

NEWS FROM SIIA MEMBERS

2022 MARCH MEMBER NEWS

SIIA Diamond, Gold, and Silver member companies are leaders in the self-insurance/captive insurance marketplace. Provided below are news highlights from these upgraded members. News items should be submitted to membernews@siia.org.

All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at www.siia.org.

If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy and jivy@siia.org.

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GOLD MEMBERS

6 DEGREES HEALTH WELCOMES ERIC WRIGHT AS VICE PRESIDENT OF BUSINESS DEVELOPMENT

Hillsboro, OR - 6 Degrees Health is pleased to announce that Eric Wright has joined the company as VP of Business Development. Eric will draw upon his extensive self-funding experience to be a passionate and driven ally in support and develop of our TPA partners.

"Eric's tenure in the self-funded industry will be an immeasurable asset in supporting the growth of our TPA's, their clients and partners. It is great to bring such experience and knowledge to 6 Degrees Health and we are sure our TPA partners will experience further success through Eric's involvement." -Heath Potter, Chief Growth Officer

Eric brings over 25 years of self-funding experience, a passion for TPA's, transparency, service and follow through. His experience includes executive leadership, sales, and an account management background.

In addition, he has held several advisory or board leadership roles with the State of Oklahoma Health Plan (HealthChoice) as Vice Chairman, HCC Life, Mutual of

Omaha, Cigna (Emerging Markets), and the HighMark Advisory Council.

As a representative to Third Party
Administrators for 6 Degrees Health,
Eric's clients can expect to have a
partner that will intensely listen to their
needs and advise on solutions that will
improve their business and help them to
deliver cost savings to their clients.

Having been on the TPA side for most of his career, Eric understands the full picture of what our TPA clients do every day from claims administration, customer service, eligibility management, medical management, pharmacy benefit management, and stop-loss reinsurance.

Eric can be reached at deric. wright@6degreeshealth.com

6 DEGREES HEALTH WELCOMES CHRIS POWERS AS VICE PRESIDENT OF BUSINESS DEVELOPMENT

Hillsboro, OR - 6 Degrees Health is pleased to announce that Chris Powers, an industry veteran, has joined the company as a VP of Business Development.

"Chris brings a wealth of industry knowledge and experience to our team of Business Development professionals. We are excited to have him focus on driving new business for 6 Degrees Health." - Heath Potter,

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Chris has years of experience in the employee benefits industry, providing employers with behavioral healthcare, disease management, and healthcare advocacy through their consultative partners.

He has a deep passion for transparency in healthcare, both for employers and employees. He is an active member of the National Association of Health Underwriters.

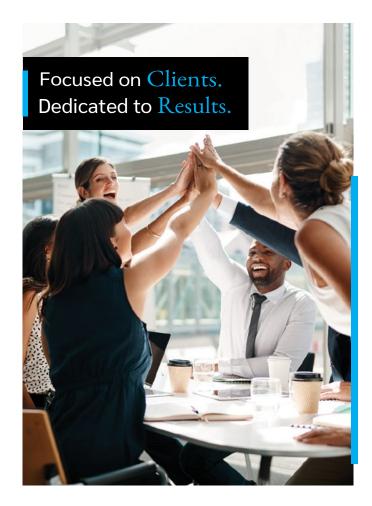
Previously, Chris worked for United Benefit Advisors (UBA) as the Director of Partner Relations. In that role, he aligned UBA Partner Firms with the programs and services that helped them support their clients and grow their firms. Chris joined 6 Degrees Health to help our consultant partners bring healthcare cost containment solutions to their clients by listening to and understanding their unique needs.

Chris can be reached at chris.powers@6degreeshealth.com.

6 DEGREES HEALTH WELCOMES JODI HAMMER AS VICE PRESIDENT OF BUSINESS DEVELOPMENT

Hillsboro, OR - 6 Degrees Health is pleased to announce that Jodi Hammer, an industry veteran, has joined the company as a VP of Business Development. Jodi will focus on growth development for our Payment Integrity solutions for health plans, stop-loss carriers, and reinsurance.

"Having known Jodi for years, I have gained immeasurable respect for her, like what she has earned from her clients, and across the whole industry. She is excellent at her craft and conducts herself with the highest level of integrity. It is exciting to have Jodi join 6 Degrees Health and now work on the same team." - Heath Potter, Chief Growth Officer



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We study it, research it, speak on it, share insights on it and pioneer new ways to measure it. With underwriters who have many years of experience as well as deep specialty and technical expertise, we're proud to be acknowledged as experts in understanding risk. We continually search for fresh approaches, respond proactively to market changes, and bring new flexibility to our products. Our clients have been benefitting from our expertise for over 45 years. To be prepared for what tomorrow brings, contact us for all your medical stop loss, captive, Taft-Hartley and organ transplant needs.

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Jodi has been working to reduce healthcare costs and improve outcomes since 2008. Her early years were spent selling transplant network, cost containment, and transparency solutions. Most recently she has been selling enterprise-wide SaaS solutions to large health plans.

Jodi has a strong understanding of both fully and self-insured health plans, as well as challenges regional health plans, stop-loss and reinsurance carriers, and TPAs continue to face.

Recognized for her integrity and ability to build trustworthy relationships, Jodi will join 6 Degrees Health as VP of Business Development focused on Payment Integrity solutions for regional health plans and stop-loss carriers.

Jodi can be reached at jodi.hammer@6degreeshealth.com.

About 6 Degrees Health

6 Degrees Health is built to bring equity and fairness back into the healthcare reimbursement equation. Industry-leading MediVI technology supports our cost containment solutions with objective, transparent, and defensible data. 6 Degrees Health's solutions include everything from provider market analyses, reasonable value claim reports, ad hoc claims negotiations, evergreening provider contracts, and referenced-based pricing. Our veteran cost containment team partners with health plans and their channel partners to deliver unparalleled cost containment results. Visit www.6degreeshealth.com



SILVER MEMBERS

NOVA HEALTHCARE ADMINISTRATORS EARNS URAC ACCREDITATION IN CASE MANAGEMENT

BUFFALO, NY- Nova Healthcare Administrators, Inc. (Nova) is proud to announce it has earned URAC accreditation for Case Management.

URAC is the independent leader in promoting health care quality by setting high standards for clinical practice, consumer protections, performance measurement, operations infrastructure and risk management.

By achieving this status, Nova demonstrates commitment to quality care, enhanced processes, patient safety and improved outcomes.

Coupled with URAC accreditation in Health Utilization Management, receiving

re-accreditation for Case
Management reflects Nova's
adherence to rigorous clinical and
operational standards, including
excellence in care coordination,
improved patient engagement,
service access and utilization and
transitions of care.

Nova's case management programs are a key component of our efforts to help clients manage their health care trend.

"We are proud of this achievement and thrilled to have again earned URAC accreditation in Case Management," said James Walleshauser, president of Nova.



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"Nova's continued dedication to upholding these standards in our services demonstrates our commitment to the highest level of accountability and quality in health care for our clients and their members. The result is improved health outcomes and optimized plan performance."

"We applaud Nova on achieving URAC accreditation. With this distinction, Nova demonstrates excellence in quality health care delivery and their commitment to ensuring patient safety," said URAC President and CEO Shawn Griffin, M.D.

About Nova

Founded in 1982 and headquartered in Buffalo, NY, Nova is one of the largest third-party administrators of self-funded employee benefit programs in the nation, providing the health care solutions our clients need in the way they need them. And we go far beyond the basics. We are creative problem solvers who build custom solutions. Nova provides a unique, comprehensive array of services,

including medical, dental, vision,
COBRA, reimbursement account
administration, and private-labeled
solutions. Nova also offers awardwinning, in-house, integrated medical
management programs. We are the
stewards of our clients' benefit plans,
offering best-in-class partnerships,
customized solutions, and personalized
service. To learn more, visit www.
novahealthcare.com.

About URAC

Founded in 1990 as a non-profit organization, URAC is the independent leader in promoting health care quality and patient safety through renowned accreditation programs. URAC develops its evidence-based standards in collaboration with a wide array of stakeholders and industry experts. The



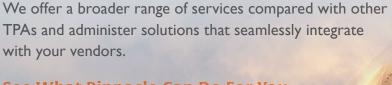
Scalable Solutions for Self-Funded Employers

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company's portfolio of accreditation and certification programs span the health care industry, addressing health care management and operations, pharmacies, telehealth, health plans, medical practices and more. URAC accreditation is a symbol of excellence for organizations to showcase their validated commitment to quality and accountability.

TO ALIGN WITH GROWTH AND CLIENT DEMAND, PAYER COMPASS EXPANDS MEMBER ADVOCACY AND MEDICAL MANAGEMENT TEAMS: ANITA WALKER AND ROSIE FIELDS

PLANO, TX – Payer Compass, a leader in healthcare cost containment, announced the addition of two new team members – Anita Walker, VP of Member Services, and Rosie Fields, RN, CCM, Director of Clinical Services.

They are welcomed additions in light of the organization's continued growth and will provide valuable support to the company and leadership to their respective teams.

"We are pleased to welcome Anita and Rosie to our team and believe they will each bring a fresh perspective as Payer Compass continues the push for positive change in health plans and self-

funded insurance," says Rick Ellsworth, Chief Operating Officer. "They both have had an exceptional career in healthcare and their industry expertise perfectly complements the background and talents of our team members."

Anita is leading the Member Advocacy Team to set a new industry standard in service for plan members through upfront provider reimbursement strategies and intelligent post-treatment billing resolution.

Leveraging her firsthand knowledge of payers and providers, she is also an asset to solution development and enhancement that support the organization's position in the self-funded marketplace as a pillar for compliance and cost control.

Key solutions of focus for Anita and her team include Payer Compass' comprehensive Reference Based Pricing solution, Innovate36o, and CompassConnect, their enterprise transparency solution to address the No Surprises Act and Transparency in Coverage Rule.

Rosie leads Payer Compass' Medical Management operations and strategic program development for Pre-Certification, Utilization Review, and Case Management with the goal of optimizing patient experiences and clinical outcomes.

She brings an accomplished and tenured career in Medical Management to the URAC-accredited team. Her impressive versatility in understanding and managing different plan types will add further value to the client and members served by the company's overarching Care Management solution, CareAdviser.

About Payer Compass

Payer Compass is dedicated to restoring rationality to the cost of care. We focus squarely on tackling the most elusive problems in today's healthcare landscape: spiraling costs and associated lack of price transparency.

For self-insured organizations, our innovations and services are driving down the costs of healthcare claims reimbursement. And for health plans, we are minimizing overall spend on claims pricing, administration, and processing.

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Contact Ginger Barrientez, Director of Marketing at 469.215.2654, gbarrientez@payercompass.com. and visit payercompass.com.



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MARPAI AIMS TO CUT SKYROCKETING HEALTH PLAN COSTS IN HALF WITH LAUNCH OF SUITE OF AI-POWERED SERVICES

Fueled by a year of innovation and development, Marpai brings a suite of techenabled services for self-insured health plans to cut employer costs in half while improving member health

NEW YORK— Marpai, Inc., ("Marpai") (Nasdaq: MRAI), a deep learning technology company transforming the \$22B Third-Party Administrator (TPA) market supporting self-funded employer health plans, has launched AI-powered services aimed at reducing costly health claims, lowering reinsurance premiums and elevating care quality for plan members.

Employer health plans cover 156 million Americans, and 64 percent of these plans are self-funded plans representing over \$1T in health care claims annually.

Marpai entered the TPA market through acquisition in April 2021 to bring the power of deep learning, the most advanced AI, to employer health plans to improve health outcomes and radically reduce plan costs.

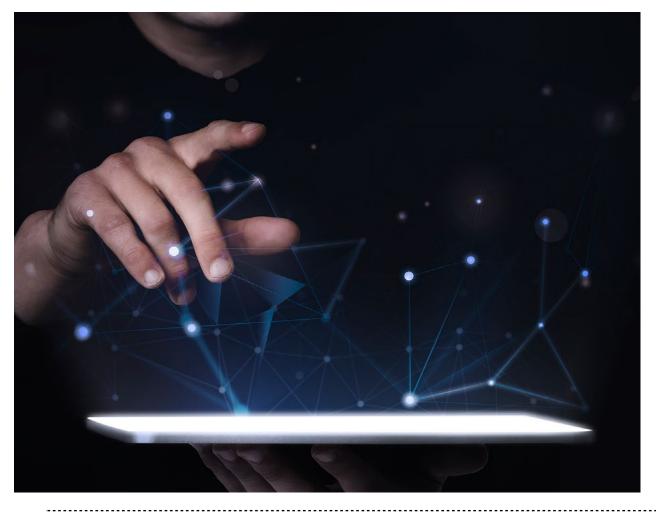
According to Marpai CEO Edmundo Gonzalez, "Our ambition is use the most advanced AI to cut employer health plan costs in half while improving the health

of members." Through extensive development work at Marpai Labs over the past year, Marpai's R&D center, Marpai has introduced several techenabled services:

- Marpai Cares: proprietary deep learning algorithms predict potential near-term health events related to chronic illness and major procedures to activate early clinical intervention to prevent and reduce costly claims for members.
- Gaps in Care: text and email reminders help members maintain annual exams, vaccinations, and screenings.
- MyMarpai SMART App: lets

members show their digital health ID card, view spending and deductibles, review claims, see health benefits, use telehealth and find a provider with just a click.

- Empowering
 Member
 Engagement:
 ongoing digital
 content and
 experiences
 improve member
 health literacy and
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- Premium
 Health Partners:
 technology
 integrations with



Being Powerful.
Being Human.
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innovative health partners bringing the next generation care solutions.

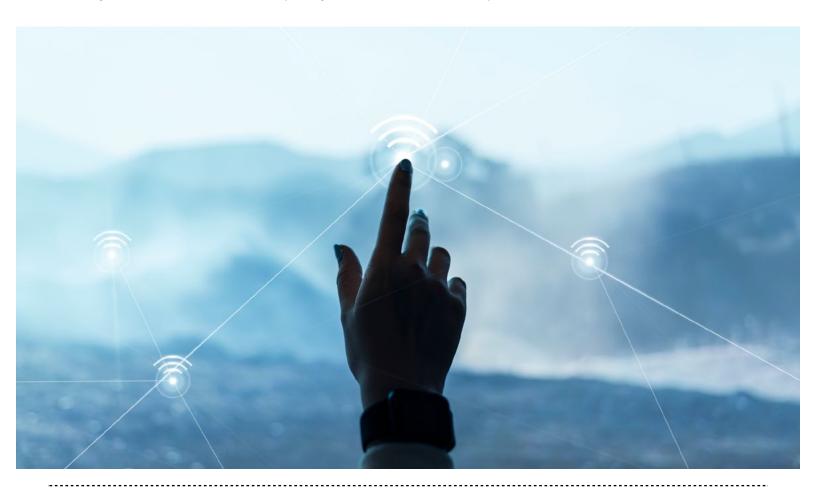
"We've built another level of value beyond our world-class TPA services to enable employers and health plan members to get much more from their health plan and spend much less on health care over time," says Marpai CEO Edmundo Gonzalez. "Traditional cost containment strategies are not enough to stem the tide of rising costs. We need new tools, particularly predictive technologies, to significantly change the cost curve and outcomes."

Self-insured employer health plans require TPAs for support. As health plan costs continue to climb (estimated to increase over 5 percent in 2022), employers are seeking innovative alternatives to curb these costs.

"What Marpai is doing is revolutionary in the self-funded market," says Ed Ligonde, Executive Vice President of the Nielsen Benefits Group, an employee benefits consulting firm based in California. Recently recognized as Broker of the Year by

BenefitsPro, Ligonde adds "Most TPAs just focus on paying claims. Marpai is organized around the member and brings the advanced technology this sector needs to improve member health and reduce claims costs as a result. Al with a member-centric approach is a real game changer."

Marnie Zimmerman, Healthcare Benefits Consultant at Ward-Kraft, Inc., a Marpai client, adds, "Our CEO wants the best for our employees. Marpai brings a solution that connects our health plan members with top-quality healthcare providers and it has made a real difference in the lives of many of our employees and their families. Marpai is doing a lot of things aimed at improving health without increasing costs which is what we all want."





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"Our aspirational vision of cutting health plan costs in half is only achievable with the power of advanced AI," says CEO Gonzalez, "Our tech capabilities position us to rapidly grow our customer base and strengthen our ability to retain longterm customers."

For more information on Marpai, visit www.marpaihealth.com.

About Marpai, Inc.

Marpai, Inc. (Nasdaq: MRAI) is a technology company bringing AI-powered health plan services to employers providing health benefits to employees. Primarily competing within the \$22B TPA (Third Party Administrator) sector serving self-funded health plans, representing over \$1T in annual health care claims, Marpai's SMART services focus on reducing claims costs, lowering reinsurance premiums, and elevating care quality for plan members. Marpai's proprietary deep learning algorithms predict potential near-term health events related to chronic illness and major procedures to help prevent costly claims and support the best outcomes. Operating nationwide, Marpai serves over 60,000 members, offers access to provider networks including Aetna and Cigna, and partners with brokers and consultants. For more information, visit www.marpaihealth.com.



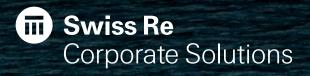
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