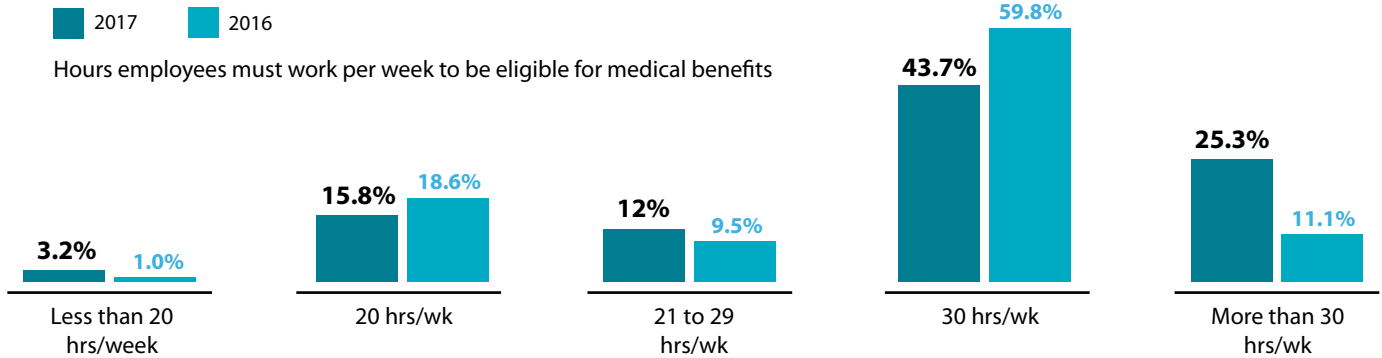
Employee Plus Family



SECTION 5: PLAN DETAILS

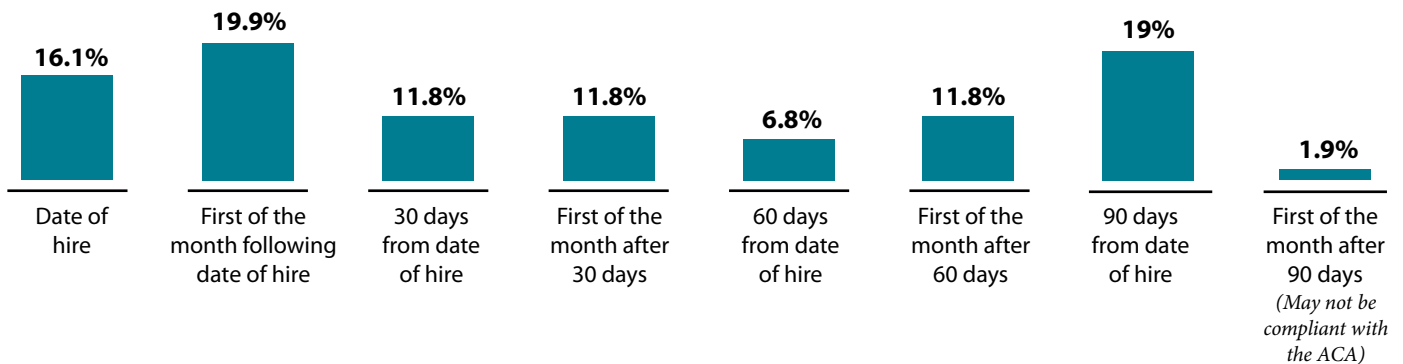
Medical Eligibility

The majority of surveyed nonprofits require employees to work 30 hours per week in order to be eligible for medical benefits. The number of surveyed employers who require employees to work more than 30 hours per week to be eligible for benefits has increased over last year, which, depending on the size of the employer, may not comply with ACA requirements.

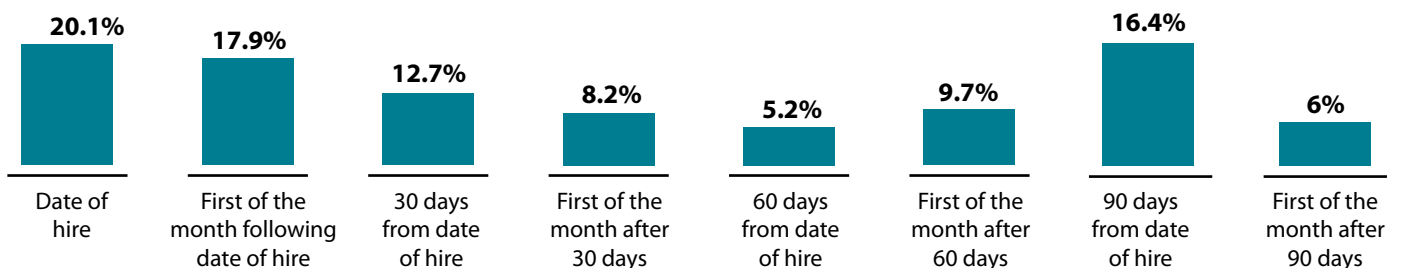


Medical Waiting Period

1.9% of surveyed nonprofits use a medical waiting period of first of the month after 90 days, a .9% increase from 2016. This is noted because, under the ACA and in the absence of a bona-fide orientation period, a group health plan may not apply any waiting period that exceeds 90 days.



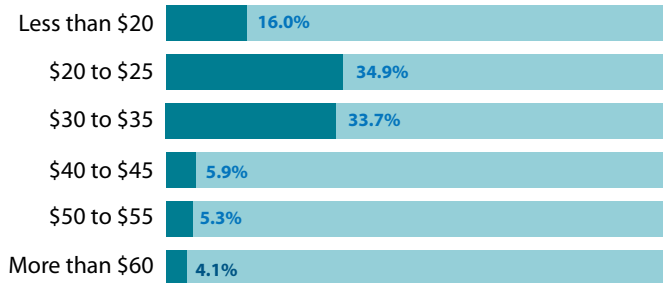
Employer-Paid Life Waiting Period



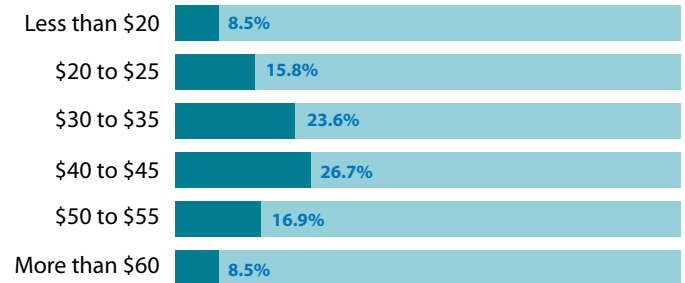
SECTION 5: PLAN DETAILS

In-Network Primary Care Physician (PCP) and Specialist Copayment Amounts for the Medical Plan with the Most Enrolled Participants

PCP Copay:

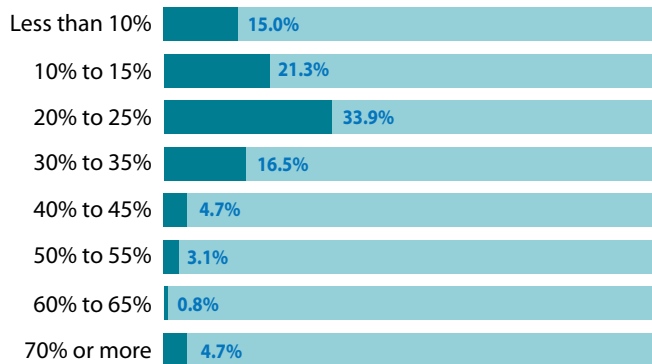


Specialist Copay:

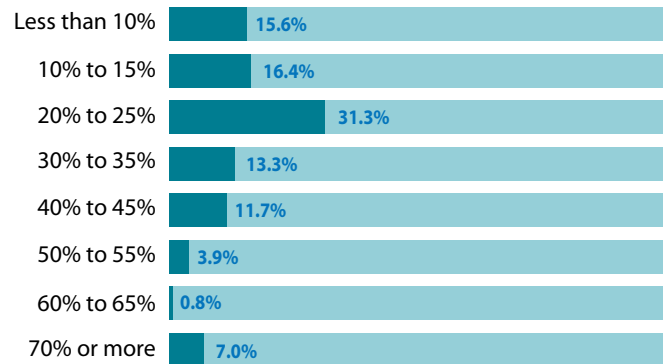


In-Network Primary Care Physician (PCP) and Specialist Coinsurance Amounts for the Medical Plan with the Most Enrolled Participants

PCP Coinsurance:

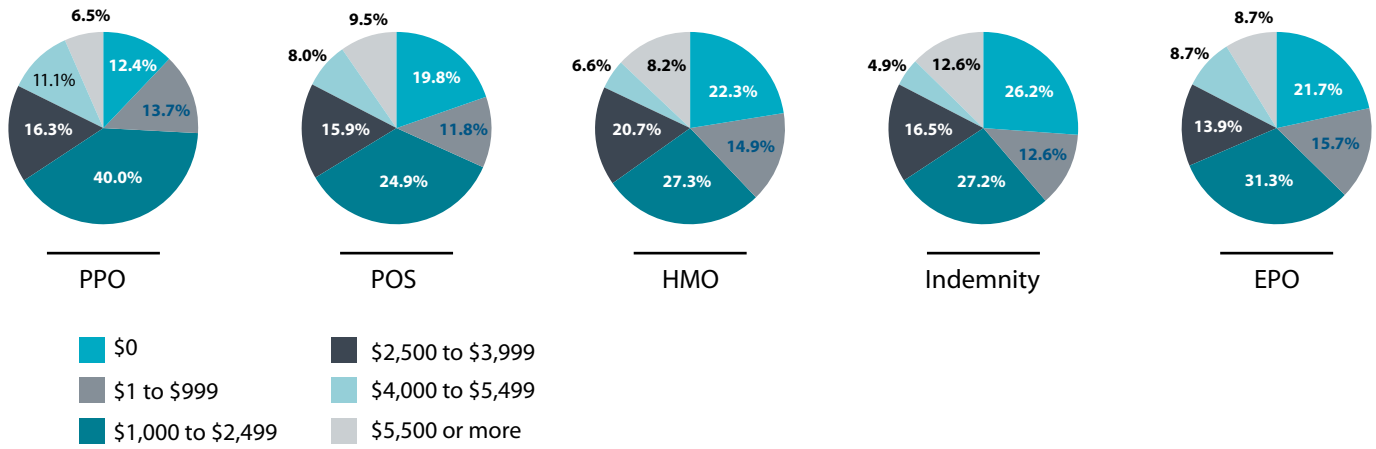


Specialist Coinsurance:

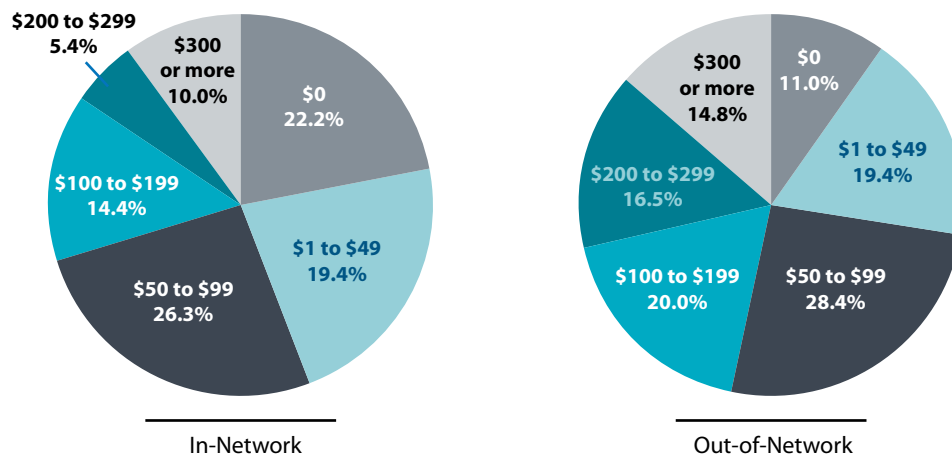


SECTION 5: PLAN DETAILS

Annual, In-Network Deductible for the MEDICAL PLAN with the Most Enrolled Participants

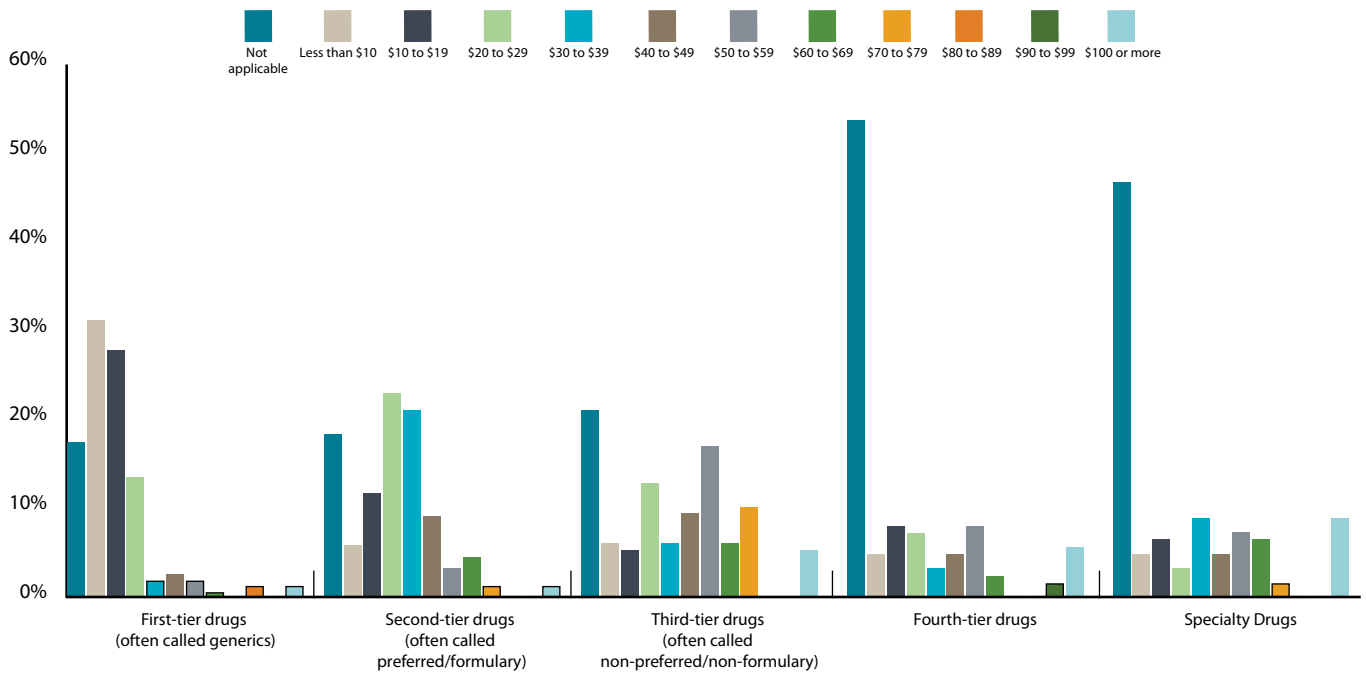


Annual Deductibles for the DENTAL PLAN with the Most Enrolled Participants

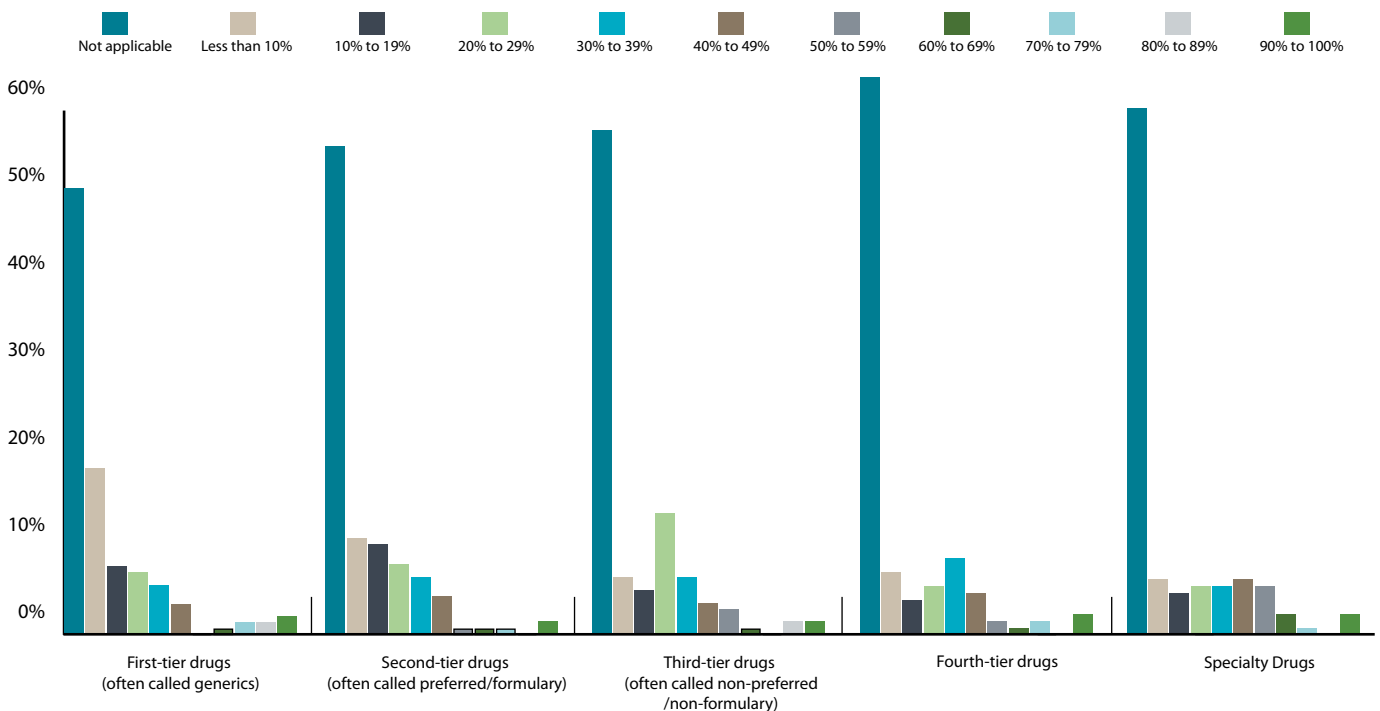


SECTION 5: PLAN DETAILS

30-day Supply (Retail) Copayment Amounts for the Prescription Drug Plan with the Most Enrolled Participants



30-day Supply (Retail) Coinsurance Amounts for the Prescription Drug Plan with the Most Enrolled Participants

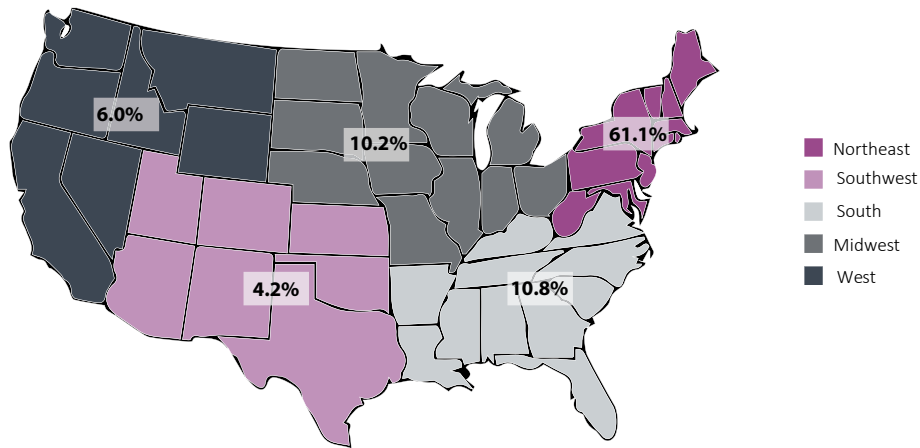


OVERVIEW OF SURVEY PARTICIPANTS

The 2017 Nonprofit Employee Benefits Survey was conducted over a period of six weeks, beginning March 6, 2017 and ending April 28, 2017. A total of 236 responses were collected.

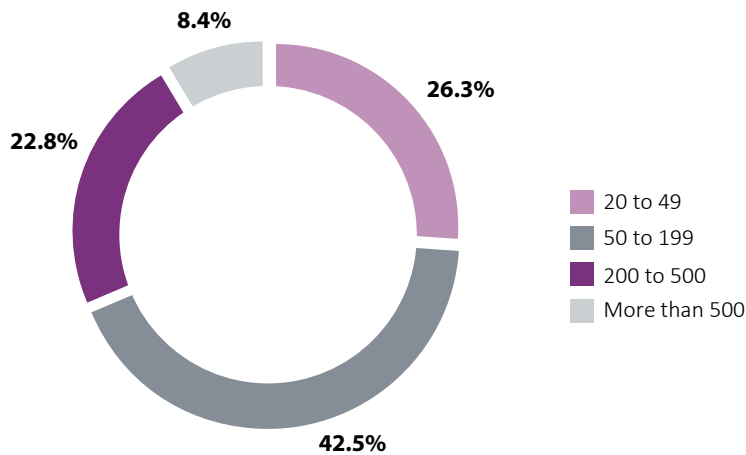
Nonprofit Locations

The large majority of surveyed nonprofits are located in eastern states, with over 60% in the northeast and mid-Atlantic states and over 10% in the southeastern states.



Company Size

One quarter of surveyed nonprofits have between 20 to 49 employees, and nearly one-quarter have between 200 to 500 employees. Nearly half, or 42.5% participants have between 50 to 199 employees. A small percentage of respondents have over 500 employees.

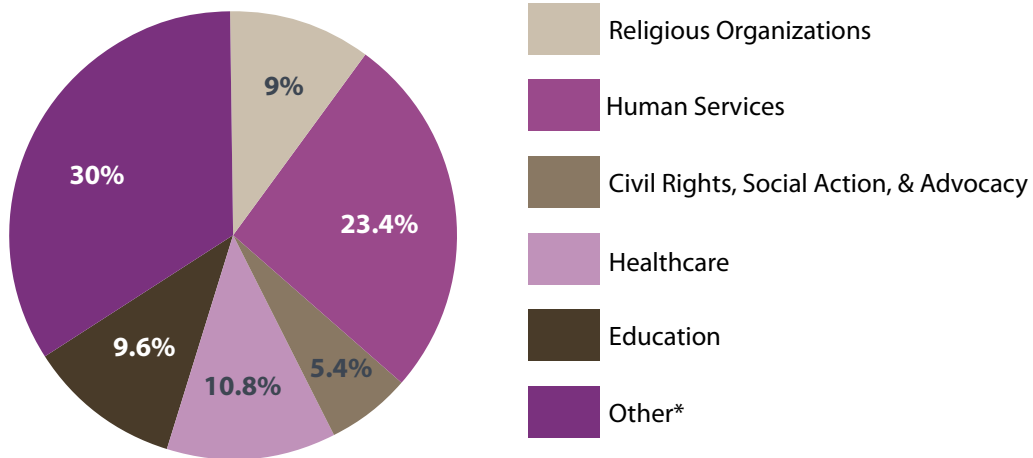


OVERVIEW OF SURVEY PARTICIPANTS

Nonprofit Classifications

Nearly one quarter of surveyed nonprofits are classified as human services, while 9% are classified as religious organizations and 6% as education.

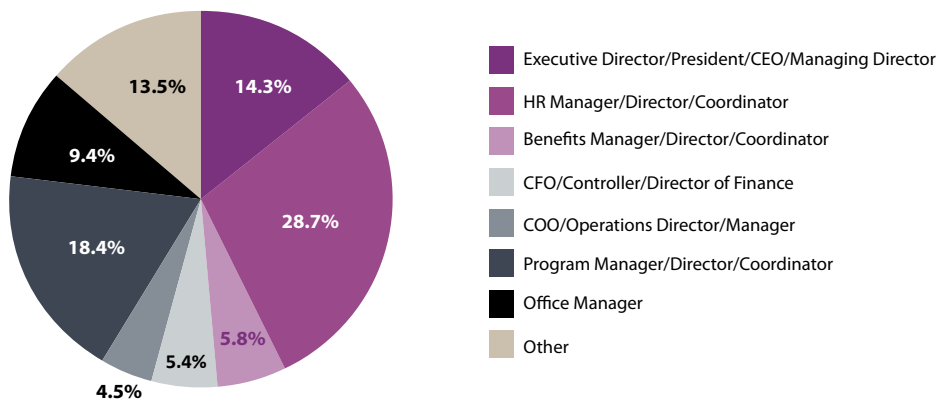
The majority of surveyed participants (71.4%) are classified as 501(c)(3) - Charitable Organizations (Public Charity or Private Foundation).



*Fewer than 5% of surveyed 501(c) organizations included: animal-related, arts, culture & humanities, community improvement & capacity building, crime & legal related, housing & shelter, employment, environment, international/foreign affairs/national security, medical research, mental health & crisis intervention, mutual & membership benefit, public & societal benefit, public safety/preparedness/relief, recreation/sports, science & technology, social science, and youth development.

Participant Job Title

Over one fourth of survey responses were submitted by human resources managers, directors and coordinators, while around 18% were submitted by a program managers, directors and coordinators.



ABOUT PPI BENEFIT SOLUTIONS

Inspired by the compassion and insight of our founder, Moses Malkin, PPI Benefit Solutions has a passion for helping nonprofit organizations access employee benefit programs that meet their unique fiscal and management needs. Professional Pensions, Inc. was founded in the 1960s as an innovator of insurance needs nonprofit organizations through the Association of Community Service Agencies (ACSA) Trust, and the group insurance needs of corporate companies through the Boston Insurance Employee Benefit Trust (BIEBT). The company has since evolved to become PPI Benefit Solutions, and has expanded its services to include online benefits administration and technology services. In May, 2007, PPI was purchased by NFP Corp., expanding its spectrum of benefits, HR and compliance services.

As the employee benefit market continues to evolve and pose new and greater challenges, PPI will continue its mission to deliver innovative insurance solutions that address the needs of the nonprofit sector.

For more information, visit www.ppibenefits.com.

Who We Are

PPI Benefit Solutions, with a home office in Wallingford, Connecticut, has a core team of experienced professionals with an average of 18 years of experience to meet the ever-changing needs of the employer marketplace. We provide the brokerage and employer communities with a wealth of experience through our diverse backgrounds in business management and development, information technology, client services, financial underwriting, compliance, marketing, and HR and benefits administration.

- We are committed to upholding the highest standards of integrity and honesty in our business.
- We strive to fully understand each client's objectives, and offer state of the art solutions.
- We communicate clearly and openly.
- We respond timely, supportively and efficiently.
- We adhere to strict security and compliance standards.

Our Services

PPI's nonprofit clients view us as an extension of their human resources department, freeing up valuable time to perform other job functions more vital to their community mission.

Working exclusively through benefit brokers, PPI provides powerful, web-based technology to deliver a single solution for multiple carrier enrollments and eligibility processing (including online enrollment and employee self-service), electronic eligibility data and discrepancy management, consolidated premium billing, COBRA Administration, ACA Services, and member advocacy services.