



NEWS FROM SIIA MEMBERS

2022 JANUARY MEMBER NEWS

SIIA Diamond, Gold & Silver 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@siaa.org.

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

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



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DIAMOND MEMBERS

ALLEGIANCE'S RON DEWSNUP TO RETIRE, STEPHEN TAHTA NAMED AS NEXT PRESIDENT & GENERAL MANAGER

Missoula, MT – Allegiance Benefit Plan Management, Inc., announced that Stephen Tahta, MD, will succeed Ron Dewsnup as president and general manager of the company. The transition is effective January 7, 2022.

Dr. Tahta joined Allegiance in 2018 as the company's chief medical officer. He previously worked private practice as a cardiothoracic surgeon and has several years of experience in administrative leadership at provider organizations. Dr. Tahta holds an Executive Masters of Business Administration degree from the Wharton School of the University of Pennsylvania.

“I look forward to working with Dr. Tahta in his new role and continuing to expand Allegiance and serve our clients and their employees around the nation,”

said Dirk Visser, chairman

and CEO of Allegiance. Dewsnup joined Allegiance in 2005. During his tenure, the company grew from serving 70,000 customers in Montana and adjoining states to 500,000 customers across the country.

“Ron has been instrumental in Allegiance's growth and direction over the years,” said Visser. “His influence has made an indelible impact on all of the Allegiance team members and our clients. I want to thank Ron for all he has done for the development, growth and progress of Allegiance.”

About Allegiance

Originally founded in 1981 as a full service TPA in Montana, Allegiance has grown to serve customers in all 50 states. In 2008, Allegiance became a wholly-owned subsidiary of Connecticut General Life Insurance Company (CGLIC), a subsidiary of Cigna Corporation, when CGLIC purchased Allegiance's holding company Benefit Management Corp. Allegiance Benefit Plan Management, Allegiance Care Management, Allegiance Life & Health Insurance Company and Allegiance COBRA Services are all subsidiaries of Benefit Management Corp.

Allegiance works with Cigna, independent consultants and advisors to serve Employers and Health Plans who require customized TPA services capable of enabling client specific plan design and select integrated product services of their choice. Allegiance has seen significant growth across the nation as a result of our highly customizable suite of services and our affiliation with Cigna.

Since its earliest days, Allegiance has been a leader in providing TPA services for health and flexible benefit plans to employer groups and their plan participants. Allegiance is known for customized TPA services flexibility and outstanding customer service. That commitment continues today as strong as ever. Visit askallegiance.com.





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That's how we engage early and often for smarter, better, faster healthcare. To see how you can achieve significant savings and make your business strong, vigorous and healthy this year, visit valenzhealth.com or call **(866) 762-4455**.



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About Cigna

Cigna Corporation (NYSE: CI) is a global health service company dedicated to improving the health, well-being and peace of mind of those we serve. Cigna delivers choice, predictability, affordability and access to quality care through integrated capabilities and connected, personalized solutions that advance whole person health. All products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth companies or their affiliates, and Express Scripts companies or their affiliates. Such products and services include an integrated suite of health services, such as medical, dental, behavioral health, pharmacy, vision, supplemental benefits, and other related products.

Cigna maintains sales capability in over 30 countries and jurisdictions, and has over 190 million customer relationships throughout the world. To learn more about Cigna®, including links to follow us on Facebook or Twitter, visit www.cigna.com.

THE PHIA GROUP ADDS SCOTT BENNETT TO THE TEAM

Canton, MA – The Phia Group announced that Scott Bennett has joined their already robust team of health benefit professionals, as its Vice President of Provider Relations. Scott will strengthen The Phia Group's efforts to empower plans by leading a team that enhances the overall provider experience.

With a focus on quality and cost metrics, their mission is to make benefits more affordable and accessible. Under Scott's leadership, The Phia Group's Provider Relations team will continue to support plans and partners that utilize or manage innovative pricing methodologies, while also providing Phia Group based solutions such as Claim Negotiation and Signoff, Phia Unwrapped, and Balance Bill Support.

As new laws and regulations impact how health benefit plans process and pay medical claims, Scott and his team will develop new approaches to the future of claims processing, while

continuing to provide ancillary support to other programs as well.

Relevant to this mission, Scott boasts an impressive background as an attorney, data analyst, and a certified professional coder. Scott's past experience includes: Vice President at a national third party administrator, a Director of dispute resolution, and the designated company witness for six years at a nationwide medical bill review company focused on commercial reimbursement and workers' compensation fee schedules and disputes.

In addition to designing and defending cost containment programs, Scott has successfully litigated and participated in trials, depositions, negotiations, and mediations concerning medical billing disputes among providers, patients and payors involving reference-based pricing, workers compensation, ERISA, antitrust law, and personal injury damages.



WE ARE HERE FOR YOU

Now, more than ever, it is important to do business with partners you can depend on. For more than 35 years, self-funded employers have trusted Sun Life to deliver flexible stop-loss options and seamless claim reimbursement. Helping you make the best decisions for your business is our business. Our team of dedicated experts is ready to support you with innovative solutions, tools, and resources to help you manage your self-funded plan every step of the way. **Ask your Sun Life Stop-Loss Specialist about what is new at Sun Life or [click here to learn more!](#)**

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"Adding Scott to the team solidifies The Phia Group as a leader in the industry. It means we can continue to develop and offer solutions and services that empower plans," remarked The Phia Group's CEO, Adam Russo. "We have always been proud of our ability to stay ahead of regulatory hurdles; the hurdles are getting bigger, but adding Scott ensures we can conquer whatever comes next."

Regarding his new role at The Phia Group, Scott Bennett remarked, "I am thrilled to be part of such a respected company, and look forward to working with this expert team to further develop their already extensive products and services, especially at a time where increased data transparency and new regulations will challenge the industry to innovate."

To learn more about The Phia Group, what it is doing to empower plans, and to learn more about its Provider Relations solutions, please contact Garrick Hunt by email at ghunt@phiagroup.com or by phone at 781-535-5644.

About The Phia Group

The Phia Group, LLC, headquartered in Canton, Massachusetts, and with offices in Hartford, Boise, and Louisville, is an experienced provider of health care cost

containment techniques offering comprehensive claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. By providing industry leading consultation, plan drafting, subrogation and other cost containment solutions, The Phia Group is truly Empowering Plans. Visit www.PhiaGroup.com.

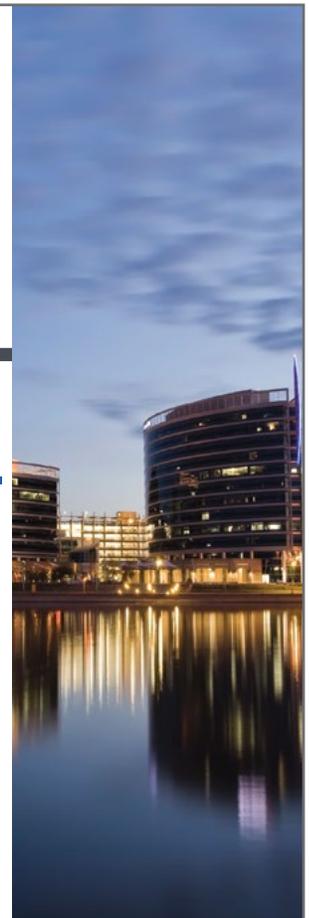


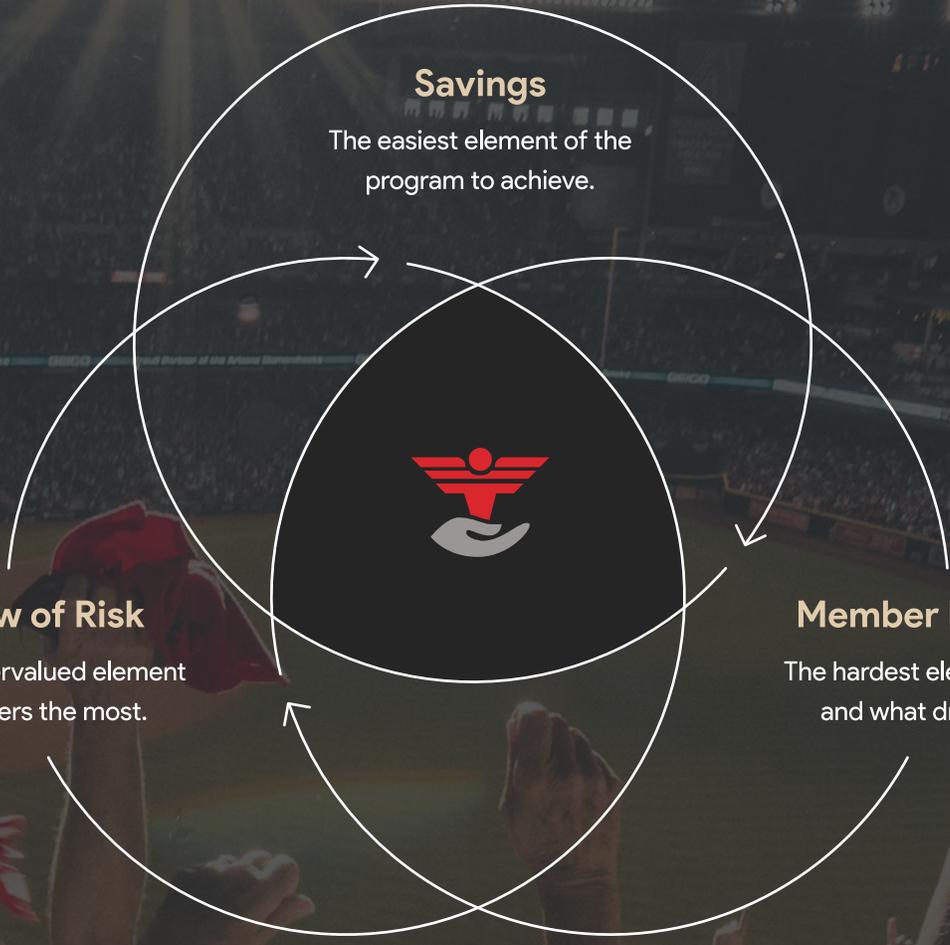
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VÄLENZ® PROMOTES NATHAN NELSON TO CHIEF REVENUE OFFICER

PHOENIX, AZ – Vālenz®, the innovators behind the industry's most transparent, data-driven ecosystem for self-funded employers and their health plan partners, announced Nathan Nelson, MBA, has been promoted to Chief Revenue Officer.

Nelson, who joined the firm as Vice President of Business Development in April 2019, was promoted to the executive team when he was appointed Senior Vice President of Growth earlier this year. "Nathan's rapid rise within our organization speaks volumes about the ways he embraces a client-centric focus in everything we do, from clinical and member advocacy to assuring the validity, integrity and accuracy of claims," said Rob Gelb, Chief Executive Officer. "His commitment to the character, culture and vision that drive Valenz is laser-focused on keeping the client at the center of all decisions and propelling forward the power of the ecosystem for smarter, better, faster healthcare."

Nelson brings 20+ years' experience driving strong business growth across all areas of revenue – with proven success in sales and account management for the healthcare industry, primarily in the managed care segment. Prior to joining Valenz, he held sales and leadership positions in claim management, workers' compensation, underwriting and account management.

"I am excited to lead our sales and client relationships forward," Nelson said. "The opportunities for our clients are as limitless and groundbreaking as the Valenz vision. I look forward to expanding our clients' success – and our own – in this new role."

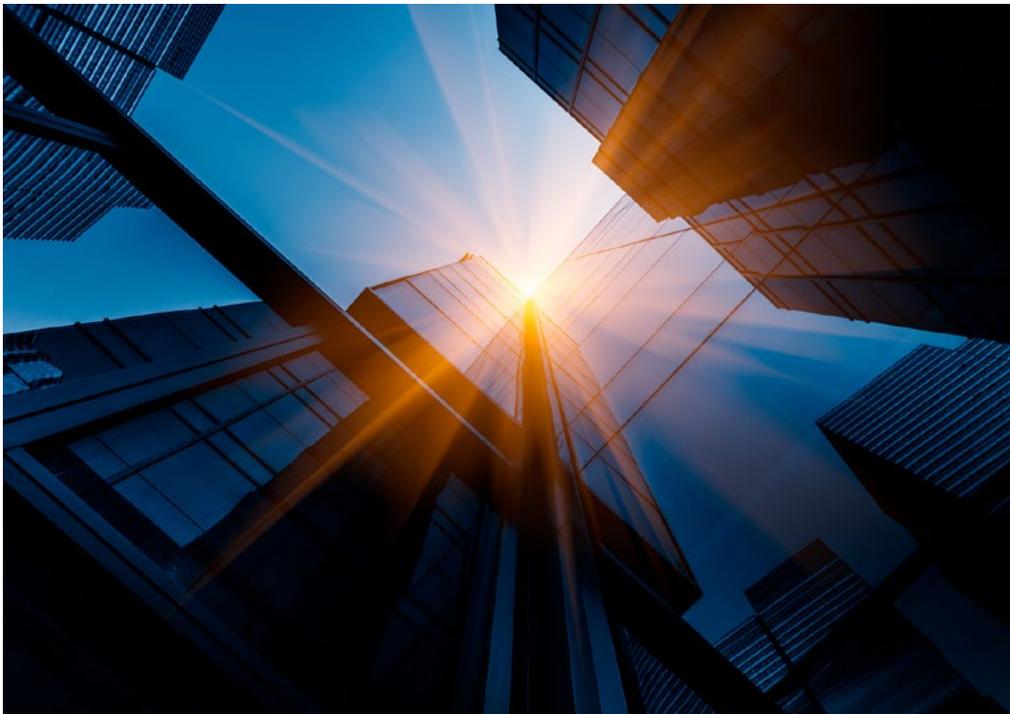
VÄLENZ® RENEWS TRIPLE URAC ACCREDITATION

PHOENIX, AZ – Vālenz® is proud to announce the renewal of its three URAC accreditations in Health Utilization Management, Case Management and Disease Management. URAC is the independent leader in promoting healthcare quality through leadership, accreditation, measurement and innovation. By achieving this status, Valenz has demonstrated a comprehensive commitment to quality care, improved processes and better patient outcomes.

"Because it underscores our staunch commitment to meeting rigorous standards in quality and accountability for clinical care management, we are very proud to renew our URAC accreditation," said Janet Koch, RN, BSN, CCM, Vice President of Care Management at Valenz.

Rob Gelb, Chief Executive Officer, explains how clinical quality is integral to optimization within the entire claim-cost continuum – and pinpointing quality-first, cost-saving solutions for self-funded health plans requires the ability to see all intricacies and connections between clinical care and reimbursement.

"Valenz is unique in the way we combine clinical care management, advocacy and navigation for every member with assurance in the validity, integrity and accuracy of every claim," said



Gelb. "Within the Valenz ecosystem, these two functions are inextricably linked – and fueled by data to ensure all claims are valid and true for accurate payments."

That innovative and proprietary approach is foundational to the true value of the Valenz ecosystem and its ability to deliver the desired returns for Valenz clients. "Ensuring we consistently meet the high standards required for URAC accreditation is just one of many ways we keep our promise to engage early and often for smarter, better, faster healthcare," said Gelb.

About Valenz

Valenz enables self-insured employers to make better decisions that control costs across the life of a claim while empowering their members to lead strong, vigorous and healthy lives. Valenz offers transparency through data to pinpoint members at highest risk, address gaps in network designs, ensure appropriate and accurate charges, and expertly navigate employees to optimal care solutions for substantial cost savings and improved health outcomes. Visit valenzhealth.com. Valenz is backed by Great Point Partners.

About URAC

Founded in 1990, URAC is the independent leader in promoting healthcare quality through leadership, accreditation, measurement and innovation. URAC is a nonprofit organization using evidence-based measures and developing standards through inclusive engagement with a range of stakeholders committed to improving the quality of healthcare. Our portfolio of accreditation and certification programs span the healthcare industry, addressing healthcare management, healthcare operations, health plans, pharmacies, telehealth providers, physician practices, and more. URAC accreditation is a symbol of excellence

We are Advocates for Healthier Living



As Advocates for Healthier Living, we're improving clinical outcomes while reducing the **Total Cost of Care**. It's the foundation of the service we provide our clients, members and business partners.

We Change Lives. We create positive change in every interaction we have. By listening and understanding our clients' needs, we offer flexible, cost-effective and easy-to-use health care solutions. We are dedicated to providing compassionate support and guidance to help our members be active participants in their health care.



For more information, visit www.meritain.com.



for organizations to showcase their validated commitment to quality and accountability. Visit www.URAC.org.

GOLD MEMBERS

AMPS INNOVATES MEMBER EXPERIENCE WITH NEW TRANSUNION HEALTHCARE PARTNERSHIP

ATLANTA – Advanced Medical Pricing Solutions (AMPS), a pioneer in healthcare cost containment, is pleased to announce it has partnered with TransUnion Healthcare (NYSE: TRU), a wholly owned subsidiary of TransUnion, that makes trust possible throughout the healthcare ecosystem by helping organizations improve health and financial outcomes. AMPS is the first cost containment company in the industry to align with TransUnion Healthcare to improve member experience.

The new partnership enables AMPS to give members more convenience while reducing abrasion and friction. While it is rare for members to receive true credit impairments related to medical debt, as part of the new TransUnion partnership,

AMPS can implement new processes to monitor, in real time, any negative credit reporting made by medical providers due to unfair, improper overcharges. AMPS' partnership with TransUnion will allow AMPS to expedite the resolution process, and access consumer credit reports through a secure, controlled TransUnion portal, among other improved processes, including:

- Migrating away from a manual process to a more automated approach
- Access to more data and information for higher quality assistance
- Rapid dispute resolution and confirmation
- Prioritization of member security and privacy

“AMPS and TransUnion Healthcare are aligned when it comes to providing transparency. We understand credit reports carry so much weight with plan members, and our consumer credit reporting standards reflect that. By using our secure portal, AMPS can create a more convenient, friendly experience for their members and better assist them with dispute resolutions,” said David Wojczynski, president of TransUnion Healthcare.

“AMPS continues to stay on the cutting edge of cost containment as the only company in the industry to partner with a credit bureau. With these ongoing, significant investments in partnerships, services, and technology, we are giving our clients and their members more satisfaction and transparency around their healthcare spend,” said AMPS President and CEO, Kirk Fallbacher. “Our partnership with TransUnion Healthcare is proof that we fully support our clients' growing and evolving needs, respecting their privacy, and acting in their best interests as healthcare consumers.”



About Advanced Medical Pricing Solutions (AMPS)

Advanced Medical Pricing Solutions (AMPS) provides market leading healthcare cost containment solutions serving self-funded employers, brokers, TPAs, health systems, health plans, and reinsurers. AMPS mission is to help clients attain their goals of reducing medical and pharmacy costs while keeping members satisfied with quality healthcare benefits. AMPS leverages its 15+ years of experience and data in auditing and pricing medical claims to deliver "fair for all" pricing. AMPS offers detailed analytics and transparency to provide clients with insights based on plan performance. Contact Amanda Hertig at ahertig@amps.com and visit amps.com.

About TransUnion (NYSE: TRU)

TransUnion is a global information and insights company that makes trust possible in the modern economy. We do this by providing an actionable picture of each person so they can be reliably represented in the marketplace. As a result, businesses and consumers can transact with confidence and achieve great things. We call this Information for Good®.

TransUnion Healthcare, a wholly owned subsidiary of TransUnion, makes trust possible throughout the healthcare ecosystem by helping organizations improve health and financial outcomes.

Our clients leverage comprehensive data, accurate insights and industry expertise to engage healthcare consumers with confidence, make

informed decisions on payments and reimbursements, and assess financial and socioeconomic risk to ensure program success. TransUnion Healthcare partners with over 1,850 healthcare organizations and 570,000 physicians. Collectively, we help our clients realize more than \$1.2 billion annually in revenue.

A leading presence in more than 30 countries across five continents, TransUnion provides solutions that help create economic opportunity, great experiences and personal empowerment for hundreds of millions of people. Visit transunionhealthcare.com.

SILVER MEMBERS

MARPAI EXPANDS MARKETING LEADERSHIP WITH CHRISTINA DIBONA AND MARCELLA WITHERS TO DRIVE MEMBER ENGAGEMENT AND BUSINESS GROWTH

NEW YORK -- Marpai, Inc., ("Marpai") (Nasdaq: MRAI), a deep learning technology company transforming third-party administration (TPA) in the healthcare self-funded market, announced two marketing director hires this month. Christina DiBona joins Marpai as Marketing Director Member and Client Engagement and Marcella Withers as Marketing Director Brokers, Employers, Partners.

Christina DiBona leads marketing and communications that reach Marpai's members to drive health literacy and utilization of plan benefits and exclusive Marpai features.



Christina brings 20 years of marketing experience with 10 years of healthcare marketing, most recently with the Stamford Health System where she was recognized as a top hospital marketer in 2021 by DTC Perspectives. Christina also serves on the Board of Directors for NESHCo (New England Society Healthcare Communications).

Marcella Withers leads business-to-business marketing focused on brokers, employers with self-funded health plans, and health partners. Her responsibilities include public relations, digital marketing, events and implementation of co-op marketing programs.

Marcella, a seasoned brand and marketing strategist, brings over 16 years of experience working with multimillion dollar companies, most recently as Senior Director of Marketing and Communications at The Frye Company.

"As Marpai builds industry leadership by deploying deep learning to reduce healthcare costs and improve outcomes in new

ways, we've expanded our marketing team to more comprehensively drive change," said Edmundo Gonzalez, CEO of Marpai. "Christina and Marcella bring perspectives and skills that we need as a technology company to connect with the diverse groups involved in the healthcare experience."

About Marpai, Inc.

Marpai is a technology company providing an AI-powered alternative to traditional TPAs (third party administrators), serving self-funded health plans that account for over \$1T in healthcare claims each year and cover 95 million Americans. Marpai uses advanced technologies, including deep learning models, to drive healthcare costs down and health outcomes up. Marpai's SMART system predicts health states to prevent and reduce costly events, elevates care quality, rigorously processes claims and empowers plan members to maintain proper care and live better. Marpai operates nationwide in serving 60+ self-funded employers and over 40,000 members and works with world-class brokers and provider networks including Aetna and Cigna. Visit marpaihealth.com. ■



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JANUARY 2022

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