



NEWS FROM SIIA MEMBERS

2023 JULY 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 at jivy@siia.org.

DIAMOND MEMBERS**BERKLEY ACCIDENT AND HEALTH APPOINTS RAJIV SOOD AS VICE PRESIDENT AND HEAD OF BUSINESS DEVELOPMENT**

Hamilton Square, NJ – Berkley Accident and Health, a Berkley Company, has appointed Rajiv Sood as Vice President and Head of Business Development for the company's Specialty Accident segment.

Rajiv will be responsible for developing and executing our growth strategy for Specialty Accident, which includes a focus on deepening existing partnerships and identifying and pursuing new market opportunities.

Rajiv joins Berkley Accident and Health with a diverse background that includes prior executive leadership, experience in the insurtech market, and a focus on business development and growth, which makes him an ideal fit for this role.

"Rajiv strengthens our company and positions us well to grow and expand our Specialty Accident segment, which benefits from a robust product portfolio, strong operational capabilities, and a talented team," said Brad Nieland, President and CEO of Berkley Accident and Health. "He brings a depth of technical skills and a strategic vision for success that will help us to better serve our

clients and capitalize on market opportunities. We are delighted to welcome Rajiv to the Berkley Accident and Health team."

Rajiv has over thirty years of experience in business development, go-to-market strategies, and creating scalable solutions for the accident, health, medical, and other markets. Rajiv resides in the Princeton, New Jersey area.

BERKLEY ACCIDENT AND HEALTH SELECTS HEALIX INTERNATIONAL AS PREFERRED TRAVEL ASSISTANCE PROVIDER

Hamilton Square, NJ – Travel is on the rise for all types of consumers ranging from conferences to youth sports tournaments, simultaneously raising risk exposures for all groups.

To provide added protection, Berkley Accident and Health, a Berkley Company, has selected Healix International (Healix), an internationally recognized travel assistance leader, to provide emergency medical, security, and travel support services to individuals covered by Berkley Accident and Health travel accident policies.

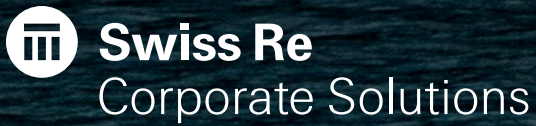
Assistance services are paired with Berkley's travel accident products, including Business Travel Accident, Participant Accident, Student Accident insurance and more.

Effective March 1, 2023, travelers have a full range of support provided by Healix at no additional cost. Whether their needs are minor or serious, Healix connects travelers to the necessary medical, travel, behavioral health, or security assistance 24/7/365 from anywhere in the world.

The Healix Travel Oracle mobile app and online portal help give travelers and risk managers an extra layer of support with pre-trip training, emergency alerts, and more.

"We're pleased to offer these valuable, tangible services from Healix to help travelers be better prepared when something goes awry during their trip, whether it's lost documentation or a medical emergency," said Brad Nieland, President and CEO of Berkley Accident and Health. "Our insurance products provide the financial protection that clients need, while Healix delivers the personal care and hands-on support for travelers away from home."

Charlie Butcher, CEO of Healix, adds, "A face-to-face meeting is a vital part of doing business, and with travel firmly back on the agenda for many organizations, we're delighted to be working with Berkley Accident and Health to provide the support employees need while



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going abroad for work. Traveling in 2023 brings plenty of risks, from the continued risk of coronavirus to the impacts of climate change on weather, to regional geopolitical challenges. Through the Healix services, Berkley Accident and Health clients can provide the tools necessary to reassure and support workers venturing out for business. With the combined support of Berkley Accident and Health and Healix, I am confident employees will receive the best possible support and outcome in the event of a crisis.”

Additional value-adds for clients include a wide range of capabilities, such as:

- Emergency medical and evacuation services
- Security evacuation
- Translation services
- Behavioral health support
- Ground support and protective services
- Pre-trip safety trainings

Travel assistance services are provided by Healix International and are not insured benefits. Berkley Accident and Health, W. R. Berkley Corporation, and its underwriting companies are not affiliated with Healix and are not responsible for nor assume liability for the travel assistance services provided by Healix.

About Healix International

Healix International is a global provider of travel risk management and international medical, security and travel assistance services. Working on behalf of multinationals, governments, NGOs and insurers they look after the welfare of expatriates, travelers, offshore workers and local nationals in every country of the world. Healix provide a comprehensive, integrated range of solutions to help safeguard the health and security of their clients' employees, providing a single point of contact to access the expertise and help they may need, wherever they are in the world, 24/7.

Visit www.healix.com

BERKLEY ACCIDENT AND HEALTH ANNOUNCES 2023 WINNERS OF CAPTIVE RISK ACHIEVEMENT AWARD

Hamilton Square, New Jersey – Berkley Accident and Health, a Berkley Company, is proud to announce the recipients of the Risk Achievement of the Year (RAY) Award.

RAY Awards are given to Berkley Accident and Health clients who embrace employee health and wellness and who strive to offer affordable, high-quality health benefits to attract and retain their workers. This year’s winners were announced at the 2023 Berkley Captive Symposium and are based on their health risk management efforts in 2022.

Recipients are selected from the employer/members of Berkley’s Stop Loss Group Captive programs. Group Captive programs are designed to allow small and midsize firms to provide sustainable health benefits and come together to better control their overall health spend. Rather than buy traditional health insurance, these companies self-fund their benefits with Stop Loss protection and then join together to share risk in a Group Captive arrangement.

“Berkley Accident and Health is passionate about helping its clients offer affordable and sustainable health benefits,” said Brad N. Nieland, President and CEO, Berkley Accident and Health. “Because of their outstanding focus on employee wellness and health risk management, RAY Award recipients have taken control of their health care spending – and the results are very impressive.”

RAY Award winners are selected from across a variety of programs in Berkley’s portfolio and have

shown exceptional dedication to health risk management in the previous year.

Winners must demonstrate a strong commitment to the well-being of employees and their families and implement programs that help lower health risk factors and show measurable results.

This year, Berkley Accident and Health added a new Platinum award category to recognize a company with continual, sustained achievements.

The 2023 Platinum RAY Award winner is:

Coastal1 Credit Union – Coastal1, a full-service credit union serving Rhode Island and Massachusetts, won the new award for top-tier achievement in risk management. Coastal1 won the Platinum RAY Award for its long-term commitment to promoting employee health, helping to reduce health care costs for employees and their families, and continually raising the bar, year after year. Coastal1's relentless commitment to employee well-being starts at the top, with a leadership team that is willing to invest in programs that make a difference. The company offers cancer care services, specialty Rx management, organ transplant carve-out, EAP, financial counseling, and light care vision to reduce the impact of blue light. It has also trained its HR team in mental health first aid. Last year, it revamped its fitness center with state-of-the-art equipment and expanded it to accommodate on-site classes. All of this has resulted in per member per month health costs that are 5% lower than other health plans, a 16% increase in the employee health and wellness satisfaction score, and a continual reduction in the number of ER visits per year.

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The 2023 First Place winners are:

Caring Place Healthcare Group - Caring Place is a family-owned and operated organization of skilled nursing and senior living communities in Ohio. Caring Place offers their employees medical care at a nearby health clinic, along with full annual physicals and biometric screenings. Employees who use the clinic are improving their key biometric measures and showing a 30% decrease in per month health care costs. Overall, Caring Place has seen an almost \$300,000 reduction in health care costs over the past three years.

Cheverus High School - Cheverus is a private, Jesuit college preparatory school in Portland, Maine that has implemented several programs to educate employees on strategies to enjoy high-quality, lower-cost health care. They offer wellness biometrics and health coaching, as well as financial incentives to faculty and staff for making health-conscious decisions. These efforts have enabled employees to reduce their health premium contributions by 10% and saved Cheverus an estimated \$1 million over five years through its ongoing cost-savings strategies.

Methodist Family Health, Inc. - Methodist Family Health is a non-profit organization offering a continuum of inpatient and outpatient behavioral care to youth and families. For the past ten years, the organization has hosted annual health fairs and recently launched a new program that takes a holistic view of employee wellness – physical, nutritional, emotional, financial, social, and occupational. Methodist Family Health also uses data analytics to thoughtfully design programs with the most impact. As a result of its independent, pioneering approach to fostering a culture of health among employees, the organization has seen its medical costs trending downward. They

also have not raised employee premiums in 5 years due to their forward-thinking cost containment strategies.

NRP Jones, LLC – NRP Jones is a family-owned manufacturer of hydraulic hose and fittings with locations in Utah and Indiana. In 2022, the company established a near-site health clinic for their employees and leveraged 340(b) pricing to tackle spending on high-cost specialty medications. In 2021, NRP's employees collectively paid \$31,800 for specialty prescriptions, and one year later, in 2022, they collectively paid \$13,100 for specialty prescriptions – a cost reduction of more than half.

Ovation Holdings, Inc. – Ovation Holdings provides maintenance, repair, and operations services to customers in the Midwest needing valve, instrumentation, gas detection, and heat trace solutions. In 2020, the company moved from a fully insured health plan and has seen its budgeted health care expenses drop by more than \$1 million. From 2020 to 2022, Ovation Holdings have cumulatively saved \$2.9 million through its use of Apta Health's innovative cost-containment program.

United Plate Glass Company, Inc. – United Plate Glass is a major supplier of architectural glass products with multiple facilities in the mid-Atlantic. The company offers its employees a

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choice of two health plans – a traditional PPO and a reference-based pricing plan. United Plate Glass takes a robust approach to wellness, offering a wide range of programming, including health screenings, wellness promotions, educational events, and a wellness fair. The company also implemented diabetes and prescription cost-containment programs that have helped to keep health care costs flat. Since 2018, per employee per year costs have increased by only 0.16%.

Woodard & Curran, Inc.

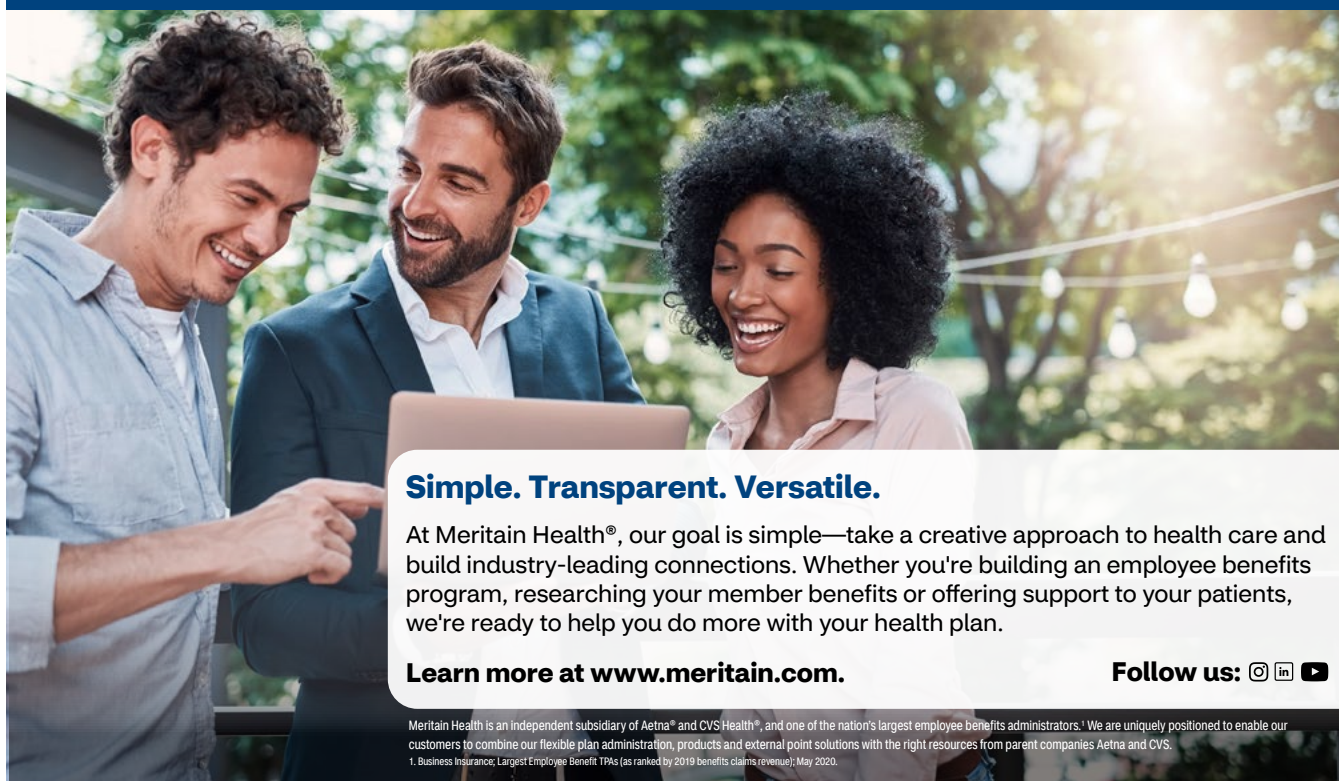
– Woodard & Curran is an integrated science, engineering, design- build and operations

company specializing in water and environmental projects. Recognizing the connection between mental health and physical health, the company implemented a behavioral health program providing essential mental health support to their employee and their families, resulting in fewer office visits and lower costs from 2021 to 2022. Woodard & Curran also modified its pharmacy plan to encourage employee participation and consumerism and better reflect the cost of high-cost prescriptions.

The 2023 Honorable Mention recipient is:

B & B Manufacturing, Inc. – B&B Manufacturing, which produces and distributes parts for the power transmission and precision mechanical industries, takes a forward-thinking approach to employee health at its headquarters in Indiana. The company implemented a free employee medical clinic, resulting in an increase in employee wellness visits and preventative screenings, even during the challenges of the pandemic. B&B also added cost-containment services for surgical procedures and specialty Rx, which has led to an average annual health care cost per employee that is well below the national average.




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Meritain Health is an independent subsidiary of Aetna[®] and CVS Health[®], and one of the nation's largest employee benefits administrators.¹ We are uniquely positioned to enable our customers to combine our flexible plan administration, products and external point solutions with the right resources from parent companies Aetna and CVS.
1. Business Insurance, Largest Employee Benefit TPAs (as ranked by 2019 benefits claims revenue), May 2020.

About Berkley Accident and Health

Berkley Accident and Health is a member of W. R. Berkley Corporation, a Fortune 500 company. Berkley Accident and Health provides an innovative portfolio of accident and health insurance products. It offers four categories of products: Employer Stop Loss, Group Captives, Managed Care (including HMO Reinsurance and Provider Excess), and Specialty Accident. It underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Visit www.BerkleyAH.com

QBE RE HEALTH HIRES JAKE BIRCHARD

QBE Re is delighted to announce Jake Birchard as our new hire to QBE Re US Healthcare team.

Jake joins from Aon where he was most recently an Associate Director, Lead Analyst supporting the firm's health reinsurance clients. He has provided health actuarial and analytics support to insurers, reinsurers, health systems, provider organizations, and employee benefit plan sponsors for over ten years. Jake will be based remotely in Oregon and joined on June 5th 2023.

"Jake has built a strong reputation as a strategic thinker using data to drive decision making and create high impact results. As the Lead Analyst Jake was front line supporting clients with actuarial, financial and analytical decision making.

Having someone of Jake's knowledge, skill and experience join our team will continue to support the QBE Re Healthcare team in managing our portfolio and driving value for our clients," says Michael Coghlan, Senior Vice President, Head of US Health Reinsurance.

"Welcoming new talent to the team is always a highlight and I'm delighted to be doing so with Jake. This important hire supports our plans to strategically grow and develop the US Health portfolio. Our broker and cedent contacts in Healthcare will continue to be in excellent hands, and I look forward to announcing further new hires in the future," said Tim Barber, General Manager North America.

About QBE Re

QBE Re was formed to bring together all of QBE's global reinsurance capabilities, allowing us to provide a consistent, streamlined service to our clients. Today, we offer a range of Property, Casualty, Specialty and Life solutions to customers around the world from our offices in London, Bermuda, Brussels, Dubai, Dublin and New York. Visit www.qbere.com

ZELIS® LAUNCHES REFERENCE-BASED PRICING SOLUTION THAT PRIORITIZES MEMBERS, ALIGNS MEMBER EXPERIENCE AND COST CONTAINMENT

BEDMINSTER, NJ -- Zelis, a healthcare technology company modernizing the healthcare financial experience for all, announced the launch of its new open access pricing solution. Self-funded employers, which represent 65% of U.S. workers, often struggle to sustain the cost of traditional health plan premiums, and existing solutions are often fragmented and have not delivered a satisfactory experience for members in accessing and navigating care.

To overcome these challenges, third-party administrators need to bring alternative strategies to stabilize claims costs, improve provider accountability related to rising fees, and free patients from network limitations.

Zelis Open Access Pricing is a reference-based pricing (RBP) solution that empowers self-insured employers and third-party administrators to put their members' experience first while also stabilizing rising healthcare costs.

The new solution allows clients to set maximum reimbursement amounts using pre-defined prices which allows for more predictable cost forecasting.

At the same time, Zelis Open Access Pricing employs a member advocacy team that provides pre-service member education,

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navigation support, provider contracting support, balance bill resolution, and legal escalation support to ensure seamless interactions among payers, providers, and members.

The technology-enabled solution includes modeling and analytics, contract management, and performance reporting, as well as a price and provider transparency application to drive member adoption.

“By combining Payer Compass with Zelis, we have joined advanced technology and best-in-class approaches to create this RBP solution to managing rising healthcare claims costs for clients and their members,” said Amanda Eisel, Zelis CEO.

Zelis Open Access Pricing gives members the freedom to choose their preferred healthcare providers, and offers fair, established pricing benchmarks that keep medical expenses under control.

“TPAs and self-funded groups want reference-based pricing for lower claims costs, configurable options, more predictable healthcare cost forecasting, and more,” said Rick Ellsworth, SVP, GM Payer Compass at Zelis. “We are excited to bring to market a fully integrated solution that fits their needs and enhances the experience for their members.”

About Zelis

Zelis is modernizing the healthcare financial experience by providing a connected platform that bridges the gaps and aligns interests across payers, providers, and healthcare consumers. This platform serves more than 700 payers, including the top-5 national health plans, BCBS insurers, regional health plans, TPAs and self-insured employers, and millions of healthcare providers and consumers. Zelis sees across the system to identify, optimize, and solve problems holistically with technology built by healthcare experts – driving real, measurable results for clients. Learn more at Zelis.com and follow us on LinkedIn to get the latest news.

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GOLD MEMBERS

HEALTH IN TECH AND AMPS PARTNER TO PROVIDE CUSTOMIZED COST CONTAINMENT AND PHARMACY BENEFIT STRATEGIES TO HELP SMALL GROUPS SAVE ON HEALTHCARE

PHOENIX -- AMPS, a pioneer in healthcare cost containment and pharmacy benefit management, announced their partnership with the industry-leading insurtech company, Health in Tech "HIT".

This strategic partnership delivers innovative and customized saving solution strategies to small level-funded employer groups looking to make their healthcare dollars go further.

"At Health in Tech, our solutions are designed to give you full autonomy, so you have the power to create whatever products you want. We help you build your system, design specifically for your needs and your market, so you can run with it. Its unique advantage is that the system only takes minutes to produce bindable quotes for small to medium-sized groups," said Tim Johnson, Chief Executive Officer of Health in Tech. "Combined with AMPS' consultative and scalable approach, we believe this partnership will have a significant financial impact to both the groups we manage and the members we serve."

The partnership provides a fully integrated health plan solution that offers all the rewards of being self-funded.

The partnership between AMPS and HIT provides a fully integrated health plan solution that offers an employer all of the bundled solutions of a fully insured plan, yet all the rewards of being self-funded.

"There are many benefits to being self-funded in this current environment, but we also understand that making the transition from a fully insured plan when you are a small group can be daunting," said Jeff Zavada, Chief Revenue Officer of AMPS. "Through this partnership, we can confidently place these small to mid-sized groups into a level-funded plan while providing employer groups with the significant savings they so desperately need."

"We are thrilled to roll out this new strategic partnership which allows us to challenge old assumptions around cost containment solutions," said Zavada. "By expanding our efficiencies into these smaller markets, we are able to capture a segment of employers who might not know of the cost savings opportunities available outside of traditional PPO networks."

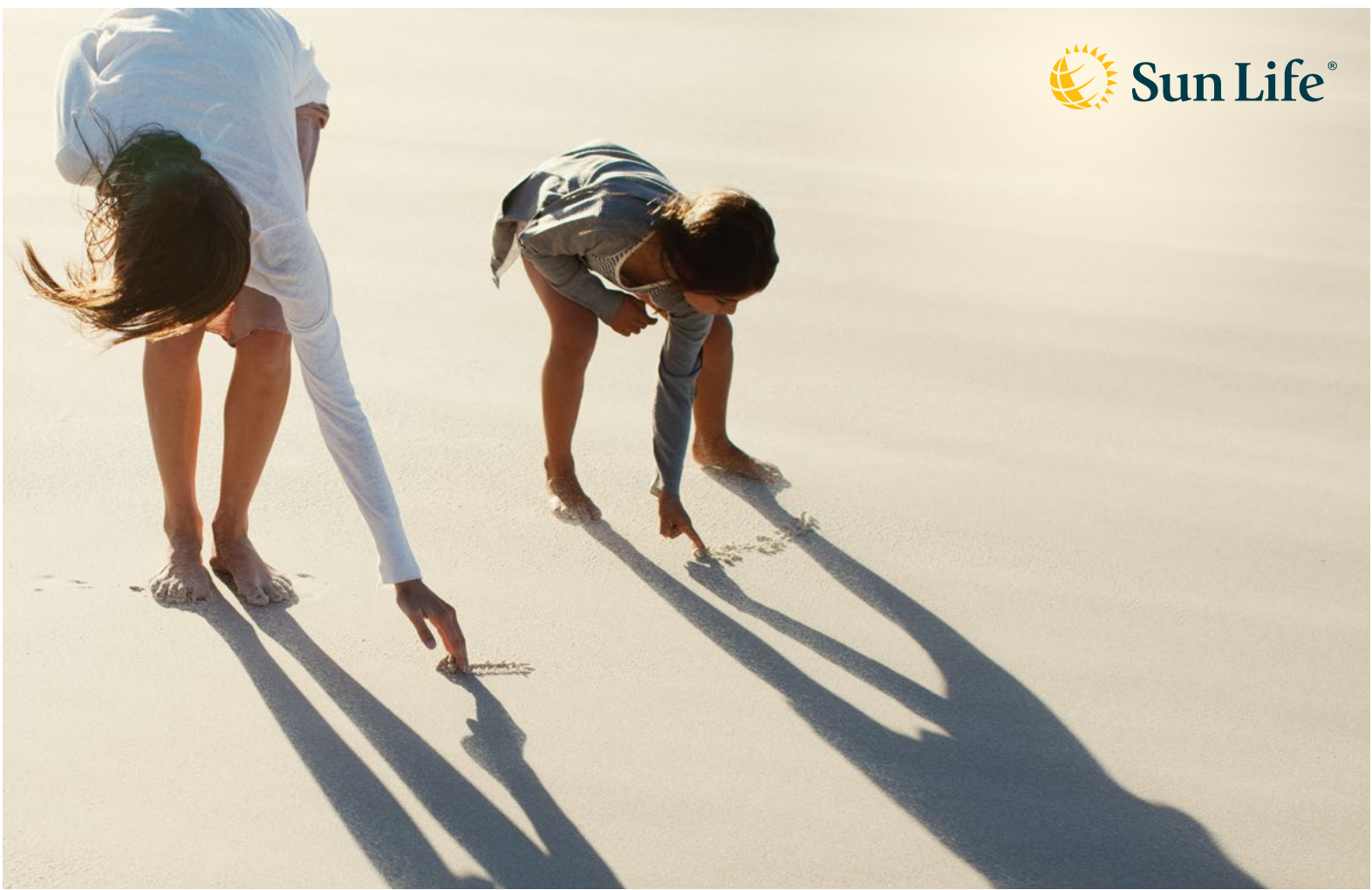
AMPS and Health In Tech work with Brokers, TPAs, and employer groups to provide a fully integrated solution offering transparency, control, and predictability.

About Health In Tech

Health in Tech is an industry-leading Insurtech company that delivers disruptive innovation and proprietary technology to reimagine risk, underwriting, and self-funding, making processes better, faster, and more efficient for everyone involved. Visit www.healthintech.com

About AMPS

Advanced Medical Pricing Solutions (AMPS) provides market leading healthcare cost containment services and pharmacy benefit management for self-funded employers, public entities, health plans, TPAs, health sharing organizations and reinsurers. Leveraging 18 years of experience in auditing and pricing medical claims, AMPS delivers "fair for all" pricing both pre-care and post-care. Visit www.amps.com



Depend on Sun Life to help you manage risk and help your employees live healthier lives

By supporting people in the moments that matter, we can improve health outcomes and help employers manage costs.

For over 40 years, self-funded employers have trusted Sun Life to help them manage financial risk. But we know that behind every claim is a person facing a health challenge and we are ready to do more to help people navigate complicated healthcare decisions and achieve better health outcomes. Sun Life now offers care navigation and health advocacy services through Health Navigator, to help your employees and their families get the right care at the right time – and help you save money. Let us support you with innovative health and risk solutions for your business. It is time to rethink what you expect from your stop-loss partner.

Ask your Sun Life Stop-Loss Specialist about what is new at Sun Life.

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SILVER MEMBERS

HEALTH IN TECH PARTNERS WITH CLAIMSBRIDGE FOR STREAMLINED NETWORK MANAGEMENT SOLUTIONS

Health In Tech, a leading insurtech company offering self-funded health plans, has announced its partnership with ClaimsBridge for network management services. Through this collaboration, ClaimsBridge will provide Health In Tech with a full range of network solutions, including high-performance networks, direct contracts, and regional provider networks, all powered by the unique and proprietary ClaimsBridge Connect platform.

“The network solutions and direct contracts offered by ClaimsBridge provide best-in-class access and discounts,” said Glenn Hillyer, Chief Growth Officer of Health In Tech. “The ClaimsBridge platform’s fully integrated module enables Health In Tech to offer network solutions that support our expansive growth.”

With the integration of ClaimsBridge’s Connect platform, Health In Tech can provide its clients with unparalleled provider access and discounts. The company’s streamlined underwriting and broker quoting platform, eDIYBS - Do It Yourself Benefit Systems, coupled with ClaimsBridge’s technology solutions, offer a unique franchise for self-funding that is one of the most efficient in the industry.

“We are excited to partner with Health In Tech and provide our technology solutions to enhance their network management capabilities,” said Jeffrey Penn, Vice President of Business Development at ClaimsBridge. “Our platform offers cost containment and technology solutions for payors, and we believe that our partnership will result in significant benefits for Health In Tech’s clients.”

About Health In Tech

Health In Tech is a leading insurtech company that offers disruptive innovation and proprietary technology to improve and streamline risk, underwriting, and self-funding processes. Contact Glenn Hillyer, Chief Growth Officer, at ghillyer@healthintech.com and visit www.healthintech.com



About ClaimsBridge

ClaimsBridge is a leading healthcare technology company that offers various services in the pre-adjudication claims lifecycle, including Clearinghouse, Network Access, Custom provider networks, Reference Based Pricing and Network Hosting. As a SaaS-based company, we provide innovative technology solutions that help over 120 administrators and two million covered lives to achieve best-in-class cost containment results. Our mission is to streamline healthcare operations and improve the overall healthcare experience for payors, providers, and patients alike. Contact Jeffrey Penn, Vice President of Business Development, at jpenn@claimsbridge.com and visit www.claimsbridge.com

NOVA HEALTHCARE ADMINISTRATORS REVALIDATED THROUGH THE VALIDATION INSTITUTE

Buffalo, NY - Nova Healthcare Administrators, Inc. (Nova) was recently revalidated through the Validation Institute for 2023 in the common chronic condition management category. The validation comes after a thorough data analysis that confirms Nova's clinical protocols drive measurable improvements in health plan trend.

"This award is important to Nova because its external confirmation of the impact Nova's programs have for clients and their plan participants," said Jamie Farrell, Nova's chief business

and product development officer. "It's a reflection of the hard work and collaboration of many Nova associates, including our medical management, care navigation, data analytics, and client services teams. Every aspect of Nova's business aims to take the complex out of a complicated health care system for insurance brokers, our clients, and their members. Within the industry this validation affirms, very simply, that we do what we say we do."

Nova creates a cost and risk management strategy tailored to our clients' goals. Our approach includes analyzing medical, behavioral and pharmacy claims, plus operational observations, and clinical data.

Using this data, Nova works with clients to develop strategies that address preventive care, early detection of illness, improving treatment compliance, appropriateness of services, and reducing the cost of necessary care.

Based on 2022 data, Nova has once again achieved below-average admissions and emergency room visits for common chronic diseases (asthma, CAD, CHF, hypertension, COPD, and diabetes), compared to a national benchmark.

Nova's demographics, claims data, and study design methodology were reviewed, earning Validation Institute's \$25,000 "Credibility Guarantee," for the outcomes and savings achieved through our chronic condition management program. Nova has received validation through the Validation Institute since 2018.

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 customizable, comprehensive array of services, including medical, dental, vision, COBRA, reimbursement account administration, and private-labeled solutions. Nova also offers award-winning, 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 Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value – stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently

been to help provide transparency to buyers of health care.

BLACKWELL CAPTIVE SOLUTIONS PARTNERS WITH UPLAND ADVOCACY

Chicago, IL - As healthcare costs continue to rise, more than 100 million Americans face medical debt. Many employees struggle to pay their medical bills and some delay seeking treatment due to concerns their care will be unaffordable.

Blackwell Captive Solutions wants to protect employers and members from the rising rates of healthcare utilization. In addition to innovative stop loss solutions, Blackwell seeks to provide key channel partnerships to help reduce costs. As such, Blackwell is excited to announce our new channel partnership with Upland Advocacy, making Blackwell the first captive to enter the market with this solution.

Upland Advocacy is a healthcare financial assistance service provider. Designed to address the chronic challenges of medical debt, Upland's advocates help members access free or reduced-cost care, provide support negotiating bills, and assist with settling medical debt in collections. Upland can overlay any type of health plan and

can support all members in a population regardless of whether they are insured or uninsured.

"Blackwell is in the 'people business.' We work tirelessly to provide the support brokers and employers need to take care of their member population and provide the best healthcare possible," said Kari L. Niblack, President of Blackwell Captive Solutions. "We believe our partnership with Upland will further these efforts and create even better health outcomes. We are so excited to see what the future holds for this quintessential partnership."



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We Know ... Risk

We study it, research it, speak on it, share insights on it and pioneer new ways to manage it. With underwriters who have many years of experience as well as deep specialty and technical expertise, we're proud to be known 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 benefiting from our expertise for over 45 years. To be prepared for what tomorrow brings, contact us for all your medical stop loss and organ transplant needs.

“Similar to Blackwell, Upland Advocacy is ‘people focused’ dedicated to assisting the 100 million plus Americans struggling with the stress of medical debt,” said Christy Vago, VP Business Development for Upland. “We believe that when we collaborate with innovative thought leaders like Blackwell, we are stronger together to help families get the care they need and the bill relief they deserve. We are passionate about launching this partnership and thrilled about the impact we can make by providing hospital bill relief for so many.

About Blackwell

Headquartered in Chicago, Blackwell Captive Solutions is a medical stop loss captive that differentiates by delivering essential stability with desired flexibility via access to cutting-edge health and well-being solutions for our clients. We’ve proven that combining employers’ buying power with tailoring freedom maximizes the impact of self-insurance and reduces market volatility associated with the ultimate cost of healthcare benefit delivery to employees. Visit www.blackwellcaptive.com

About Upland Advocacy

Upland Advocacy is headquartered in Wayne, Pa., and is a healthcare services company that helps individuals find the financial support they deserve so they can get the medical care they need. Working with employer workforces in a variety of industries, Upland helps employees, whether insured or uninsured, potentially access free

or reduced-cost medical care and navigate the complex collections and payment process. Upland advocates are committed to providing relief from healthcare financial burden so families can confidently seek care without the stress of medical bills. Visit www.linkedin.com/company/upland-advocacy/.

D.W. VAN DYKE INVITES CARRIERS AND MGUS TO PARTICIPATE IN ITS ANNUAL, MEDICAL STOP LOSS INDUSTRY TARGET LOSS RATIO SURVEY

Joseph Sabol, SVP, D.W. Van Dyke & Co. announced that questionnaires were sent out during the week of June 5th inviting Stop Loss Carriers and MGU’s to participate in D.W. Van Dyke & Co’s Medical Stop Loss Industry Target Loss Ratio Survey.

DWVD anticipates 30-35 Carrier and MGU organizations WITH ANNUALIZED PREMIUMS EXCEEDING \$11.0B to participate. All Stop Loss organizations (Carrier and MGU) are welcome and invited to participate. As always, strict confidentiality applies to all participant survey information/data . Those interested in participating should contact Joe Sabol at jsabol@dwvd.com or Michelle Marzella at mmarzella@dwvd.com.

About D.W. Van Dyke & Company

Founded in 1978, DWVD provides intermediary and advisory support for reinsurance placements, distribution, product development consulting and direct brokering services on behalf of institutional clients. DWVD works throughout the Life, Accident & Health space, most prominently in the stop loss business. DWVD’s customers and markets include Insurance Companies, Reinsurers, TPAs, MEWAs, Cooperatives, MGAs, distribution companies and others. Contact Walt Roland at wroland@dwvd.com and visit www.dwvd.com

HEALTHEZ HIRES NEW CHIEF REVENUE OFFICER AS MOMENTUM CONTINUES TO GROW

BLOOMINGTON, MN -- HealthEZ is pleased to announce the hiring of Jim Wachtel as Chief Revenue Officer. Jim will lead the sales, account management and marketing teams as the company continues to build upon strong 2022 performance and momentum.

Proven business leader Jim Wachtel to lead sales, account management, and marketing teams as company builds upon strong 2022 performance.

With an impressive track record leading teams and growing businesses, Jim will contribute with his knowledge of sales and client management, cost containment, wellness and medical management to

HealthEZ's accelerating growth.

"I'm excited to join a great leadership team and dynamic company as it enters its next stage of growth. With a strong background in health and benefits, I'm ready to jump in to lead and coach the growth teams at HealthEZ," says Jim Wachtel, HealthEZ Chief Revenue Officer. In addition to his successful business endeavors, Jim is a patent holder, 16-year U.S. Army veteran, father of three and husband.

"Adding Jim to our high-powered executive team feels like putting an exclamation point on the success we experienced in our 40th year in business," says Jeff Bakke, HealthEZ Chief Executive Officer. "As we look ahead, Jim will help deepen our relationships with clients and brokers and accelerate what is already shaping up to be a strong 2023."

About HealthEZ

Based in Bloomington, Minnesota, HealthEZ is a national independent third-party health benefits administrator of employer-sponsored, self-funded medical plans and America's PPO, the nation's first preferred provider organization. On a mission to make health insurance easy to

understand and more efficient from provider to patient and the employers who fund their plans. The company partners with employers throughout the United States to deliver better access to healthcare for their employees while ensuring value and improving outcomes. Visit www.healthez.com ■



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