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The complete guide to offering an ICHRA

How to break free from expensive group health insurance plans and offer a flexible ICHRA

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Traditional health benefits don't always work

Health benefits matter to employees. That's no surprise, but do you know how much they matter? A recent study found that 88% of employees would consider a lower-paying job if it had better health benefits. Yes, you read that right. Nearly nine out of ten people would consider making less money if that job provided them with better health benefits.

So what are your options? Group health insurance may be the traditional choice for employee health benefits, but it doesn't work for everyone. For many organizations, it's too expensive, too complex, and too one-size-fits-all to meet their needs.

A health reimbursement arrangement (HRA) is a great alternative.

Filling the gaps left by group health insurance

Instead of choosing one expensive policy for all employees, employers offer their employees a monthly allowance of tax-free money. Employees then buy the healthcare products and services they want, and the employer reimburses them up to their allowance amount.

This model gives employers complete control over their costs by choosing allowance amounts that fit within their budget and hands over insurance shopping to employees. With an HRA, employees have the freedom to choose the plan that works for them instead of the plan their employer selects for them.

Until recently, HRAs that could help employees pay for individual health insurance were available exclusively to small employers. But since January 1, 2020, employers of all sizes can offer an individual coverage HRA (ICHRA).

In this guide, we'll explain how the ICHRA works and how you can offer one in 2024.

What is an ICHRA?

The ICHRA is a type of formal health benefit called a health reimbursement arrangement, or HRA. Created in 2019 and available at the start of 2020, employers of all sizes may use an ICHRA to reimburse their employees tax-free for individual health insurance premiums and other out-of-pocket healthcare expenses listed in IRS Publication 502. “Individual coverage” refers to the fact that employees must be covered by an individual or family health insurance plan, or individual coverage, that qualifies as minimum essential coverage (MEC) to participate.

The ICHRA differs from other HRAs in several ways:

- Employers of all sizes can offer the ICHRA
- Applicable large employers (ALEs) can satisfy the ACA employer mandate with an ICHRA
- Employees must have individual coverage that meets MEC requirements to participate, which guarantees a level of benefit quality
- Employers gain flexibility, with the ability to define benefit eligibility and offer different allowance amounts based on 11 employee classes
- Employers can offer as much in allowances as they wish since there are no allowance caps
- Employers can offer both the ICHRA and a group health insurance plan at the same time, though not to the same group (class) of employees

Where did the ICHRA come from?

To understand where the ICHRA came from, we need to revisit the history of HRAs as a whole. HRAs thrived as both stand-alone and supplemental benefits through the early 2000s, until they were seriously limited by a 2013 interpretation of the Affordable Care Act (ACA). That interpretation, issued by the IRS in Notice 2013-54, essentially prevented employers from offering HRAs that integrated with individual health insurance, except in very limited circumstances.

After much push back, Congress provided some relief for small employers with the creation of the qualified small employer HRA (QSEHRA) in December 2016 as part of the 21st Century Cares Act. The QSEHRA, offered exclusively to employers with fewer than 50 full-time equivalent employees, was an exception to the IRS Notice and helped thousands of organizations provide a health benefit for the first time.

In an effort to expand HRAs even further, former President Donald Trump issued an executive order in 2017 directing the Departments of the Treasury, Labor, and Health and Human Services to review IRS Notice 2013-54 and find ways to further integrate individual health insurance with HRAs.

The Departments responded with a final rule in June 2019. The rule is a direct revision of the IRS Notice and states that, if certain rules are followed, HRAs may integrate with individual health insurance for employers of any size.

That rule resulted in the creation of the ICHRA.

How does the ICHRA work?

Like all HRAs, the ICHRA follows a simple, five-step process:

1) The employer defines employee eligibility

2) The employer offers an allowance

3) employees purchase insurance plans and other qualifying healthcare expenses

4) Employees submit proof of incurred expenses

5) The employer approves and pays the reimbursement directly to the employee.

However, when examined in detail, there are guidelines in each step specific to the ICHRA.

1. The employer defines employee eligibility

The employer has some flexibility in defining which of their employees will be eligible to participate in their ICHRA.

Employers can customize allowances and eligibility according to 11 different employee classes:

- Full-time employees
- Part-time employees
- Seasonal employees
- Salaried employees
- Hourly employees
- Temporary employees working for a staffing firm
- Employees in a waiting period
- Employees covered under a collective bargaining agreement
- Foreign employees who work abroad
- Employees who live in different geographic areas, such as rating areas, states, or multi-state regions
- Any combination of the above classes

Additionally, all employees (and their families, if eligible) must be covered by an individual health insurance policy or Medicare to participate in the ICHRA.

2. The employer sets allowance amounts for employees

The employer chooses a monthly amount of tax-free money it will make available to employees. This represents the maximum amount for which employees can be reimbursed through the benefit. With the ICHRA, there are no minimum contribution requirements or maximum contribution caps.

Employers can offer as little or as much as they like. Additionally, employers can offer different allowance amounts to different employees based on the 11 different employee classes listed above.

Employers can also vary allowance amounts within each class by employee age or family status, as long as contributions based on age don't exceed amounts three times greater for the oldest employees versus the youngest employees in the class.

If you have employees that have or qualify for premium tax credits, you'll want to pay close attention to the allowance amounts you're offering and how that impacts affordability. Ideally, you'll know how much money in tax credits they qualify for and offer them at least that amount in allowances.

If you offer them less but the allowance is still considered affordable, they'll be worse off whether they opt in or out—if they opt in, they will be getting less money towards their premium than before - plus their employer is paying money that the government would have paid - and if they opt out, they will lose their tax credit entirely which means they won't be getting any help towards their premium.

3. Employees opt in or opt out

Once allowances have been set and communicated to employees, they will decide whether they'd like to opt in or opt out to participate in the benefit. There are a few things that need to be taken into account when making this decision: the price of the lowest-cost silver plan in your employee's area, your employee's household income, affordability guidelines, and premium tax credits. We have an online tool that helps employees with their decision.

It's best to over-communicate at this stage and make sure employees know exactly how their decision will impact them. The last thing you want is an employee to make a decision that negatively impacts their situation and ability to afford health insurance.

4. Employees buy health insurance

Using their own money, employees purchase the health insurance policy that fits their personal needs or maintain their current policy if they're already covered and don't want to switch plans.

Employees and their family members who participate in the ICHRA must be covered by an individual health insurance policy. That means that employees on a spouse's or parent's plan, covered by a healthcare sharing ministry or plan, or who want to go uninsured cannot participate.

Generally, all items listed in IRS Publication 502 are eligible for reimbursement through the ICHRA, but employers can choose to limit this list and opt only to pay for health insurance premiums.

5. Employees submit proof of purchase

After incurring an expense, employees submit proof to their employer. To be approved, this documentation must include three items: a description of the product or service, the cost of the expense, and the date the expense was incurred.

Invoices or receipts typically satisfy this request, but so do other documents, including an explanation of benefits from the employee's insurance employer. Some expenses also require a prescription or doctor's note to be reimbursed. Employees must attest to having individual health insurance every time they submit a reimbursement request before it can be approved.

6. The employer reimburses employees

If the documentation provided by the employee meets requirements, the expense is eligible for reimbursement. If the employee has the appropriate insurance coverage, the employer must approve the employee's request and reimburse them up to their allowance amount.

Typically, employers include the tax-free reimbursement in the employee's next paycheck. If the expense doesn't qualify, the employer must follow the procedure for denied claims according to its ICHRA plan documents.

In addition to these five steps, the ICHRA comes with other operational requirements employers should know.

The ICHRA and premium tax credits: What are the rules?

An ICHRA is considered affordable if the cost of a self-only health insurance plan for an employee is less than 9.02% of the employee's household income for 2025 (8.39% for 2024). The lowest-cost silver plan on the local exchange is the standard for the calculation with an employer's ICHRA contributions being subtracted from the premium.

That means the monthly premium for the lowest-cost silver plan minus the ICHRA monthly allowance being offered should not exceed 9.02% of the employee's household income for the month. If this requirement is met, the ICHRA is considered affordable and satisfies the employer mandate.

ICHRA affordability example 1 for 2024

Derrick, an employee at Big Build Construction, has a household income of $45,000. His employer is offering an ICHRA. The lowest-cost silver plan in his area is $550.

The calculation for affordability in this case is:

$45,000 * .0902= $4,059

$4,059/ 12 = $338.25

$550 - $338.25 = $211.75

In this scenario, the lowest ICHRA allowance that can be considered affordable to the employee is $211.75.

ICHRA affordability example 2 for 2024

Wayne is another Big Build Construction employee who qualifies for premium tax credits. His total annual household income is $30,000. Using the same plan cost of $550, Wayne would have to be offered an allowance of $324.50 for the ICHRA to be considered affordable in 2025.

If Big Build Construction is only offering $235.37 based on the previous example, then that means Wayne can opt out of the ICHRA and collect his premium tax credits instead.

The ruling issued by the Departments of the Treasury, Labor, and Health and Human Services states that an employee (or any member of the employee's family) can't collect premium tax credits if they participate in the ICHRA.

Premium tax credits are designed to help individuals and families with low or moderate incomes afford health insurance purchased through the individual health insurance marketplace. An employee's premium tax credit is calculated on a sliding scale, with lower income households getting a larger credit to help cover the cost of health insurance.

If the ICHRA benefit qualifies as unaffordable under the definition laid out in the ACA, employees can opt out of the ICHRA and collect premium tax credits instead. If the ICHRA is considered affordable, employees can't collect premium tax credits by opting out.

Additionally, employees who are otherwise eligible for premium tax credits may choose to waive access to those credits and participate in the ICHRA.

Is the ICHRA right for my organization?

Now more than ever, healthcare benefits are important for attracting and retaining employees. An ICHRA is a welcome option for many employers that can't afford to offer group health insurance but also realize the risk of losing current and future employees by dropping health benefits altogether.

The ICHRA and the QSEHRA are two options that small to midsize employers can consider. Both the ICHRA and the QSEHRA are valuable benefits that can help employers hire and keep their employees, but they represent different health benefits philosophies which we'll detail below. Which one you choose will depend on your organization's goals.

How the ICHRA compares to the QSEHRA

With the QSEHRA, a small employer offers employees a set monthly allowance of tax-free funds that employees use to be reimbursed for their insurance premiums and qualified out-of-pocket healthcare expenses. These allowances are capped, though the IRS tends to increase the caps every year based on inflation. While employers can choose to roll over any unused allowances at the end of the year, they can still only reimburse up to the annual allowance cap. Any rollover allowance is deducted from the allowance that would otherwise accrue that year.

Eligibility requirements

The QSEHRA can only be offered by qualified small employers with fewer than 50 full-time equivalent employees (FTEs). All full-time employees are automatically enrolled in the benefit, and employers can choose if they'd like to extend it to their part-time employees as well.

1099 employees aren't eligible for the QSEHRA. All employees are eligible to participate regardless of their insurance coverage status—even uninsured. Employers can vary allowances by their employees' family status to give more to married employees or those with dependents, however they may not vary allowances based on any other criteria.

Employers can't offer a QSEHRA and a group plan at the same time, including dental or vision plans. Employees that qualify for a premium tax credit can participate in the QSEHRA, but the tax credit must be reduced by the amount of their QSEHRA allowance.

The QSEHRA might be best suited for employers that:

- Have fewer than 50 full-time equivalent employees
- Have employees who are on their spouse's or parent's insurance and want to provide a benefit that helps them too
- Have employees on a healthcare sharing ministry plan or who don't have health insurance
- Don't have a high number of employees on premium tax credits
- Don't offer group health insurance and have no plans to do so

ICHRA overview

Like the QSEHRA, the ICHRA allows employers to offer tax-free money to their employees for qualified medical expenses. Unlike the QSEHRA, the ICHRA isn't only for small employers and doesn't have annual contribution limits. ICHRA satisfies the employer mandate for ALEs under the ACA, which finally gives larger employers a choice when it comes to their health benefit. They're no longer limited to only group health insurance. Employers can also group employees into classes to decide which employees are eligible to participate and how much they'll receive in allowances.

Eligibility requirements

Employers of any size can offer an ICHRA, even alongside a group health insurance plan. However, employees within the same class can't be offered a choice between the two. For an employee to be eligible to participate in the ICHRA, they must have individual insurance coverage—that's why they named it the individual coverage HRA. The stipulations regarding premium tax credits and affordability covered in the previous section of the guide are also a consideration.

The ICHRA might be best suited for employers that:

- Are subject to and want to comply with the ACA employer mandate
- Want to limit eligibility or vary allowances by one of the 11 employee class options
- Want to offer an allowance higher than the annual contribution limits for the QSEHRA
- Have employees with premium tax credits who would like the choice to either participate in the ICHRA or opt out
- Have a group health insurance plan they would like to continue offering to employees not being offered an ICHRA
- Only want to offer a benefit to employees who have individual coverage

Why not just give employees a pay raise?

Many small employers, in the face of having to analyze, understand, and ultimately choose between HRA benefit options, might think it's easiest to just give employees a raise instead of offering an HRA.

But there are some key points to keep in mind. Unlike an HRA, a salary increase is taxable for both the employer and the employee. That's less money for the employee to use on a health insurance policy than they might receive through an HRA, and it costs the employer additional payroll taxes, which adds hundreds or even thousands of dollars per year per employee in employer taxes.

Additionally, the salary increase is lost to the employer, even if the employee doesn't use it on health insurance or medical expenses. An HRA allows the employer to keep unused funds and ensure that the money is being used for healthcare expenses.

Giving employees raises might save an employer from compliance requirements associated with an HRA, but it will wind up costing both parties more in taxes, which may be unwelcome. Also consider the psychology behind issuing a pay raise. Even if the purpose and spirit of the raise is to function as a health benefit, employees may not see it that way; they may just view it as a raise.

How to set up an ICHRA

There are six steps required to set up an ICHRA and start offering the benefit to employees:

1. Choose who will be eligible

As outlined above, there are 11 employee classes that employers can use to define eligibility. Your first step is deciding who will be eligible for your ICHRA.

2. Set employee allowance amounts

Set your budget and determine employee allowance amounts.

- There are no minimum contribution requirements or maximum contribution caps associated with the ICHRA
- Employers can offer different allowance amounts to different employee classes
- Employers have the option to offer different allowance amounts based on an employee's age or family size

Note: If an employer uses age to offer different allowance amounts within the same class, it can offer their oldest employee in the class no more than three times the allowance amount of their youngest employee in the class.

3. Pick a start date

Once you've made initial decisions on how you'll structure the ICHRA, you should decide when the ICHRA benefit will begin. You can start an ICHRA at any point throughout the year, so there's no need to wait until January 1st. If you're choosing to cancel a group health insurance policy, you should set the ICHRA start date one day after the cancellation takes effect.

4. Provide legal plan documents

Both the IRS and the Department of Labor require that you establish a formal plan document and summary plan description (SPD) to govern any employer-sponsored health benefit, including the ICHRA.

These documents cover a significant amount of information, including eligibility requirements, monthly allowances, expenses eligible for reimbursement, claims processes, and federally required information on HIPAA and other privacy procedures. Employers that don't have these documents are subject to heavy penalties.

Read more about ICHRA plan document requirements here

5. Communicate the ICHRA to employees

The ICHRA is new to you, but it's also brand new to your employees. For many employees, the ICHRA will be their first experience with a reimbursement-based health benefit and they'll need some guidance. Make sure your employees know all the particulars of the ICHRA, including the amount of their allowance, what can be reimbursed, how to request reimbursement, and how participation in the benefit affects their eligibility for premium tax credits.

Note: Employers are required to give a notice before the ICHRA's start date. They must send employees a notice including required information and notifying them of their eligibility for the benefit.

6. Provide resources to help employees choose individual health insurance

All employees participating in the ICHRA must have individual health insurance. However, shopping for health insurance is new to many employees. As their employer, you're a valuable resource and likely the first place they go if they need guidance.

Provide your employees with information on where they can go to shop for benefits as well as who they can consult for private financial advice. Just remember that federal rules prohibit you from directly advising employees on which policy to choose— you can give informal information and support, but you can't influence actual purchasing decisions. In order to remain compliant, the employer can't select or endorse any particular issuer or insurance coverage.

How to manage an ICHRA

Managing an ICHRA isn't overly complex, but it can be time consuming if you go it alone. Use these three tips to effectively manage your ICHRA and be aware of areas where you may benefit from technology.

1. Update your plan concurrently with staff changes

You will almost certainly have staffing changes during the lifetime of your ICHRA, so regularly ensure the roster of employees receiving monthly allowances is up-to-date. This is especially important because the eligibility criteria in your plan documents must match your current roster of employees enrolled in the benefit.

Making this update is typically a tedious manual process, but it can be streamlined by using a software solution that allows you to easily add or remove an employee and automatically updates your plan documents.

2. Record reimbursements and store documentation

Before submitting an expense for approval, employees must also attest that they are covered under an individual coverage policy. The IRS and the Department of Labor require that employees submit proper documentation verifying their expenses and that supporting documentation is saved for seven years.

Therefore, you should have an ongoing record of what has been reimbursed through your HRA and why. This should include all reimbursement requests, the supporting documentation, and whether those requests were approved or rejected. To do this, your HRA administrator should review employee reimbursement requests at least once a month and approve qualified expenses, storing all related documentation.

Keep in mind, however, that under HIPAA privacy laws, employers can't review employees' medical information. Employers will need to appoint an HRA administrator to complete this task in order to avoid a potential penalty. Or, an employer may choose to stop paper or electronic records completely in favor of a software solution that automates the review and approval process for reimbursement requests while complying with HIPAA regulations and storing all necessary documentation.

3. Evaluate allowance amounts every year

You can change monthly allowance amounts, provided you give adequate notice. For most employers, it makes sense to evaluate allowance amounts as part of an annual benefits review.

How to communicate an ICHRA to employees

Whether you're changing your health benefits package to include an ICHRA or making the transition to offering a health benefit for the first time, communicating what is happening is critical. You must be prepared to educate your employees quickly and transparently on your change to an ICHRA. During your initial communication, be clear that by offering an ICHRA, you're giving employees access to better benefits by providing them with the opportunity to choose individual health insurance policies for themselves.

An initial email from a leader in the organization is a good way to start. Follow this up with a meeting or series of meetings to go over the ICHRA and address questions and concerns. Socialize the ICHRA around the office by printing informational signs or posters. If possible, hold one-on-one meetings with each employee so they are free to ask how an ICHRA will impact them specifically.

Announcing your ICHRA benefit

Exactly how you choose to communicate your switch to ICHRA will depend on your own organizational structure and resources. The following tips should assist in developing your ICHRA announcement strategy.

1. Anticipate questions, prepare your answers

As soon as your plan date is finalized, send an organization-wide memo that communicates what the ICHRA is and its benefits. Your memo should try to anticipate the questions your team will have. Plan to explain the reimbursement model for health benefits since many employees may not be aware of how this works.

Explain how employees will use your ICHRA, how the employer is contributing, and how the reimbursement process will work at your organization. If you are changing your health benefits to include an ICHRA, explain why you are making the change. You'll also want to notify them of the benefit start date and be clear about the timeline for termination of any health benefits that are being phased out.

2. Communicate the value of the ICHRA

It's possible the employees may not immediately understand the ICHRA. If you're making a shift from group health insurance to ICHRA, employees may even bristle at the change.

To avoid confusion and to deliver a positive message, consider these speaking points regarding the ICHRA:

- "Your new health insurance will be portable, which means you won't lose it if you leave our organization. You'll also be able to choose between a number of different policies, and the final decision will be up to you, not us."
- "Since you'll choose your own policy, you can pick one that includes your doctors and prescriptions instead of hoping a group policy covers them."
- "Your allowance is completely tax-free, so the amount we're offering you is the amount you can spend. Allowances will not be reported as income, so they won't have any effect on your tax bracket."
- "Our group health insurance costs have become unsustainable. Instead of cutting benefits, we've decided to reimburse you for your own individual health insurance."

3. Prepare a welcome letter

Because the ICHRA allows the employer to limit the ICHRA benefit to specific classes of employees, as well as offer different allowance amounts based on family status, age, and employee classes, it is likely that not every employee will have the same experience with ICHRA.

A customized letter detailing how the ICHRA will work on an individual level is an extremely useful communication asset. However, a document like this would be cumbersome to generate manually for every employee. A good HRA administration tool can automatically generate these welcome letters for your workforce.

Helping employees select insurance for the ICHRA plan

As an employer, HIPAA regulations prevent you from knowing the specifics of your employee's individual health insurance plans. This means you can't be involved in any employee's selection of an individual health insurance plan. You aren't privy to which insurer an employee uses, nor any details of the employee's plan.

These regulations put many employer owners in a difficult position. Employees may need assistance. You want to help, but your hands are tied. A third-party health benefits advisor would serve as an important resource in helping employees shop for policies and get questions answered about plan specifics. The best HRA administration tools have a benefits advisor service integrated into the software that will provide employees with the help they need to make sure they get the right plan for their needs.

If you're not using a software solution, your employees can still get help if they need it. Health insurance brokers are free to use and will consult with your employees to understand their situation and provide plan recommendations.

How to choose an ICHRA administration software solution

While it's possible to self-administer your ICHRA, experts don't recommend it. Offering and administering an ICHRA requires employers to create legal plan documents, collect, process, and store employee reimbursement requests, and monitor the healthcare landscape for changing regulations.

In addition to being tedious and time-consuming, many employers that self-administer HRAs overlook important compliance obligations, which puts them at financial risk. Failure to comply with certain federal requirements is common and can be costly. There are a lot of opportunities to make a mistake, and privacy concerns could violate both federal law and employees' trust.

For these and other reasons, many employers offering an HRA choose to use HRA administration software like PeopleKeep to help. An ICHRA benefits automation software solution will allow your employer to administer your HRA online, easily record reimbursements that were added to payroll, and change plan rules and documents while giving employees the required amount of notice. Most importantly, the software will help you stay in compliance by keeping your benefits up-to-date with all current rules and regulations.

Key ICHRA administration software features to consider

There are several important features an ICHRA administration tool should provide. When you're evaluating a prospective tool, look for the following functionalities.

Automated compliance and software updates

Your administration tool should keep your benefit up-to-date and compliant by including the following:

- Legal plan document and summary plan description (SPD)
- Electronic enrollment signatures
- Verification and HIPAA privacy compliance
- ERISA compliance
- Internal and external documentation appeal process
- Notice requirements

Employee tools and resources

Your ICHRA administration tool should make it easy for employees to purchase health insurance and request reimbursement for individual insurance and medical expenses.

It should provide resources including, but not limited to, the following:

- Employee welcome letter
- Online access and balance tracking
- HSA compatibility
- Easy reimbursement requests
- Fast documentation review with guaranteed turnaround times
- Reimbursement of large expenses over time

Employer tools and resources

Your employer must designate someone as plan administrator for your ICHRA. The plan administrator will be responsible for recording reimbursements, accessing reporting tools, and managing employee enrollment.

Your ICHRA administration software should ensure your plan administrator receives proper training with access to resources such as whitepapers, eBooks, webinars, and online tools.

Employer tools in the software should include:

- Online administrative access
- Streamlined employee enrollment
- Employee reimbursement and recordkeeping
- Automated renewals

As you can see, there is a lot to consider regarding the undertaking of ICHRA benefits administration. While it's possible to go it alone, you have to ask yourself whether it's worth spending your own internal resources to ensure program compliance, onboarding, and the many additional administrative tasks that could otherwise be outsourced, automated, or simplified with an ICHRA benefits administration software solution like PeopleKeep.

How PeopleKeep raises the bar for ICHRA benefits administration

The PeopleKeep ICHRA software provides employers with a single source solution for their ICHRA administration needs. PeopleKeep automatically generates legal plan documents, and our third-party insurance concierge service partner supports your employees in purchasing health insurance. Our award-winning support team helps your employees with using the benefit, processes and verifies reimbursement requests, and stays updated about any changes to the law.

PeopleKeep notifies you when an employee reimbursement request has been verified. The employer then only needs to approve the payment of the requested amount. PeopleKeep customers typically spend less than 15 minutes per month administering their HRA.

In the new world of ICHRAs, you stand to save money while still providing an extremely valuable health benefit to your most important resource: your employees.

PeopleKeep's ICHRA allows you to stay focused on what you do best and leaves the complicated, time-consuming—but critically important—task of HRA administration to the experts.

PeopleKeep's integrated health insurance shopping experience

As we mentioned earlier, it can be challenging for employees to shop for health insurance if it's their first time. Thankfully, PeopleKeep makes this process easy. When you offer a QSEHRA or ICHRA through PeopleKeep, your employees **can shop** for a plan right from their PeopleKeep account.

Employees can browse, compare, and purchase health, dental, and vision plans directly within the platform.

Our in-house enrollment support team is here to help them determine their plan options and answer any questions they have. This is just another way administering your HRA through PeopleKeep makes your job easier!

PeopleKeep helps organizations of all sizes offer personalized employee benefits at a price they can afford. Our simple benefits administration platform, combined with our award-winning customer support team, allows employers to easily manage health and lifestyle benefits in just a few minutes each month. PeopleKeep automates benefits compliance and employee support.

Discover why thousands of organizations use PeopleKeep to better care for their teams with more meaningful benefits. **Schedule a call with a personalized benefits advisor to start offering competitive benefits today!**

To learn more about PeopleKeep, visit www.peoplekeep.com

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