



NEWS FROM SIIA MEMBERS

2024 FEBRUARY MEMBER NEWS

The SIIA membership is dynamic both in terms of companies and individual industry professionals. Provided below is some of the latest member news on our radar. If you represent a SIIA member company and would like us to consider your news in the next edition of The Self-Insurer, please send it to Siera Kinder at skinder@siia.org.

Välentz® Health Names Frederick Karutz as Executive Vice President, Strategic Solutions

PHOENIX, AZ — Välentz® Health announces that Frederick Karutz has joined the executive leadership team as Executive Vice President, Strategic Solutions. In his new role, Karutz will drive transformative value for health plans, employers and members through a solution suite that delivers optimal [care navigation](#) and [management](#), [payment integrity](#) and [risk mitigation](#) for exceptional customer experiences and savings.



Frederick Karutz

*Executive Vice President, Strategic Solutions
Välentz® Health*

An early innovator in consumer-driven healthcare, Karutz brings more than 25 years of expertise in analytics-supported care engagement and member-centered solutions, most notably for members with complex and emerging needs. He comes to Valenz after serving as President for Carelon Advocacy, where he worked with health plans to unlock personalized engagement for high-risk, emerging-risk and complex-care members.

“Fred is a true champion of everything Valenz Health stands for in serving members: engaging early and often to ensure better outcomes at lower costs of care through a culture of innovation,” said **Rob Gelb**, Chief Executive Officer of Valenz. “His tremendous background and skills in leveraging data-driven, member-centric programs and solutions make him an outstanding fit for our company as we lead

the way toward optimizing cost, utilization and quality for all.”

Karutz has deep experience in leveraging advanced analytics to identify at-risk members and engage them with health plan programs, point solutions and providers, driving significant improvements in health outcomes, claims trend reductions and average savings.

Karutz also directed growth, sales enablement and marketing efforts on behalf of the Advanced Analytics and Services division within Carelon. Before that, he led consumer-based programs, strategy, growth, marketing, and product development functions for companies including AIM Specialty Health, ConnectedHealth, Health Care Services Corporation, Silverlink and GoHealth.

“The Valenz continuum of solutions delivers significant and immediate cost savings for health plans, employers and other payers, as well as optimal care navigation and management for members. It’s a timely, winning combination for smarter, better, faster healthcare,” Karutz said.

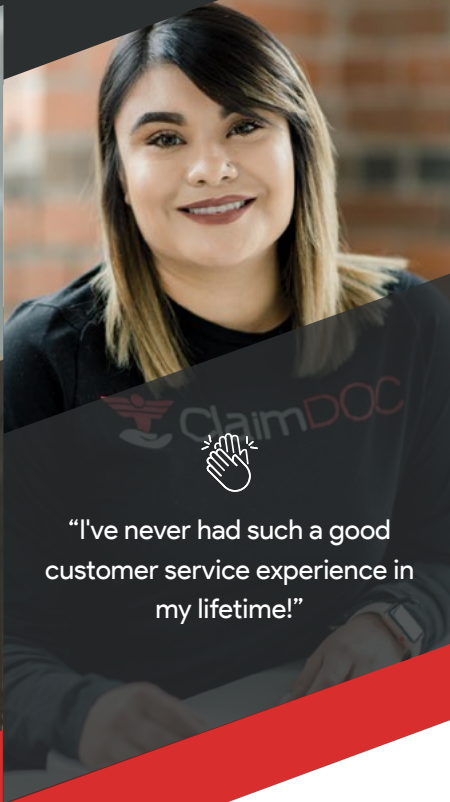
An active member of his community in Chicago, Karutz was a member of Greater Leadership of Chicago; served as Vice Chairman with Instituto del Progreso Latino, helping the organization establish the Instituto Health Sciences Career

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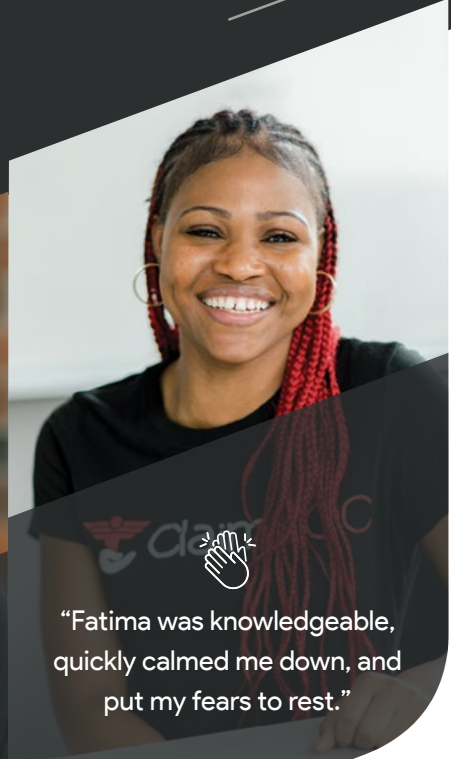
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Academy; and has been a board member with AgeOptions for more than 14 years. He also has developed an innovative healthcare internship program for high school seniors sponsored over the years by HCSC, Anthem and Carelon.

Karutz earned a bachelor's degree in economics from Northwestern University and a master's degree in business administration from the University of Chicago Booth School of Business.

About Valenz® Health

Valenz Health is the platform to simplify healthcare – the destination for employers, payers, providers and members to reduce costs, improve quality, and elevate the healthcare experience. The Valenz mindset and culture of innovation combine to create a distinctly different approach to an inefficient, uninspired health system. With its fully integrated solution, Valenz executes across the entire patient journey – from care navigation and management to payment integrity, risk solutions and provider validation. With a 99% client retention rate, we elevate expectations to a new level of efficiency, effectiveness and transparency where smarter, better, faster healthcare is possible. Visit www.valenzhealth.com.

Berkley Accident and Health Launches Cell and Gene Therapy Solution for Employer Stop-Loss Insurance

New benefit designed to help customers address high cost of cell and gene therapies

Hamilton Square, NJ – Berkley Accident and Health, a Berkley Company, has added a new benefit to its Employer Stop-Loss protection in response to the rapidly growing cell and gene therapy market. As more cell and gene therapies enter the market, employers may be faced with the challenge of paying for these high-dollar treatments. Berkley Accident and Health is proud to provide its self-funded customers with a tangible benefit that can reduce the financial impact of these therapies.

“Cell and gene therapies are groundbreaking treatments that have the potential to reduce or cure life-threatening diseases. They can make a real difference to patients and their families,” said **Brad Nieland**, President and CEO. “However, they can also come with extraordinarily high costs. The latest gene therapies to enter the market have estimated costs of \$2 million to \$4 million,” explained Nieland. “That’s why we’re excited to proactively help customers navigate the complexities of cell and gene therapies and lower the financial burden. It’s part of our ongoing commitment to making self-funding more accessible and predictable.”

Berkley Accident and Health’s new Cell and Gene Therapy Step-Down Deductible benefit is designed to help customers mitigate the risk of these transformative treatments. It lowers the Specific Stop-Loss deductible for cell and gene therapy claims when an approved Center of Excellence network is utilized. Berkley Accident and Health has recently approved the Emerging Therapy Solutions (ETS) Center of Excellence, which provides customer assistance with education, network and contract evaluation, and access to preferred pricing at leading facilities nationwide.

Benefit Highlights

The Cell and Gene Therapy Step-Down Deductible endorsement is:

- Available at no additional cost to all Stop-Loss policyholders and members of Group Captive programs
- Automatically added to all new and renewal Stop-Loss policies with 1/1/24 effective dates or later

A top ten independent Stop-Loss provider,[2] Berkley Accident and Health is committed to finding new ways to make self-funding less volatile and put it within reach of more companies.

The Cell and Gene Therapy Step-Down Deductible reduces the policyholder’s Stop-Loss deductible for qualifying claims, provided certain provisions are included in the employer’s plan. For more details, please contact your [Berkley Accident and Health representative](#).

About Berkley Accident and Health

Berkley Accident and Health is committed to protecting the financial well-being of people and organizations. We are an industry leader offering an innovative portfolio of accident and health solutions and the personal support that our clients need. Berkley Accident and Health is a member of W. R. Berkley Corporation, a Fortune 500 company, and provides Employer Stop-Loss, Group Captive, Specialty Accident, and Managed Care solutions nationwide. Stop-Loss and Managed Care coverage is underwritten by Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Specialty Accident coverage

is underwritten by Berkley Life and Health Insurance Company or StarNet Insurance Company. Visit www.BerkleyAH.com.

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GROUP BENEFITS
We help you win.

**HM Insurance Group Announces
Evan Stratton as Director,
Denver Regional Sales Office**

Pittsburgh, PA – Evan Stratton joined HM Insurance Group (HM) as director, Denver Regional Sales. In this role, Evan will work to grow and maintain the HM Stop-Loss book of business in HM’s new Denver Regional Sales Office, serving Colorado, Utah, Idaho and New Mexico.



Evan Stratton

*Director, Denver Regional Sales
HM’s new Denver Regional Sales
Office*

Adding the Denver location is a component to HM’s strategic initiative to deepen relationships with producers in the Mountain States.

Evan most recently served as vice president, producer at Aon where he connected Aon’s suite of benefits consulting and health solutions to new and

existing clients. Prior to that, he worked as an employee benefits representative at Sun Life Financial and a health benefits consultant at Mercer.

A Marine Veteran, Evan serves on the board of directors for Fight Oar Die, a nonprofit organization helping Veterans to grow, develop, excel and achieve. During his time in the United States Marine Corps, he completed four years of active-duty service and four years of reserve-duty service; served two overseas deployments; and was awarded the Purple Heart Medal for Military merit.

About HM Insurance Group

HM Insurance Group (HM) works to protect businesses from the financial risk associated with healthcare costs. A recognized leader in Employer Stop-Loss, the company delivers protection for a range of group sizes. HM also offers reinsurance quota share and excess coverage through its HM Specialty product line.

HM Life Insurance Company, HM Life Insurance Company of New York and Highmark Casualty Insurance Company are all rated “A” (Excellent) by AM Best Company. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country. Visit www.hmig.com.

iiSi and Spectrum to Combine Operations

iiSi and Spectrum, each a division of Companion Life Insurance Company, have announced they are combining operations in 2024. iiSi’s strength in the large-group and RBP space, combined with Spectrum’s strength in the small-group, level-funded and program management space perfectly complement each other, and the collective product offerings will be formidable for brokers, benefits consultants and TPAs seeking the absolute best stop-loss solutions available for employer groups and stop-loss captives. The transition to one organization will take place during the first half of 2024, and once completed, the combined divisions will operate under the iiSi brand, with select products, services, and programs offered under **Spectrum Solutions**.

The Executive and Department leaders of the combined operations are:

- **Jon Anderson**, Chief Executive Officer & President
- **Kurt Ridder**, Chief Revenue Officer
- **Jim Henry**, Chief Marketing Officer

- Paul Rovira, Chief Financial & IT Officer
- Joe Martin, Chief Operating Officer
- Eric Wunderly, Vice President of Underwriting
- Tony Matthews, Vice President of Underwriting – Spectrum Solutions
- Belinda Moss, Vice President of Medical Risk Management
- Laurie Mollé, Vice President of Claims
- Marla Thombleson, Vice President of Administration
- Fatima Rodriguez, Vice President of Operations
- Daniel Richards, Controller
- Tina McElroy, Office Manager

Kurt Ridder, Spectrum’s President, commented, “In early 2023, through conversations with Jon Anderson and Jim Henry of iiSi, it struck me that we share a common vision of what a full-service

medical stop-loss MGU should be, and more importantly, what it can be. At that point, I began developing the idea that our combined operations would be even more impressive than they are separately and that the opportunity for growth, profitability, and enhanced products/services was off the charts. I pitched the idea to Jon and Jim, and they 100% agreed that this was a perfect path forward. From there, we developed a plan, presented it to Companion and now we’re off to the races!”

Jon Anderson, iiSi’s President, commented, “Over the past several years, our organizations

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Meritain Health is an independent subsidiary of Aetna and CVS, 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.



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have increasingly collaborated on finding solutions to the challenges we face in the stop-loss marketplace. Through this spirit of cooperation, we realized our companies share a common vision to provide excellent service and products to our policyholders and producers, generate profitable results for our risk-takers, and maintain a family-oriented and flexible work environment where our employees can thrive. Keeping these three objectives in mind will keep us grounded, balanced and successful. I'm excited to see what our combined teams can achieve."

Mark Smidt, Companion Life's Vice President of Employer Stop-Loss, added, "From the outset, Companion Life has endorsed iiSi's and Spectrum's proposal to merge. Over decades, iiSi and Spectrum have become widely recognized as industry leaders in their respective employer stop-loss market segments. Uniting the two teams under one banner will provide their respective customers with an enhanced product offering and an even more robust customer service experience. iiSi and Spectrum have each built reputable legacies of effective risk management solutions and have earned trust among policyholders, producer partners, and risk-takers. We are very excited to see what they'll accomplish together."

Core Acquires Stop-Loss Business

Core Specialty Insurance Holdings, Inc. and its subsidiaries ("Core Specialty" or the "Company") announced the completion of the acquisition of the MGU/Stop-Loss business of American National Group ("ANAT"), which was previously announced on June 12, 2023. The acquisition marks Core Specialty's 14th Specialty Business Unit.

Jim Stelling has joined the company as President of the new Medical Stop-Loss Division, which is maintaining its presence in League City, Texas. The business was acquired for cash through the acquisition of 100% of the stock of Standard Life and Accident Insurance Company ("SLAICO") and certain reinsurance transactions. The transaction is expected to be accretive to Core Specialty's earnings per share and return on equity in 2024. Together with the Fronted Casualty Division, Core Specialty would have over \$750 million in gross premium income and over \$40 million in fee income from these two business units based on full-year 2022 results.

Jeff Consolino, Core Specialty's Founder, President, and Chief Executive Officer, said, "Core Specialty's vision is to become the leading specialty insurer, and finalizing this transaction is another step in the direction of that mission. The medical stop-loss market has grown at over a 12% annual rate since 2014, according to AM Best market data. Medical Stop-Loss is an attractive class of business to us due to its specialty nature, the fact that it does not correlate with our other specialty classes of business, the ability to generate appropriate underwriting profits, and the resultant attractive return on capital. We look forward to having Jim Stelling join Core Specialty and working with his team."

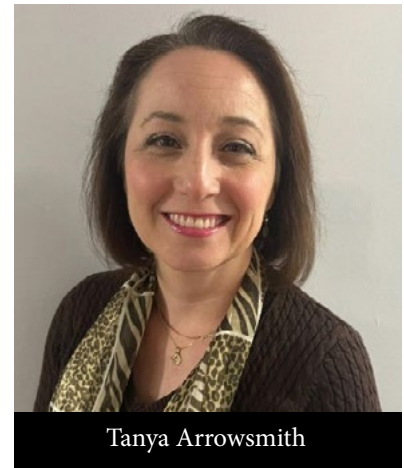
Ascella Health Announces New Strategic Partnership

Ascella Health, a global healthcare and specialty pharmacy (SP) solutions company, is proud to announce a strategic partnership with 4Merit, a dedicated provider of exceptional outsourced services to the UK government. This collaboration marks the formation of 4Merit Solutions, a global joint venture aimed at delivering comprehensive services and solutions to governments and public organizations around the world.

"This strategic collaboration brings together our collective strengths and expertise to establish a new enterprise that delivers innovative healthcare solutions aligned seamlessly with values-based government outsourcing," says Dea Belazi, president and CEO,

AscellaHealth. “4Merit Solutions reflects our shared commitment to providing unparalleled services to governments and public entities worldwide. Leveraging our combined capabilities will have a positive impact on the communities we serve.”

“4Merit Solutions aspires to establish exemplary standards in delivering efficient, secure and transparent solutions across various industries and public service sectors, such as justice, immigration, health, transport and defense,” says Colin Dobell, CEO, 4Merit. “Our alignment with AscellaHealth allows us to tap into deep bench healthcare and pharmaceutical experience across various functions to provide a wide range of healthcare services to governments and public entities.”




Tanya Arrowsmith

Crum & Forster Announces Promotion of Tanya

Crum & Forster’s (C&F) Accident & Health (A&H) Division announces the promotion of Tanya Arrowsmith to Senior Vice President. In this role, she will lead the Division’s successful Medical Business Unit (MBU) and its suite of products, including Employer Stop-Loss, HMO Reinsurance and Provider Excess of Loss, Medicare Supplement, and

Ancillary & Employee Benefits.

Ms. Arrowsmith joined C&F in 2019 and served as Vice President of A&H, working on all aspects of medical underwriting and account management, with a primary focus on Managing General Underwriter programs.




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"I'm excited to have Tanya at the helm of our Medical Business Unit," said Gary McGeddy, President of Crum & Forster Accident & Health. "Tanya has been an integral member of the team, successfully and profitably managing much of the A&H Division's Employer Stop-Loss and Managed Care program business. As SVP, she will continue to manage these segments in addition to overseeing our close to \$1 billion MBU across all programs and direct business, as well as taking on responsibility for other product lines. The MBU is a strategic growth area for A&H, and Tanya will lead its diverse products and distribution team."

Tanya has more than 25 years of Stop-Loss and Medical Reinsurance Underwriting experience at several ESL MGUs, as well as HM Insurance Group and Swiss Re. She is a graduate of the University of New Hampshire with a Bachelor of Science in Family Studies.

David Sykes Named CFO at MSL Captive Solutions

MSL Captive Solutions has appointed David Sykes as chief financial officer, assuming the role with immediate effect. MSL is a managing general underwriter dedicated to captive programs for medical stop-loss.

Mr. Sykes has more than 30 years of experience in financial management for a range of

insurance entities, including captives, commercial reinsurers, and service companies. His experience includes managing the accounting and reporting requirements for group captive programs, underwriting both employee benefits and property and casualty risk.

"I am excited to be joining MSL at this stage of the company's growth. I have been impressed by the company's development to date, and the future opportunities as captives become a more established funding mechanism for medical stop-loss. Joining MSL allows me to focus my prior captive experience on this sector and develop best-in-class servicing processes to support our captive programs, said Sykes.

Most recently, Sykes was managing director of Strategic Risk Solutions Bermuda (SRS), where he led the insurance management operations for SRS for over a decade before relocating to the US.

"We are extremely pleased to be able to add the experience and expertise that David brings to MSL Captive Solutions," said Phil Giles, Managing Director, MSL Captive Solutions.

TrueScripts Becomes a Team Member Owned Company

TrueScripts Management Services, a pharmacist-founded Prescription Benefit Management (PBM) company, proudly announces they are now Team Member Owned. The company's transition to a Team Member Owned plan (also known as an Employee Stock Ownership Plan, or ESOP) turns more than 150 Team Members across the United States into company owners.

"Becoming a Team Member Owned Company means that each and every member of our dedicated team now has an even greater stake in our success. We often say that "Amazing Care starts from within," and we strongly believe that a shared ownership model fosters collaboration, innovation, a sense of belonging, and a strong culture within our talented organization," said TrueScripts Founder **Nathan Gabhart**. "From the beginning, it has been our unspoken goal that everyone who works for TrueScripts leaves changed. This allows us to do that."

TrueScripts' Leadership and Executive Team will continue in its current form, with the addition of an ESOP Committee that will facilitate large decisions and act in the exclusive interest of the team. In line with TrueScripts' position in the marketplace as an "anything but ordinary" company, its leaders have chosen to do things a bit differently in the ESOP arrangement as well:

- TrueScripts Team Members are not your average employees, and while “ESOP” remains the technical term for their new arrangement, TrueScripts will refer to themselves as a “Team Member Owned Company.”
- The selling shareholders and Board wanted this past year to count towards vesting schedules, so all Team Members hired before Nov. 13, 2023, will receive contributions for the year.
- TrueScripts currently offers a 6% company match to Team Members’ 401(k) contributions.

When an ESOP is introduced, it is common for the plan sponsor to decrease its 401(k) match in order to fund the ESOP. With TrueScripts, there will be no changes to the existing 401(k) Retirement Plan and 6% Company Match, except that the profit-sharing contribution will be made to the ESOP starting in 2024.

To assist in the transaction, TrueScripts hired Business Transition Advisors (BTA), a succession planning services provider that has helped more than 400 companies transition to ESOP. BTA’s Managing Director, Rick Jaye, explained that over his career in helping business

owners with exit planning, those who gravitate to ESOPs have common goals and objectives. Rick states, “In working with TrueScripts, the three owners and Executive Management Team had many of those same characteristics. They deeply care about the organization and the people who help make it successful. They feel an overriding commitment to the community and customers they support, and they want to see the legacy of what they have built continue and not be dismantled or broken apart through an alternative sale.”

When reflecting on the transaction, Rick says, “The

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unique beliefs and actions of the TrueScripts team resonated with me and the BTA team in a very different way. These individuals hold themselves to a different standard, putting others they serve first." He says, "I spent time thinking about what this transaction truly meant to me and my team, the owners of TrueScripts, the families of their Team Members, and to the thousands of customers who rely on the incredible guidance and work that TrueScripts provides. The lyrics to a wonderful song came to mind: "You raise me up to more than I can be." I can think of no greater words to describe what this company and transaction mean to so many. All are better for what this does and how it will continue to support patients, families, businesses, and communities. I appreciate all the companies who entrust me to help guide them through this process, but I have to say that the TrueScripts transaction changed me for the better just having spent time with these individuals."

TrueScripts has received many significant purchase offers over the years, but the owners have remained adamant about not selling out to another corporate entity. Company Co-Founder **John Bell** says, "We've been blessed many times over here at TrueScripts, and we (the Founders) want to make sure that this never – and I do mean never – goes away. The best way we

knew how to do that was to make TrueScripts a Team Member Owned Company." In a message to the TrueScripts Team, Co-Founder **Kevin Messmer** adds, "We have always said, "We are blessed so that we can be a blessing to others." And now, it is our sheer joy to be a blessing to you. You are now the owners of TrueScripts!"

To sum things up, in the words of TrueScripts President and CEO **Dean Merder**, "The best is yet to come!"

About TrueScripts

*TrueScripts Management Services is a pharmacist-founded PBM based on truth and transparency. Our mission is to build lasting relationships by providing prescription benefit management expertise at a personal and customized level to ensure optimum value at the lowest possible cost. We are committed to lowering prescription drug spend, achieving clinically enriched outcomes, and always delivering **Amazing Care**. Visit www.truescripts.com.*

CVS Plans to Overhaul How Much Drugs Cost

CVS Health, the nation's largest drugstore chain, will move away from the complex formulas used to set the prices of the prescription drugs it sells, shifting to a simpler model that could upend how American pharmacies are paid.

Under the plan called **CostVantage**, CVS's roughly 9,500 retail pharmacies will get reimbursed by pharmacy-benefit managers and other payers based on the amount that CVS paid for the drugs, in addition to a limited markup and a flat fee to cover the services involved in handling and dispensing the prescriptions. Today, pharmacies are generally paid using complex measures that aren't directly based on what they spent to purchase specific drugs.

CVS's move is to be phased in starting in the first half of 2024. It will take the approach to a far greater scale, embedding it in a company that stands at the core of the American drug-supply chain.

For consumers, employers and health insurers paying for prescriptions, **the change will have mixed effects. Some drugs may cost less, while others might rise in price**, CVS executives said. More should show declines than increases, they said.

CVS is making the move as it seeks to stabilize its retail pharmacy business, which has long struggled with stagnating margins on its core function of dispensing prescriptions.

The company is also responding to criticism from lawmakers, employers and patients about the complexity and opacity around how drugs are bought and sold. Members of Congress and some employer groups have argued that the current setup is flawed and secretive.

Caremark

CVS will also introduce a new option for clients of its PBM, CVS Caremark, which will work in tandem with the new retail pharmacy-payment scheme. The new PBM product, called TrueCost, will be based on the net cost of drugs with defined fee structures, the company said. Employers and other clients will have the choice whether to use it or not.

However, employers may be reluctant to take one step that is part of the TrueCost setup, which involves applying rebates the PBM receives from drugmakers to individual prescriptions for those drugs. Currently, patients often pay out of pocket amounts based on the higher, preredbate price. Employers and insurers sometimes use those rebates to offset other healthcare costs.

Medefy Health Lands \$10M Series A to Help Employees Navigate Complex Health Benefits

Matt Scovil, co-founder and CEO of Medefy Health, and his cousin **Nathan Gilchrist** launched Medefy Health for the self-funded community in 2018 motivated by a shared nagging desire to make accessing health benefits less complicated. The company developed a mobile-first healthcare benefits navigation platform that offers real-time guidance from actual people, not AI-based chatbots.

The Tulsa, Oklahoma-based company has seen rapid growth and landed \$10 million in series A funding to build out its tech platform, the executives shared with Fierce Healthcare in an exclusive interview.

Medefy will also use the funds to expand its teams. “We will be pouring a lot into product development,” Scovil said. “We have such a low churn rate our employers are asking for more and more from the platform, more features, more tools, the market wants more features

and tools, and we are doing our best to keep pace and exceed that. That’s going to require more engineers, more product people, more sales and marketing. We’ll be pouring investment into continuing to scale aggressively into the market.”

Medefy’s centralized platform helps employees identify the best quality care at a reasonable cost through personalized, proactive guidance. The platform connects members with a variety of digital tools as well as live, in-app benefits experts with an average response time of under 60 seconds, any time of day.

“We don’t use chatbots. We don’t use 1-800 numbers. We don’t have hold lines,” said Gilchrist, who has an engineering background and came on board as chief operating officer. “We don’t have any of those traditional things that are front-facing. It is really in-the-moment guidance when that healthcare episode is actually happening to help them to make the best healthcare decision for themselves.”

He added, “The care guide will walk them through that entire process and that might be something simple, like, ‘What’s my deductible?’ or maybe it’s something more complex, ‘I need to get an MRI or I need to get a knee replacement’.”

NEWS

About Medefy

Medefy currently serves over 1,500 employers and their members, offering solutions to self-insured employers, insurance brokers, benefits advisors, TPAs and enterprise groups.

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Marpai Appoints Jennifer Calabrese and Robert Pons as Independent Directors

NEW YORK -- Marpai, Inc, an independent national Third-Party Administrator (TPA) transforming the \$22 billion TPA market supporting self-funded employer health plans, announced the addition of two new

members to its Board of Directors as part of the Company's ongoing transformation plan and commitment to strong corporate governance and shareholder value creation. Effective December 7, 2023, **Jennifer Calabrese** and **Robert Pons** joined Marpai's Board as new independent directors.

In addition, the Board will also implement a strategic plan designed to enhance the Company's performance and drive shareholder value creation. The actions are targeted at accelerating Marpai's transformation and positioning the Company for both near- and long-term success.

"We are very excited and honored to welcome Ms. Calabrese and Mr. Pons, two accomplished and experienced business leaders, to our board of directors," said Yaron Eitan, Chairman of the Board. "They each bring unique experience and perspective that will complement the skills and background of the current board of directors."

Ms. Calabrese has been the founder and Chief Executive Officer of Calabrese Consulting, LLC («CCL»). Founded in 2012, CCL is a woman-owned, full-service accounting and advisory firm with over





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Nevaeh
Tom DeNoma, Chief Executive Officer, and President
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40 employees, serving more than 350 clients around the world. Ms. Calabrese is a Certified Public Accountant, a Chartered Global Management Accountant, and a member of both The American Institute of Certified Public Accountants and The New York State Society of Certified Public Accountants. Ms. Calabrese will serve on the Audit Committee of the Board.

Mr. Pons has served on the board of directors of 15 publicly traded companies, utilizing his more than 40 years of hands-on operating experience as a Chief Executive Officer and in senior executive positions in high growth companies and companies in need of turnaround strategies. Mr. Pons has served as President and Chief Executive Officer of Spartan Advisors, Inc., a management consulting firm specializing in telecom and technology companies, since January 2017. Mr. Pons will serve on the Compensation Committee of the Board.

About Marpai, Inc.

Marpai, Inc. (Nasdaq: MRAI) is a leading, national TPA company bringing value-oriented health plan services to employers that directly pay for employee health benefits, primarily competing in the \$22 billion TPA sector serving self-funded employer health plans representing over \$1 trillion in annual claims. Marpai works to deliver the healthiest member population for the health plan budget. Operating nationwide, Marpai offers access to leading provider networks including Aetna and Cigna and all TPA services. Visit www.marpaihealth.com.

H.H.C. Group Announces 2023 Client Survey Results

H.H.C. Group announced the results of its annual client survey today. The survey is designed to assess the company's performance and help

identify its clients' greatest needs going into 2024.

Survey respondents again said the quality of H.H.C. Group's solutions, excellent savings, and exceptional service give them a real advantage in today's highly competitive marketplace.

- Nearly 90% described that advantage as "vital" or "big." All indicated they get a great bang for their buck.
- Almost 90% rating the value they receive for the price they pay as "outstanding."
- Reflecting on their satisfaction, every respondent said they would recommend H.H.C. Group to a colleague or friend.

Clients again said H.H.C. Group provides exceptional service, promptly responding to questions and requests, meeting or

beating deadlines, and delivering innovative solutions. Notably, respondents indicate they value that H.H.C. Group's people listen to them and genuinely care about their businesses.

"We are very pleased that our savings and service continue to give our clients a real advantage while enabling them to do their jobs effectively and efficiently. We are especially pleased with the success of negotiating settlements for No Surprise Act claims," said **Bruce Roffé**, H.H.C. Group's President and CEO. "We look forward to continuing to support our clients in achieving their cost containment goals and to assisting them in implementing the No Surprise Act in the coming year."

About H.H.C. Group

H.H.C. Group is a leading national health insurance consulting company providing a wide range of cost-containment solutions for Insurers, Third Party Administrators, Self-Insured Employee Health Plans, Health Maintenance Organizations (HMOs), ERISA, and Government Health Plans. H.H.C. Group utilizes a combination of highly skilled professionals and advanced information technology tools to consistently deliver targeted solutions, significant savings, and exceptional client service.

H.H.C. Group's services include Claim Negotiation, Claim Repricing, Medicare Based Pricing, DRG Validation, Medical Bill Review (Audit), Claims Editing, Medical Peer Reviews/Independent Reviews, Independent Medical Examinations (IME), Case Management, Utilization Review, Data Mining, Disease Management and Pharmacy Consulting—finally, H.H.C. Group services as 1 of 5 Independent Dispute Resolution Entities for New York State.

*For additional information about H.H.C. Group and our services, visit hhcgroup.com or contact **Bob Serber** at rserber@hhcgroup.com or 240-813-6005 ext. 163. ■*



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