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DIAMOND MEMBERS

ZELIS TO ACQUIRE PAYER COMPASS TO DELIVER ADVANCED CLAIMS MANAGEMENT SOLUTIONS

BEDMINSTER, NJ -- Zelis, a leading healthcare payments and pricing company, announced it entered into a definitive agreement to acquire Payer Compass, one of the healthcare industry's leading providers of reimbursement and claims pricing, administration, and processing solutions.

Navigating the rising costs and ever-changing healthcare regulations in the United States is extremely complex and challenging for all participants. Like Zelis, Payer Compass has proudly and effectively developed innovative solutions to help price, explain, and mitigate healthcare costs, helping members better navigate the often-complex financial journey without sacrificing quality of care.

Together, Zelis and Payer Compass will leverage advanced technology and best-of-breed approaches to create reference-based pricing solutions to manage rising healthcare claims cost for clients and their members.

"We're committed to our mission of making care more affordable and transparent for all. Combining Payer Compass' innovative platform with our existing network solutions and payment integrity offerings will do just that," said Amanda Eisel, CEO of Zelis. "Through our combined assets, we'll have the people, technology, and shared energy to generate more savings for our clients and continue to positively impact healthcare's rising costs and complexity."

Jay Deady, President of Claims Cost Solutions at Zelis, added, "Healthcare costs continue to increase without an end in sight. The burden on consumers to understand, navigate, and address these expenses is overwhelming. The combination of these outstanding companies will drive technical and service innovation to make a difference."

Greg Everett, CEO of Payer Compass couldn't agree more, stating, "We've been at the forefront of tackling rising costs and healthcare spend for more than two decades. We're thrilled to join an organization who has shared this vision for just as long. With our assets combined, we stand well-positioned for an even greater impact in the next chapter."

The transaction is expected to close in the third quarter. Specific terms of the transaction were not disclosed. Spectrum Equity, a leading growth equity firm, and Health Enterprise Partners, a healthcare-focused investment firm, have been investors in Payer Compass since 2019.

Triple Tree, LLC. served as the exclusive financial advisor for this transaction. Payer Compass was represented by Latham & Watkins, LLP and Zelis was represented by Kirkland & Ellis.

About Zelis

As a leading payments company in healthcare, we guide, price, explain, and pay for care on behalf of insurers and their members. We're committed in our pursuit to

align the interests of payers, providers, and consumers to deliver a better financial experience and more affordable, transparent care for all. We partner with more than 700 payers, including the top-5 national health plans, BCBS insurers, regional health plans, TPAs and self-insured employers and millions of providers and members, enabling the healthcare industry to pay for care, with care. Zelis brings adaptive technology, a deeply ingrained service culture, and a comprehensive navigation through adjudication and payment platform to manage the complete payment process. Visit www.zelis.com

About Payer Compass

Payer Compass is dedicated to restoring rationality to the cost of care. We focus squarely on tackling the most elusive problems in today's healthcare landscape: spiraling costs and associated lack of price transparency. For health plans, we are minimizing overall spend on claims pricing, administration, and processing. And for self-insured organizations, our innovations and services are driving down the costs of healthcare claims reimbursement. Our multi-faceted, SaaS platform, Visium™, yields 99.9% pricing accuracy on more than \$200 Billion in repriced claims and is the cornerstone of our comprehensive suite of solutions that address the need for cost control while bridging the gap between payer and provider. Payer Compass does this with reference-based pricing, patient advocacy, balance billing, and appeals services, value-based payments, care management, predictive modeling and analytics, and tools for provider search and price transparency. Combining our next-gen technology with an emphasis on client success, Payer Compass is dramatically reducing overall healthcare spend. Visit www.payercompass.com.



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- CFO, Commercial Construction Company

“Our clients have grown accustomed to Berkley’s high level of customer service.”

- Broker

“The most significant advancement regarding true cost containment we’ve seen in years.”

- President, Group Captive Member Company

“EmCap has allowed us to take far more control of our health insurance costs than can be done in the fully insured market.”

- President, Group Captive Member Company

“With EmCap, our company has been able to control pricing volatility that we would have faced with traditional Stop Loss.”

- HR Executive, Group Captive Member Company

People are talking about Medical Stop Loss Group Captive solutions from Berkley Accident and Health.

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This example is illustrative only and not indicative of actual past or future results. Stop Loss is underwritten by Berkley Life and Health Insurance Company, a member company of W. R. Berkley Corporation and rated A+ (Superior) by A.M. Best, and involves the formation of a group captive insurance program that involves other employers and requires other legal entities. Berkley and its affiliates do not provide tax, legal, or regulatory advice concerning EmCap. You should seek appropriate tax, legal, regulatory, or other counsel regarding the EmCap program, including, but not limited to, counsel in the areas of ERISA, multiple employer welfare arrangements (MEWAs), taxation, and captives. EmCap is not available to all employers or in all states.

Stop Loss | Group Captives | Managed Care | Specialty Accident

VĀLENZ® ANNOUNCES ACQUISITION OF CERTUS MANAGEMENT GROUP AND LAUNCH OF MEDICAL STOP LOSS INSURANCE SOLUTION

Phoenix, AZ - Vālenz® announced it has acquired Certus Management Group Stop Loss, Inc. (CMG), a managing general underwriter providing certainty of stop loss protection to self-funded employee benefit plans since 1998.

CMG will become a Valenz Affinity Company and part of the Valenz Healthcare Ecosystem Optimization Platform, a fully integrated suite of solutions that simplifies the complexities of self-insurance through data transparency and decision enablement throughout the life of a claim.

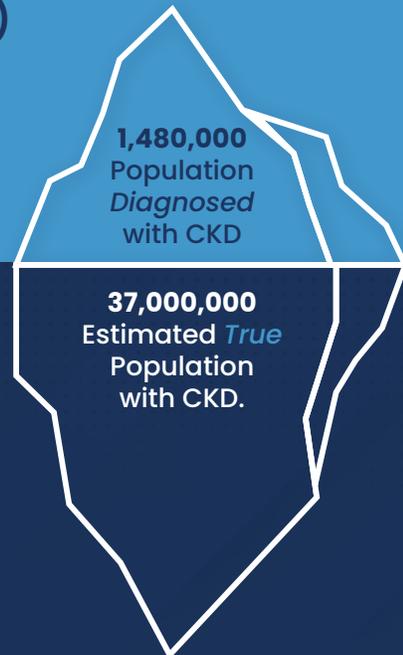
Additionally, the acquisition creates a new private label medical stop loss insurance solution, launching in market as a Valenz V-Rated solution. This solution enables the more efficient delivery of medical underwriting and risk mitigation services tailored to the needs of Valenz clients. All other CMG underwriting services will continue to be offered under the CMG trade name.

The Valenz V-Rated solution is an additive benefit for self-insured employers who engage with Valenz for a full ecosystem solution, including care management, member navigation enhanced with Care Value Optimizer (charity care and centers of excellence bundles), specialty drug solutions, contracted and open access success networks, and high-cost claim cost containment programs.

When partnering with Valenz during the presale process, clients realize the full value of the ecosystem which allows them to contain medical costs more aggressively than less innovative offerings, while also potentially resulting in more competitive stop loss costs.

“We’re thrilled to welcome CMG to the Valenz family,” said Rob Gelb, Chief Executive Officer of Valenz. “Our companies are a great match for each other in their commitment to transparency, risk management, and financial protection from high-cost claims and escalating pharmaceutical and treatment costs. As Valenz continues to evolve and expand, we are excited to begin this new collaboration in delivering on our core promise: engaging early and often for smarter, better, faster healthcare.”

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CMG will retain its trade name and adopt a new tagline: “A Valenz Affinity Company,” with a slightly updated logo to facilitate a more rapid association with Valenz. The core team of 18 will continue to remotely support CMG-integrated products and services at its current headquarters in Indianapolis.

“CMG and Valenz share a deep commitment to financial assurance for the self-insured industry, while also advocating for plan members and ensuring high-quality, cost-effective care,” said Brad Lewis, President and Chief Executive Officer of CMG. “As we join the Valenz team, we look forward to protecting and serving our clients as an integral part of their innovative, data-driven ecosystem.”

CMG’s line of stop loss products limits liability and eliminates the pitfalls that many employers view as obstacles to self-funding. It offers plan design and risk analysis, stop loss underwriting, firm renewals, and a guaranteed “no laser” contract for groups of all sizes – for plans of 11 participating employees and larger with specific retention levels from \$10,000. CMG’s claim procedures also protect self-funded employers from cash flow issues that can result from unpredictable claim activity.

About Valenz

Valenz® simplifies the complexities of self-insurance by offering an end-to-end Healthcare Ecosystem Optimization Platform that manages the cost and quality of care for employers and their members. To balance the relationship between healthcare quality, advocacy and cost, the Valenz enterprise-level solution suite aligns the member, provider and payer. Supported by a dynamic, innovation-first culture and a steadfast commitment to data transparency and decision enablement,

Valenz leverages its technology infrastructure and enterprise data warehouse to drive value across clinical and member advocacy, network development and the validation, integrity and accuracy (VIA) of claims. Learn more about how Valenz engages early and often for smarter, better, faster healthcare. Valenz is backed by Great Point Partners.

About CMG

Certus Management Group has developed a line of stop loss products that limit the liability of a self-funded employer and eliminate the pitfalls that many employers view as obstacles of self-funding. With more than 350 years of combined experience in the stop loss business, the CMG staff is among the most qualified in the industry. This experience enables CMG to provide employers with stop loss solutions that bring certainty to their self-funded plan. CMG maintains a strong relationship with two carrier partners, SiriusPoint America Insurance Company (Rated A- (Excellent) by A.M. Best), and Gerber Life Insurance Company (Rated A (Excellent) by A. M. Best). Each carrier shares CMG’s vision of the stop loss marketplace and offers the stability of a well-established insurance company. Visit www.certusmg.com.

VÄLENZ® PROMOTES MAURICE STEENLAND AS CHIEF PRODUCT OFFICER

PHOENIX, AZ – Vālenz® is pleased to announce Maurice Steenland has been promoted to Chief Product Officer.

Leading innovation and investment strategy for the Vālenz® Healthcare Ecosystem Optimization Platform, Steenland is highly engaged in synchronizing departments to accelerate strategic initiatives that bring greater value to clients. Steenland also offers deep expertise in uncovering operational efficiencies and engaging data and analytics to enable better decisions.

“With 20+ years of senior leadership experience at leading healthcare organizations, Maurice is our catalyst for ecosystem innovation and scale,” said Rob Gelb, Chief Executive Officer of Valenz. “Through a highly strategic and data-driven approach, he leads our investment strategy, uncovering new solutions to deliver a powerful data platform that enables more proactive decision-making and identifies opportunities to boost plan performance for our customers.”

“A firm believer in the company culture of one, Maurice inspires us every day to engage early and often to deliver smarter, better, faster healthcare,” Gelb added. Steenland also has held leadership positions at CIGNA Healthcare, Coventry Health Care and Intracorp, with specialization in operations, utilization management, strategy, and business development. He earned his master’s in business administration from the prestigious Wharton School of the University of Pennsylvania.

About Valenz

Valenz® simplifies the complexities of self-insurance for employers through a steadfast commitment to data transparency and decision enablement. To balance the relationship between healthcare quality, advocacy and cost, the Valenz



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approach aligns the member, provider and payer. We deliver this synergy through a strong foundation with deep roots in clinical and member advocacy, alongside decades-long expertise in claim reimbursement and payment validity, integrity and accuracy. By establishing “true transparency” and offering data-driven solutions that improve cost, quality and outcomes for you and your members, Valenz engages early and often for smarter, better, faster healthcare. Valenz is backed by Great Point Partners. Visit www.valenzhealth.com

TOKIO MARINE HCC – STOP LOSS GROUP ENTERS THE LEVEL FUNDED STOP LOSS MARKET

For over 45 years, Tokio Marine HCC – Stop Loss Group (TMHCC) has been a leading provider of medical stop loss insurance, Taft-Hartley, captive, and organ transplant solutions, provided through brokers, consultants, and third-party administrators. Rated A++ (Superior) by A.M. Best Company, AA- by Fitch Ratings (Very Strong), and A+ (Strong) by Standard and Poor’s, TMHCC is backed by the financial stability of its parent company, Tokio Marine HCC.

By listening to the demands of the market, we have developed exceptional products, unparalleled resources, and value-added services to set us apart in the industry.

For effective dates of January 1, 2023, TMHCC is pleased to announce a level funded,

aggregate-only stop loss solution to help clients coming from fully insured insurance coverage control their healthcare costs. With our Level Funded Stop Loss product, employers will receive the benefits of self-funding by keeping unused funds, while also receiving lower maximum costs, no lasers, flexibility in plan design and control of their health plans.

TMHCC is proud to partner with TPAC Underwriters (TPAC), capitalizing on their expertise, helping us with the day-to-day logistics of level funding. TPAC pioneered one of the first level funded products in the nation and has successfully helped employers establish a fixed monthly budget for claims coverage within the client’s self-funded health plan for almost 25 years.

**The Level Funded Stop Loss product is not available in all states.*

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HPI is a proud sponsor of the SIEF Golf Tournament Fundraiser

Deb, Drew, Paul, Rocko, and Keith look forward to catching up with you. Join us as we attend the conference, take part in the golf tournament, and speak at the sessions below:

Sunday October 9th: The **SIEF Golf Tournament Fundraiser**, at the Wildfire Golf Club

Monday October 10th, 1:30pm: Keith Hodges: *Engagement Accelerator: Charting Successful Careers in the Self-Insurance Industry*

Tuesday October 11th, 3:15pm: Paul Forte: *Direct Contracting in the Real World – Lessons Learned*

hpiTPA.com



About Tokio Marine HCC

A member of the Tokio Marine HCC group of companies. Tokio Marine HCC is the marketing name used to describe the affiliated companies under the common ownership of HCC Insurance Holdings, Inc. Tokio Marine HCC's products are underwritten by American Contractors Indemnity Company, HCC International Insurance Company PLC, HCC Life Insurance Company, HCC Specialty Insurance Company, Houston Casualty Company, Lloyd's Syndicate 4141, United States Surety Company and U.S. Specialty Insurance Company. Visit www.tmhcc.com

SILVER MEMBERS

MARPAI TO ACQUIRE MAESTRO HEALTH

NEW YORK -- Marpai, Inc., an AI-technology company transforming the \$22 billion TPA market supporting self-funded employer health plans, announced it has signed a definitive agreement to acquire Maestro Health ("Maestro"), a leading TPA servicing over 80 self-insured employers, based in Chicago, Illinois. Highlights of the transaction include:

At the closing the combined company will serve over 40,000 employee lives with expected combined proforma annual revenues of approximately \$40 million in 2022.

Significant cash of over \$20 million on the combined balance sheet expected at closing, which is expected to finance the integration of the two companies.

While up to date Maestro has posted substantial operating losses as it invested in growth, the joint company expects to target positive EBITDA within 18 months. Maestro's Clinical Management and Cost Containment in-house capabilities will enhance Marpai's ability to deliver better

value to its clients and better health outcomes to its members.

Purchase Price of \$22.1 million is due in April 2024, but, subject to the Company meeting its obligations under the agreement, may be financed over four years by the seller.

Together, the companies will continue to provide innovative health plan administration for self-insured clients driven by technology.

"Maestro shares our vision on how to improve healthcare for employees and family members covered by self-insured plans," said Edmundo Gonzalez, CEO of Marpai. "There are tremendous revenue synergies. Maestro has in-house care management that helps members live healthier lives, and we intend to roll this out to the Marpai member base. The Maestro cost containment solutions will also be rolled out to our client base. Marpai's proactive match making of members to the best care will also be introduced to the Maestro client base."

The acquisition is expected to more than double Marpai's revenues (exclusive of third parties' share of revenues), number of customers and number of members it serves. "We are committed to continue delivering the high level of customer service that both Maestro's and Marpai's customers are used to. We believe that this combination will create long-term benefits for our members, clients as well as our stockholders," said Gonzalez.

"Combining our TPA experience with Marpai is incredibly exciting. Over the last couple of years, we have made significant investments in cost containment and clinical solutions that are delivering outstanding results for our customers. Marpai brings deep TPA domain expertise, expanded discount network options and incredibly sophisticated approaches to data analytics," said Brandon Wood, CEO of Maestro Health. "The combined organization will help employers proactively provide benefits that are expected to lead to healthier and more satisfied member populations. This will be unmatched in the market."

Marpai management will discuss the transaction on the previously announced second quarter operating results conference call which is scheduled for Thursday, August 11 at 8:30 a.m. ET. The call can be accessed as follows: Live Call: US: 1-866-652-5200 / CAN: 1-855-669-9657 / INT TOLL: 1-412-317-6060. Webcast: <https://app.webinar.net/oEJIBnd6mVz>

About Marpai, Inc.

Marpai, Inc. (Nasdaq: MRAI) is a technology company bringing AI-powered health plan services to employers that directly pay for employee health benefits. Primarily competing in the \$22B TPA (Third Party Administrator) sector serving self-funded employer health plans representing over \$1T in annual claims, Marpai maximizes the value of the health plan as measured in health outcomes. Marpai takes a member-centric approach that uses AI and big data to connect members to health solutions predicted to have a high probability of positive outcomes and aims to bring value-based care to the self-insured market. With effective early intervention, disease management, claims processing and proactive member outreach, Marpai works

to deliver the healthiest member population for the health plan budget. Operating nationwide, Marpai offers access to provider networks including Aetna and Cigna and all TPA services. Visit www.marpaihealth.com.

About Maestro Health

Maestro is a Third-Party Administrator (TPA) for employee health and benefits servicing approximately 25,000 employee lives. Maestro offers end-to-end health plan solutions, integrating in-house care management and cost containment services. Maestro has over 80 customers in over 40 states with a 93% client retention rate, indicating high level of customer satisfaction. Visit www.maestrohealth.com

RINGMASTER® TECHNOLOGIES ANNOUNCES ITS COLLABORATION WITH OPTUM RX® TO ADVANCE ITS HEALTHCARE STOP-LOSS PROCUREMENT PROCESS

Boca Raton, FL -- Ringmaster® Technologies (RMT) announces its collaboration with Optum Rx®, the pharmacy care services business of UnitedHealth Group, to provide enhanced connectivity and increase transparency between Optum Rx, third-party administrators and stop-loss carriers/MGUs.

The combination of Ringmaster’s cloud-based, integrated technology, enterprise data warehouse and extensive strategic partnerships and Optum Rx’s PBM advantages will significantly improve workflow, simplify the stop-loss procurement process, help

manage cost and deliver meaningful PBM sourcing solutions and clinical programs to drive superior outcomes for all stakeholders.

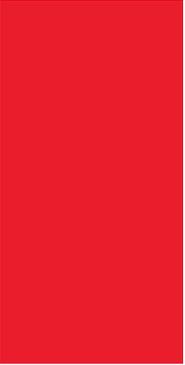
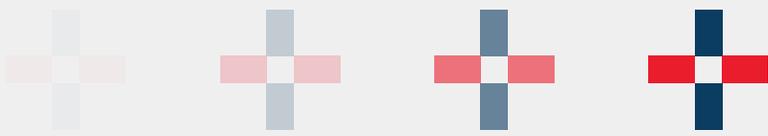
Ringmaster is the only technology solution built exclusively for stop-loss procurement from market to bind to administer to renew. By stepping into the ring, TPAs and carriers/MGUs take advantage of modernized technology that revolutionizes an antiquated process, efficiently manages RFP/Quoting and claims management workflow, enables “real time” communication and data access and now integrates the PBM resources of Optum Rx which will add value through the supply chain ultimately benefiting the consumer.



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"We are extremely excited to be collaborating with Optum Rx to deliver a solution to the marketplace that provides consistent, unmatched coordination between stop-loss, PBM's and TPAs," stated Todd Roberti, Founder, Chairman and CEO of Ringmaster. "By working together, we've created a solution that provides accountability, transparency and comprehensive risk avoidance throughout the entire stop-loss procurement process while enabling access to care that puts the member first."

RINGMASTER® ANNOUNCES TWO ADDITIONS TO ITS EXECUTIVE MANAGEMENT TEAM, JASON WENZKE AND CRAFT HAYES

Boca Raton, FL – Ringmaster Technologies®, Inc. (RMT) a leading healthcare software provider in the U.S., announced the appointment of Jason Wenzke as President of its newly formed prescription benefits division, Ringmaster® Rx and Craft Hayes as Chief Growth Officer of Ringmaster Technologies.

As President of Ringmaster Rx, Mr. Wenzke will utilize his extensive knowledge of PBM's and related stakeholders to create the assets necessary for the newly formed division to deliver its cloud-based operating system for pharmacy consulting to the self-funded marketplace.

The operating system, Rx-LinQ™, allows end clients/users to analyze pharmacy data for the purposes of reconciling, auditing and marketing pharmacy benefit management contracts and programs.

Most recently, Jason served as Senior Business Development Executive with RxBenefits® where he was responsible for the formation of strategic partnerships with brokerage firms and contributed to the creation of the first "pharmacy only" stop-loss captive – RxAssurance.

"I am excited to join the forward-thinking team at Ringmaster and for the opportunity to revolutionize how consultants evaluate pharmacy contracts and serve their self-funded clients," said Jason. "My passion has always been fulfilled by helping consultants and their clients make better decisions on pharmacy so their businesses can thrive, and Ringmaster Rx is an incredible vehicle for that."

Also, joining the Ringmaster team as Chief Growth Officer is Craft Hayes. In his new role, Mr. Hayes is focused on all commercial growth aspects at Ringmaster including sales and client relationships. Craft works cross functionally to align our products into a holistic solution to meet the needs of the marketplace and our clients.

His extensive experience and success in building high performing sales teams within the healthcare marketplace will be a key benefit to expanding Ringmaster's reach across its targeted channels, the development of new competencies such as the integration of industry leading sales and operational technology, expansion of its pipeline for its current portfolio of cutting-edge products and the introduction of additional innovative products that bring value-based solutions to Ringmaster's Clients.

Craft comes to Ringmaster from Nayya which is an AI and ML platform utilizing claims data to help Consumers make more informed healthcare benefit selections. As Head of

Sales, Craft played an integral role in the development of the GTM strategy and the creation three revenue business units.

"I am thrilled to be a member of the Ringmaster high performing team and bring my expertise to represent its products which are creating operational and administrative excellence with improved processes for TPAs, Brokers and Underwriters," Craft states. "Bringing products to market that are solution based and bring measurable value that positively impacts a client's business are motivators. Combine that with the opportunity to create the assets needed to scale our sales team and maximize our growth potential, gives us a unique opportunity to help pull the industry forward."

About Ringmaster Technologies, Inc.
Ringmaster is a cloud-based healthcare software provider created to simplify and enhance administrative processes by utilizing cutting edge technologies. Ringmaster offers the first fully automated workflow optimization solution that will drastically reduce processing time and complexity while minimizing the turnaround time for Stop-Loss quoting, contracting, and policy administration.

Additionally, Ringmaster offers an end-to-end cloud-based operating system for pharmacy consulting. Ringmaster Technologies – Realize the Possibilities – Step into the Ring. Contact Leo J. Garneau III, Chief Marketing Officer, at lgarneau@ringmastertech.com and visit www.ringmastertech.com ■

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OCTOBER 2022

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Michael Jacobs, RPh
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