

NONSTOP WELLNESS PROGRAM

Frequently Asked Questions

About Nonstop and Nonstop Wellness

Who is Nonstop Administration and Insurance Services, Inc.?

Nonstop Administration and Insurance Services, Inc. (Nonstop) is a mission-based healthcare brokerage that has been built from the ground up around the social mission of supporting nonprofit growth and sustainability. Through a partnership with the National Association of Community Health Centers (NACHC), Nonstop has dedicated itself to serving Federally Qualified Health Centers (FQHCs) across the country to improve their benefit offerings and bring health equity to their own employees.

What is Nonstop's mission?

Nonstop was founded on the strong belief that *everyone* should have access to high quality, affordable health benefits. Nonstop's mission is to support nonprofit growth and sustainability by providing high-quality, affordable employer-sponsored healthcare to the organizations that serve our society. In turn, these organizations, such as CHCs, can then better fulfill their own missions of supporting communities in need. This sense of purpose inspires Nonstop's everyday business practices.



What is Nonstop Wellness?

Nonstop delivers premium healthcare benefits to nonprofit organizations through its [partially self-funded insurance program](#), Nonstop Wellness. The Nonstop Wellness program allows for greater financial control over healthcare spending for nonprofits, including: premium savings; the elimination or reduction of employee out-of-pocket expenses; a focus on proactive wellness; and customized benefit options. In addition, Nonstop removes financial barriers associated with partially self-funding to ensure nonprofits can access the same savings and healthcare benefits as larger organizations. For both employers and employees, the direct savings, as well as improved benefits, results in a better long-term healthcare and wellness experience.

What is partial self-insurance?

In our current market, there are three primary approaches to providing group health care for employees: traditional/fully-funded; self-funded; and partially self-funded. Traditional fully funded coverage has always been the norm for nonprofits. However, it's expensive, not customizable, and usually burdens the organization and/or the employee. Self-funding allows for greater savings and customization but with a high level of financial risk and administrative burden.

Nonstop has created an innovative alternative with Nonstop Wellness – [a partial self-funded program](#) that blends the security of traditional fully funded insurance with the financial benefits of self-funded coverage. The result is cost containment, reduction of employee out-of-pocket costs, as well as significantly better benefits with no financial obstacles, carrier changes, or cost-shifting.

How is Nonstop Wellness different from other employee healthcare programs?

Nonstop Wellness is the only partial self-insurance healthcare program that eliminates or reduces employee out-of-pocket expenses, which allows more stability in staff wages and provides support for recruitment and retention efforts. Nonstop also returns unspent healthcare dollars back to organizations on a quarterly basis, creating opportunities to boost operating budgets in an unrestricted manner. In addition, Nonstop's proprietary technology, offered free to clients, and in-house "one stop shop" approach to benefits administration, claims management, and billing allows for seamless integration of Nonstop Wellness throughout the organization.



Nonstop Wellness and Community Health Centers

How many health centers use the Nonstop Wellness program to provide employee healthcare for their staff?

As of May 2018, Nonstop has more than 33 FQHCs and look-alikes on the Nonstop Wellness program.



What is Nonstop's experience with health centers to date?

Nonstop currently has [more than 33 FQHC and look-alike clients](#) across the United States, including California, Oregon, Wyoming, Michigan, Virginia, Maryland, North Carolina, Texas, and Washington. The company found its way to the community health center movement through community involvement, and discovered a natural alignment. Nonstop shares the belief that everyone should have access to high quality yet affordable health care. The Nonstop Wellness plan has proven to be a very strong recruitment and retention tool for community health centers competing for doctors and nurses, and helps organizations to align their mission with the benefits they offer their own employees. Working with so many CHCs around the country, Nonstop has developed meaningful understanding of the unique characteristics and particular needs of the CHCs.

Moving to the Nonstop Wellness Program

Who is eligible for Nonstop Wellness?

Nonstop Wellness is engineered for organizations with 50+ employees on benefits.

How can my organization receive a free and confidential savings analysis?

A completely confidential savings analysis from Nonstop shows organizations how implementation of the Nonstop Wellness program can save valuable time and money. This initial savings analysis is only between the organization and Nonstop – the organization's current broker and carrier(s) won't be involved at this stage, allowing for an unbiased and secure comparison of existing coverage and Nonstop Wellness. The Nonstop savings analysis, which typically falls within 1-2% of actual costs, will provide an estimate of:



- Estimate of premium reductions
- Employee out-of-pocket savings estimates
- Return of quarterly reserve dollars in a high/medium/low usage year
- Additional and improved employee benefits

Receiving an initial savings analysis from Nonstop is a quick and easy process. Unlike other brokers, all Nonstop needs is the organization's current Summary Plan Description and a copy of the monthly health insurance bill or renewal packet. To receive a custom savings analysis, please visit www.nonstopwellness.com/value-in-benefits.

Will Nonstop become our broker if we decide to switch to Nonstop Wellness?

Yes. Participation in the Nonstop Wellness program means that Nonstop becomes your organization's broker-of-record.

Why couldn't my organization do something similar with our current broker or on our own?

Nonstop provides a wealth of internal and proprietary services to better support clients with streamlining process and reducing costs, which would be challenging to replicate in their entirety. To begin, Nonstop Wellness is built on proprietary technology and administrative platforms, which includes the company's Mapper tool, custom billing, and a self-serve platform. These are offered at no additional cost to our clients and allow for seamless administration of Nonstop Wellness throughout the organization. In addition, Nonstop is a "one stop shop" with integrated benefits administration, billing reconciliation, and claims management services that are all managed in-house with no need for additional third party administrators and therefore no additional costs for management and administration. Our consolidated billing support ensures financial transparency and provides tools to better manage healthcare spending internally.



nonstop[®] WELLNESS

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Through NACHC's Value in Benefits (ViB) program, Nonstop Administration and Insurance Services is proudly changing the way health centers and their employees access healthcare with the partially self-funded health insurance program, Nonstop Wellness. The Nonstop Wellness program decreases the annual costs of healthcare for community health centers while reducing or eliminating deductible costs, copays, and coinsurance. Our mission is to ensure your CHC's growth and sustainability – starting with the health and wellbeing of your employees.



For a complete list of states and license numbers, please visit www.nonstopwellness.com/licenses.