



# NEWS

## FROM SIIA MEMBERS

## 2022 NOVEMBER 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](mailto:membernews@siaa.org).*

*All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at [www.siaa.org](http://www.siaa.org).*

*If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy and [jivy@siaa.org](mailto:jivy@siaa.org).*

## DIAMOND MEMBERS

### TOKIO MARINE HCC - STOP LOSS GROUP IS PLEASED TO ANNOUNCE BEATA MADEY AND THE CREATION OF CHIEF EXPERIENCE OFFICER (CXO)

Beata Madey has been appointed to the newly created role of Chief Experience Officer for TMHCC. In this new role, Beata will be responsible for strategic and operational direction across key outward facing operating areas within the company.

The goal of this role is to examine and review how and when we communicate with Producers, Policyholders, TPAs and other organizations to create business processing speed and excellence.

At TMHCC, our goal is to create a platform, process and consumer centric approach to being the industry-leading stop loss provider. Our ability to connect and communicate with multiple interested parties in a fast and efficient manner will drive our future.

Jay Ritchie, President and CEO, states, "I am excited about this position and how we will drive our Company into the future by creating more efficient methods to exchange data and to promote Client & Producer interaction on a scale not previously seen. This role is critical to enhance our ability to deliver stop loss products more cost effectively and with improved accuracy, in order to create an environment where assets can be used to mitigate and manage catastrophic claims rather than pumping resources into dated process management approaches."

### About TMHCC

TMHCC is a leading provider of medical stop loss insurance provided through brokers, consultants and third-party administrators. By listening to the demands of the market, we have developed exceptional products, unparalleled resources and value-added services that set us apart in the industry. Visit our website to learn more about our innovative stop loss, Taft-Hartley, captive, organ transplant, and level funded stop loss solutions.

### VÄLENZ® ACQUIRES FOURTH COMPANY: HEALTH COST CONTROL ENHANCES MEDICAL COST SAVINGS SOLUTIONS FOR EMPLOYERS

PHOENIX, AZ –Välentz® announced it has acquired Health Cost Control Inc., a national provider of medical cost containment solutions with more than 25 years' experience.

With specialization in claim and cost review services for high-dollar claims, including dialysis, air ambulance and behavioral health billing, Health Cost Control offers custom-designed programs for health plans, third-party administrators, insurance companies and employers.

The fourth company acquired by Valenz since May 2022, Health Cost Control ensures provider adherence to the national guidelines that govern inpatient and outpatient



## Protecting plans and patients across the U.S.

### 297

On average, aequum resolves claims within 297 days of placement

### 97.2%

aequum has generated a savings of 97.2% off disputed charges for self-funded plans

### 50

aequum has handled claims in all 50 states

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[www.aequumhealth.com](http://www.aequumhealth.com)

No Guarantee of Results – Outcomes depend upon many factors and no attorney can guarantee a particular outcome or similar positive result in any particular case.

billing, identifying significant savings from inaccurate billing and incomplete documentation.

Health Cost Control registered nurses conduct thorough claim reviews for duplication, unbundling, data entry errors and other discrepancies that often go unnoticed and result in higher costs for employer groups.

With deep experience covering most clinical settings and understanding related operational costs, Health Cost Control also has expertise in repricing claims to usual, customary and reasonable levels, often garnering 70%+ savings off billed charges.

“We are very excited to welcome Health Cost Control, their clients and their members to the Valenz family,” said Rob Gelb, Chief Executive Officer of Valenz. “In exploring new opportunities to deliver on our core promise to drive smarter, better, faster healthcare, it was clear that the company is an outstanding fit for Valenz. We have partnered with Health Cost Control

since 2021 and know we can seamlessly integrate their offerings into our claim management solutions, providing the transparency necessary to lower total health plan spend, improve claim outcomes, and enhance the member experience.”



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The Health Cost Control acquisition further fortifies the Valenz Healthcare Ecosystem Optimization Platform, a fully integrated suite of solutions that simplifies the complexities of self-insurance.

To balance the relationship between healthcare quality, advocacy and cost, Valenz aligns the member, provider, health plan and payer, supported by a steadfast commitment to data transparency and decision enablement.

Ultimately, Valenz drives value across clinical and member advocacy, network development, and the validation, integrity and accuracy of claims.

“Our two companies are truly aligned in our cost containment approach and our dedication to innovation, advocacy and quality,” said Carl Papp, CLU, Principal and President of Health Cost Control. “As we continue to serve our clients with customized, flexible programs for reducing healthcare costs, we look forward to becoming an integral part of the Valenz ecosystem.”

**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, health plan 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 Health Cost Control**

*Health Cost Control, based in Texas City, TX, is a leading national provider of cost containment solutions with over 25 years’ experience. The company was founded with the mission that still holds true today: to reduce healthcare costs for clients and ensure that the national billing guidelines that govern inpatient and outpatient billing are adhered to by providers. With specialization in group health claim review, and drawing from a large range of services, Health Cost Control creates a program tailored to fit your needs and deliver optimum results for lower healthcare costs. Visit [www.healthcostcontrol.com](http://www.healthcostcontrol.com)*

**STRATEGIC LEADER, CORTE IAROSSI, NAMED DIRECTOR OF STRATEGY AND VENDOR INITIATIVES AT HPI**

Westborough, MA – HPI has tapped Corte Iarossi as their new director of strategy and vendor initiatives. Corte will join the business development team to fortify vendor relationships and point solutions in support of our clients and members.

He brings over 20 years of success building and leading account management and sales teams, vendor management, product development, and strategic planning.

“We’re thrilled to welcome Corte to the HPI team,” said Paul Forte, senior vice president of strategic development at HPI. “His approach and experience with vendor management solutions will help us elevate our client support and develop new partnerships that will bring our point solutions to the next level.”

Iarossi most recently served as director of PPO & vendor relations at Maestro Health, Inc., for which his responsibilities included contracting, implementation, and management of client facing PPOs and vendors. Previously, he worked as EVP, client relations for S & S Healthcare.

“I am very excited to join the HPI team,” said Iarossi. “In my time in the industry, I knew of HPI and their reputation as an innovator and customer-focused organization. I’m looking forward to contributing to HPI’s continued success and the success of their clients.”

#### **About HPI**

*Health Plans, Inc. (HPI) redefines what is possible with self-funded health plans. As a leading national third-party administrator, they partner with health plan brokers and employers to provide innovative self-funding strategies and customized plans tailored to each client’s needs and population. HPI’s solutions give employers greater cost transparency and control, while elevating the member experience. It is their flexible approach, entrepreneurial spirit and commitment to quality, technology, and service that enable them to deliver premium value to their customers. Contact Su Doyle, VP of Strategic Marketing, at [sdoyle@healthplansinc.com](mailto:sdoyle@healthplansinc.com) and visit [www.hpiTPA.com](http://www.hpiTPA.com)*

## **AMWINS GROUP BENEFITS LAUNCHES GENE THERAPY SOLUTIONS PROGRAM EXCLUSIVELY AVAILABLE THROUGH STEALTH PARTNER GROUP**

CHARLOTTE, NC – Amwins Group Benefits released its new Gene Therapy Solutions program exclusively available through Stealth Partner Group, an Amwins company.

This new solution when coupled with stop-loss coverage, provides a sustainable, revolutionary strategy that prepares employers to face unexpected, high-dollar gene therapy claims with confidence.

“Our goal is to help employer groups navigate the future of gene therapy while providing unrivaled knowledge and expertise to help mitigate their financial risk,” said Harley Barnes, Jr., co-chief executive officer at Stealth Partner Group. “We’re launching the Gene Therapy Solutions program to empower employers as they implement smart, practical and complete risk management programs and strategies for their employees.”

Amwins Gene Therapy Solution offers unique program advantages like easy billing, seamless contract management, portability between carriers, and meaningful first-

dollar protection to the employer. The Gene Therapy Solution provides coverage for three Food and Drug Administration (FDA) approved treatments:

- Luxturna treatment for hereditary blindness up to \$850,000
- Zolgensma treatment for spinal muscular atrophy (SMA) \$2,200,000
- Spinraza treatment for spinal muscular atrophy (SMA) up to \$2,200,000

Luxturna is a curative treatment for a rare form of inherited vision loss. Zolgensma is a curative treatment for children under two years of age for SMA conditions that were previously fatal. Spinraza is proven to significantly slow the progression of spinal muscular atrophy in pre-symptomatic infants.

“Developments in gene and cell therapies have the potential to provide life-changing treatments, but also present significant financial risk to self-funded plan sponsors,” said Josh McGee, vice president Amwins Accident & Health Underwriters, who is responsible for proprietary program development for Stealth Partner Group. “Our mission is to support our retail partners by providing meaningful solutions that protect employers as they face the ever-evolving and complex gene therapy landscape.”

According to the FDA, there are 22 cellular and gene therapies in the market today of which include 18 cellular treatments and four gene therapy treatments ranging in price from \$500,000 to \$3,000,000 and seven

approved treatments predicted by next year.

Costs for these gene therapies are expected to rise beyond \$3,000,000 within the next 12-18 months. Amwins anticipates adding coverage for additional treatments as they are approved and available in the market.

To learn more visit: <https://www.amwins.com/solutions/group-benefits/self-funded/cost-containment/gene-therapy-solutions>

**About Amwins Group, Inc.**

*Amwins is the largest independent wholesale distributor of specialty insurance products in the U.S., dedicated to serving retail insurance agents by providing property and casualty products, specialty group benefit products, and administrative services. Based in Charlotte, NC, the company operates more than 155 offices globally and handles premium placements in excess of \$26.4 billion annually. Visit [www.amwins.com](http://www.amwins.com)*

**About Stealth Partner Group**

*Stealth Partner Group, an Amwins Company, was founded in 2009 and has grown to be one of the largest specialized general agencies in the country. The firm partners with brokers, consultants, and third-party administrators (TPAs)*

*to negotiate, implement, and assist in managing medical stop-loss and ancillary benefits with the nation's top-tier carriers. With 15 offices across the U.S., Stealth offers its clients more than 150 years of collective experience in the stop-loss and ancillary insurance marketplace. Visit [www.stealthpartnergroup.com](http://www.stealthpartnergroup.com)*

**BERKLEY ACCIDENT AND HEALTH RELEASES 2022 HEALTH CARE PRESSURES FACING U.S. EMPLOYEES**

Hamilton Square, NJ – U.S. employees are feeling the pressure of health care costs, with 8 in 10 concerned about the cost of care and more than half reporting that they have skipped medical tests, office visits, or prescriptions.

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“You have become a key partner in our company’s attempt to fix what’s broken in our healthcare system.”

- 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.

Our innovative EmCap® program can help employers with self-funded employee health plans to enjoy greater transparency, control, and stability.

Let’s discuss how we can help your clients reach their goals.

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

These findings come from the 2022 Health Care Pressures Facing U.S. Employees report, released by Berkley Accident and Health, a Berkley Company.

“Cost-sharing is a major problem for U.S. employees, who are struggling with increased out-of-pocket costs due to high deductibles and coinsurance,” said Brad N. Nieland, President and CEO of Berkley Accident and Health. “These costs can place the largest burden on those who are least able to pay, forcing patients to skip care, self-pay, and take on medical debt.”

Key findings of the survey:

- Despite having health insurance, respondents worry about their ability to pay for care, with 84 percent concerned about affordability.
- 61 percent admit to skipping a medical test, visit, or prescription due to cost. 56 percent have paid cash because it was cheaper than using their insurance.
- 38 percent report having medical debt, with the majority owing between \$1,000 and \$10,000. The top reason cited for medical debt was an unmet deductible or coinsurance.
- Most respondents find health costs and billing hard to decipher. 69 percent have received a medical bill they did not expect – typically between \$500 and \$3,000. Others found it hard to get a price estimate before scheduling a medical service or filling a prescription.

- Review cost-sharing arrangements, in light of average employee income levels and other factors
- Consider a self-funded health plan or a group captive program (for small to midsize employers), which both offer significant economic and strategic advantages
- Help address the complexity of care by offering price transparency tools and patient navigation services

“The goal of this report is to spark dialogue between employers and their benefit brokers. We hope it encourages employers to consider innovative solutions that can move the needle on costs and ease of use,” concluded Nieland.

Methodology

The findings come from a survey commissioned in March 2022 of 1,000 U.S. adults age 18 and older with employer-based health coverage, balanced across age, gender, U.S. region, and employer size. Respondents received medical coverage either as an employee or a covered dependent.

**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 Captive, Managed Care (including HMO Reinsurance and Provider Excess), and Specialty*



“With these findings in mind, employers and benefit professionals should consider how they can make health care more affordable, easier, and more transparent for employees and their families,” explained Nieland.

Employee insights

such as these can be key tools for shaping a company's approach to health care. Health benefits, which provide a competitive advantage when hiring, should be an integral part of any long-term recruiting and retention strategy.

In addition to insurance protection, Berkley Accident and Health also provides insights and advice for companies wanting to better support their workers. The report offered several strategies for addressing employees' costs and concerns:

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Accident. The company underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. For more information, please visit [www.BerkleyAH.com](http://www.BerkleyAH.com).

GOLD MEMBERS

TRUESCRIPTS MANAGEMENT SERVICES ANNOUNCES REX WILCOX AS NATIONAL DIRECTOR OF BUSINESS DEVELOPMENT

TrueScripts Management Services is pleased to announce and welcome Rex Wilcox as National Director of Business Development.

Rex has spent over 16 years in the employer benefits space, focused on corporate wellness, employee benefits strategy, and, most recently, Pharmacy Benefits Management. Prior to this stint of his professional career, Rex studied at California State University, Fresno, where he received a MA in Kinesiology, Exercise Science and a BS in Sports Medicine.

His education and training in Sports Medicine and Exercise Science have provided him with opportunities to work in professional baseball and football as a Certified Athletic Trainer, Strength & Conditioning Coach, and Medical Coordinator.

As a former catcher in baseball, Rex has a continued passion for the sport and now uses his education and training to coach others. In 2018, he formed the Colorado Catchers, a training program that is focused on providing coaching in the fundamentals of catching for youth baseball players.

In his most recent professional endeavors, Rex has supported health benefits providers in delivering value to employees and plan sponsors. Rex's broad range of experience and talents – inside and outside the health benefits realm - will provide practical advantages to his new position at TrueScripts.



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## The benefits landscape is broad and complex.

Skyrocketing prices. Administrative challenges. Shock claims. Aging workforces. At Amwins Group Benefits, we're here to answer the call. We provide solutions to help your clients manage costs and take care of their people. So whether you need a partner for the day-to-day or a problem solver for the complex, our goal is simple: whenever you think of group benefits, you think of us.

**Bring on the future – we'll cover it.**

"In looking to expand our Business Development team, Rex's industry acumen and personal character were a great fit for TrueScripts. He is known and respected by many colleagues in our space, so the decision to bring him on board was an easy one," said VP of Sales & Marketing, Dave Parker. "We look forward to the seamless progression of adding Rex to our team."

## **TRUESCRIPTS MANAGEMENT SERVICES ANNOUNCES CURT SCHAEFER AS DIRECTOR OF BUSINESS DEVELOPMENT**

TrueScripts Management Services is pleased to announce and welcome Curt Schaefer as Director of Business Development, serving Texas, Oklahoma, and Louisiana.

Curt's professional background provides more than 25 years of customer facing experience, with ventures ranging from Sales Associate to Business Manager to Business Owner.

The past eight years of his work have supported brokers and consultants in serving their clients through various means. Above all, though, Curt has remained focused on team building and maximizing each team member's potential in each of his professional roles.

With an educational background in Business Marketing, Curt has supported sales and marketing teams in many capacities, including his time with Harley Davidson and, most recently, as Regional Sales Director, Strategic Partnerships for ReviveRx.

A Harley owner himself, Curt enjoys riding his motorcycle and sharing in other outdoor activities, such as biking and

golfing. He is a lifelong advocate for animal rights and volunteers as much time as possible to local charities.

"Curt's sales and marketing ingenuity, people-first mentality, and servant heart will be valuable assets to the TrueScripts team," says VP of Sales & Marketing, Dave Parker. "We are excited to expand our Business Development efforts into the Texas region and know that Curt will provide a great deal of support to our existing and prospective partners."

### **About TrueScripts Management Services**

*TrueScripts Management Services is a pharmacist-founded, fully transparent PBM that has been revolutionizing the pharmacy benefit management industry since 2014. 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. The people we serve can rest assured in our commitment to lowering prescription drug spend, achieving clinically effective solutions, and always delivering Amazing Care. Visit [www.truescripts.com](http://www.truescripts.com)*

## **JEFFREY GILCREAST JOINS PARTNERRE'S EMPLOYER STOP LOSS TEAM AS AVP, REGIONAL SALES MANAGER**

PartnerRe is pleased to announce that Jeffrey Gilcreast joins the Employer Stop Loss team as AVP, Regional Sales Manager, Employer Programs.

An experienced consultant and client manager in the employee benefits industry, Jeffrey will be responsible for growing PartnerRe's US Health book and building and managing ESL producer relationships across the East territory, further enhancing PartnerRe's profile and footprint. Prior to joining PartnerRe, Jeffrey held a consulting role with Brown & Brown Insurance.

### **About PartnerRe**

*At PartnerRe, we are a community of curious, intelligent industry experts, united by a drive to outperform. As an international reinsurer with over \$8 billion in total capital, we are a market leader with a reputation of financial stability and strength, and a commitment to rebuilding businesses and communities after risk events around the world. Contact Natalia Vayner-Heyraud, Head of Content & Channel Marketing, at [natalia.vayner-heyraud@partnerre.com](mailto:natalia.vayner-heyraud@partnerre.com) and visit [www.partnerre.com](http://www.partnerre.com)*

## **SPECIALTY CARE MANAGEMENT ANNOUNCES NEW SENIOR VICE PRESIDENT OF SALES IN WILL RUMSEY**

Will Rumsey has been hired as the new Senior Vice President of Sales at Specialty Care Management. In this role, Will will build and develop the national sales organization.

Will is an experienced and successful sales management professional with 5+ years of sales leadership experience. In his previous role as SVP of Sales for First Stop



# The right solution

## Self-funded health plan administration

The speed of change in the health care industry is expanding the definition of health care and redefining roles for traditional players. New and emerging technologies led by single point solution vendors, rising health care costs, regulation, and non-traditional market entrants have many payers and health systems evaluating their options.

At AmeriHealth Administrators, we have a proven history of working with employer and payer clients to address their challenges and have the vision, technology, and people to meet the needs of our customers and partners.

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Health, Will and his team sold through brokers and consultants (some direct-to-employer) and the target employers he worked with were 100 to 20,000 employees.

Will is a well-rounded, motivated leader who has had a track record of success building and managing teams to achieve sales targets while overseeing the activity and growth of outside and inside teams.

**About Specialty Care Management**

*Taking a new approach to managing catastrophic claims, SCM provides the marketplace a unique opportunity to take control of their plan's risk by normalizing costs and making them predictable. With exclusive dialysis programs featuring flat case rates, no set-up fees, and a full administrative carve-out, SCM doubles your savings compared to typical network discounts without any of the hidden fees, delivering a solution that completely pays for itself. Contact Rick Garrison at [rgarrison@specialtycm.com](mailto:rgarrison@specialtycm.com) and visit [www.specialtycm.com](http://www.specialtycm.com)*

SILVER MEMBERS

**VERIKAI LAUNCHES MED/RX TO GIVE UNDERWRITERS AND INSURERS ROBUST INSIGHTS ON MEDICAL CLAIMS & PRESCRIPTION DATA**

Insurance technology startup, Verikai, launches Med/Rx to build on their existing product base and further optimize the underwriting process for their carrier clients.

Verikai uses machine learning models to give insurers a deeper view of risk, using extensive clinical and behavioral data to create risk scores. Now, with the addition of Med/Rx, carriers will be able to run group reports through Verikai's platform

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to establish a baseline of high-cost conditions and prescriptions that appear in each group.

The Med/Rx report includes 10,000 of the most expensive medical diagnoses, including cancers, chronic illnesses, mental disorders, injuries, and drug abuse – to name a few.

The Rx half of the report provides all known prescription data on a group, broken down by pricing category (generic, brand, and specialty drugs). As Med/Rx takes shape, Verikai will continue to update the product with additional medical conditions and deeper insights into price.

Verikai's President and CEO, Jeff Chen, said, "Our mission is to utilize our unique dataset and machine learning technology to provide the insurance industry with the best insight, so underwriters can make the most accurate decisions possible around evaluating risk. Med/Rx will offer our health insurance customers historical claims, medical, and Rx data – on-demand, within minutes."

"We have been working on this product for over a year and coupled with our risk scores from our flagship Capture product, underwriters will have the most powerful set of predictive risk tools at their fingertips, all within a single platform. There is no other predictive risk vendor on the market that offers carriers a complete and holistic view of risk like Verikai does. We look forward to the positive impact Med/Rx will have on the industry for years to come."

Within the predictive risk space, Verikai is known as "The Future of Underwriting", based on their use of behavioral data to predict future risk. Now, with Med/

Rx providing historical risk indicators, the competitive edge for Verikai customers is unparalleled.

### **About Verikai**

*Founded in 2018, Verikai is an insurance technology company leveraging alternative data and machine learning to change the way the industry views risk. Our well-established database of more than 1.3 trillion data points includes over 5,000 behavior attributes for 250+ million people in the United States and provides deep insight to these individuals' true health risks. With this data, Verikai generates risk reports in real-time with only a census. With Med/Rx, those risk reports are coupled with historical claims and prescription data, giving our customers every underwriting tool available. This greater insight helps insurance companies increase new business, reduce losses, and improve efficiency in the underwriting process – and ultimately, provides consumers and businesses with greater access to a broader range of insurance products. Contact Ellie Newby, Head of Marketing, at [ellie.newby@verikai.com](mailto:ellie.newby@verikai.com) and visit [www.verikai.com](http://www.verikai.com)*

## **NOVA HEALTHCARE ADMINISTRATORS CELEBRATES 40 YEARS OF INNOVATION IN SELF-FUNDING**

Nova Healthcare Administrators marks its 40th anniversary of providing self-funded solutions in 2022. The Buffalo, NY-based health care solutions company has been celebrating the milestone throughout the year with associate events and communications.

While much has changed in the past 40 years, Nova's philosophy on valuing and empowering our associates remains steadfast. Sustaining a positive workplace culture has long been a priority for Nova, as happy associates deliver the best results for clients and members.

Nova was founded in 1982 and acquired by Independent Health (a community-based, non-profit health plan headquartered in Western New York) in 2003.

Originally a traditional third-party administrator (TPA), Nova has evolved into not only one of the largest TPAs in the country, but more of a trend management organization with the ability to work with various entities to help them manage risk.

This includes offering a spectrum of customizable benefit solutions, including medical, dental, vision, COBRA, reimbursement account administration, and in-house medical management.

In addition to supporting self-funded employers, Nova has seen growth in recent years partnering with health plan start-ups and other TPAs, private labeling all or part of their operations or medical management services. Nova is URAC-accredited for case management and utilization management.

What sets Nova apart is not our services, but how they are delivered. Nova takes pride in building solutions to meet each client's unique needs. Additionally, by using a connected company model, each client has a dedicated team of cross-functional experts to support their plan and members.

"Today's market requires an organization to be innovative, flexible, and nimble enough to quickly design and develop strategies and plans for clients; finding the right balance between an entrepreneurial organization and a process-centric one is essential," says James Walleshauser, Nova's president. "Nova associates approach each day with a sense of passion and purpose for providing our clients and their members with the highest level of service and innovative, customized benefit plans that meet their specific health care needs; we are an extension of our clients and members."

"We believe that Nova's commitment to associate engagement and empowerment, and an overall positive, healthy culture, translates to the high level of service we provide," notes Walleshauser. "Happy associates make for happy clients. If the past 40 years have shown us anything, it seems we're on the right track."

For more information on Nova and its products, services or employment opportunities, contact [asknova@novahealthcare.com](mailto:asknova@novahealthcare.com) or visit [www.novahealthcare.com](http://www.novahealthcare.com).

## NOVA HEALTHCARE ADMINISTRATORS RANKED AMONG 2022 BEST PLACES TO WORK IN HEALTHCARE

Nova Healthcare Administrators was recently named one of Modern Healthcare's 2022 Best Places to Work in Healthcare. Recognized for the fourth year in a row, Nova ranked 52 out of 75 organizations in the supplier category.

The annual nationwide recognition program honors organizations that empower employees to provide patients and customers with the best possible care, products and service. This year's list includes 150 honorees in total, across two categories. Rankings were revealed at an awards gala on Sept. 29 in Nashville, Tenn.

"It is an honor to be recognized by Modern Healthcare as a Best Place to Work for the fourth consecutive year," said Nova's President James Walleshauser. "Culture is at the heart of everything we do at Nova and is top-of-mind every day. The best way to know if we are making Nova a great place to work is to ask associates. Their active engagement and feedback help to guide events, activities, and communications.

"We continue to be faced with constant change in our working environments and industry," Walleshauser added. "The resilience of our associates, combined with their talent and passion for what they do shows in our ability to maintain our place on this distinguished list of companies, as well as in the top-notch service provided to our broker partners, clients and health plan members day in and day out."

Whether meeting a client deadline or meeting for a hike at a local park, Nova associates work hard and have fun. A variety of associate-led groups, including a Diversity

Council, Renovations wellness committee and Nova in the Neighborhood volunteer committee offer the opportunity to connect with one another, grow and make an impact on the company and community.

The Best Places awards program includes a two-part survey. The first part consisted of evaluating each nominated company's workplace policies, practices, philosophy, systems and demographics. The second part consisted of an employee survey to measure the employee experience. The combined scores determined the top companies and the final rankings.

### About Nova

*Founded in 1982 and headquartered in Buffalo, NY, Nova is one of the largest third-party administrators of self-funded employee benefit programs in the nation, providing the health care solutions our clients need in the way they need them. And we go far beyond the basics. We are creative problem solvers who build custom solutions. Nova provides a unique, comprehensive array of services, including medical, dental, vision, COBRA, reimbursement account administration, and private-labeled solutions. Nova also offers 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](http://www.novahealthcare.com).*

## HI-TECH HEALTH ANNOUNCES TOM O'CONNOR AS EXECUTIVE VICE PRESIDENT, SALES & BUSINESS DEVELOPMENT

DALLAS, TX – hi-tech health is excited to welcome Tom O'Connor to their team as Executive Vice President of Sales and Business Development. Tom brings over thirty years of experience in sales for Fortune 500 companies, mid-market organizations, and larger government agencies. He will be a crucial part of hi-tech health's future growth, leveraging his knowledge of health plans' needs and cost containment.

"It's great to have Tom as part of our team as he will bring some valuable insight into how we can expand our reach within the market to service payers of all types and provide an additional presence at future conferences like SIIA and HCAA," said Mike Carrara, Founder and Chief Revenue Officer. "Our philosophy of relationship-driven business is one that Tom shares and he's already proved an excellent fit into our culture."

hi-tech health's claims administration cloud-based platform is highly customizable and offered at a fraction of the cost compared to other platforms.

Their core product, Series 3000, is comprised of a portal suite and mobile app offering, with incredible speed in implementation and high-touch customization to support all clients' individual needs.

### **About hi-tech health**

*Founded in 1990, hi-tech health offers claims administration to Third Party Administrators, carriers, insurtech entities, provider sponsored plans and Medicare Advantage. Series 3000 is a highly customizable system that serves customers of all sizes and needs. hi-tech health supports clients through implementation and beyond, with highly customizable solutions, and back-office support for enrollment services, consolidated billing, ID card printing, and more.*

Visit [www.hi-techhealth.com](http://www.hi-techhealth.com)

## HEALTHCARE AUTOMATION LEADER SMART DATA SOLUTIONS ANNOUNCES ACQUISITION OF JMS AND ASSOCIATES

Eagan, MN – Smart Data Solutions (SDS), a leading provider of data management, claim routing and workflow solutions to payers, announced the acquisition of Farmington Hills, MI-based JMS and Associates (JMS), a provider of tech-enabled outsourced solutions to TPAs and other healthcare organizations. The acquisition brings new clients and capabilities that will broaden the set of solutions SDS is able to provide to existing and future clients.

Founded in 1975, JMS provides leading healthcare companies across the country with value-added outsourcing solutions that leverage automation and technology-based business processes.

JMS provides data capture, claims adjudication and plan building services, all supported by a strong client-centric service delivery model. Chuck Agrusa, CEO, Daniel Feng, President, and the rest of the JMS team will join SDS post-acquisition.

"We are thrilled to be joining forces with SDS. We have known the organization and its team for a number of years and see great cultural alignment and a shared focus on client success," said Agrusa. "We look forward to maintaining the same level of focus and dedication to our clients while also working with the broader organization to provide even greater value to SDS' base of payer clients."

"SDS is focused on driving sustainable digital transformation for our clients, bringing tangible value through our tech-driven set of solutions," said Shashi Yadiki, CEO of SDS. "The addition of JMS brings a complementary set of high-impact services that can be leveraged to improve a payer's operational agility and thrive in today's dynamic health benefits market. We are excited to have Chuck, Dan and the whole JMS team join the SDS family."

SDS is supported by Parthenon Capital, a leading growth oriented private equity firm focused on building franchise companies in healthcare.

Kirkland & Ellis served as legal counsel to SDS. Kerr Russell served as legal counsel to JMS.

### **About Smart Data Solutions**

*As a leader in healthcare automation, Smart Data Solutions' mission is to make the healthcare market more efficient by leveraging technology*

to provide effective, high-quality claims processing solutions. SDS brings a comprehensive set of tools and processes to every opportunity, carefully configured to the individual needs of each client. Smart Data Solutions has focused on creating innovative solutions specifically to meet the needs of the healthcare market. Today, more than 400 TPAs, PPOs, HMOs, hospitals, and insurance companies depend on SDS for automation of intake, data capture, and front-end workflows for health insurance and claims administration. Contact Susan Berndt at [sberndt@sdata.us](mailto:sberndt@sdata.us) and visit [www.sdata.us](http://www.sdata.us)

## RINGMASTER® TECHNOLOGIES AND SUBSIDIARY RINGMASTER® RX LAUNCH A PHARMACY CONSULTING PLATFORM FOR SELF-FUNDED COMMUNITY

Boca Raton, FL - Ringmaster Technologies®, Inc. (RMT) a leading healthcare software provider in the U.S., and its wholly owned subsidiary, Ringmaster® Rx announced the launch of the first pharmacy consulting, platform to provide cloud-based tools and services for pharmacy experts who serve the self-funded community.

In working with TPAs and Brokers representing self-funded employer groups, Ringmaster learned that clients often had difficulty interpreting and/or comparing PBM responses. Accessing AWP data and evaluating nuance contract terms such as: exclusion language, generic definitions, specialty definitions and limited distribution definitions proved to be outside the scope of what most TPAs and Brokerage firm could handle. This created an opportunity for a technology platform to help align clients and PBMs.

The unique attributes of the Ringmaster Rx platform provide clients a cloud-based data warehouse integrated with a RFP workflow process that solicits, compares and awards pharmacy benefit management (PBM) contracts and programs.

"This combination of automated workflows and data warehouse capabilities gives clients the ability to customize their own panel of preferred PBM's, generate reports, create sophisticated analytics for their employer groups and perform contract reconciliations and audits on performance. All of which is virtually impossible with today's manual processes and the lack of access to key data," stated Jason Wenzke, President of Ringmaster Rx. "We believe that this new platform is a huge win for pharmacy benefit consultants, Brokers and Third-Party Administrators (TPA's) who will use the platform to take advantage of meaningful PBM sourcing solutions, analyze the performance of those contracts and ultimately manage cost for their employer groups by stepping into the ring and utilizing the system."

"We created Ringmaster Technologies and its subsidiary, Ringmaster Rx, because I believed we could deliver technology to self-funded experts that would improve their operations significantly and those improvements would lead to smarter investments and better health outcomes. Our great success in creating the world's only stop-loss



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marketplace and automation technology has shown us that the challenges in self-funded pharmacy offerings were also solvable on our technology platform and we are excited to deliver this state-of-the-art capability to our partners," said Todd Roberti, Founder and CEO of Ringmaster Technologies.

#### **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 drastically reduces processing time and complexity while minimizing the turnaround time for Stop-Loss quoting, contracting, and policy administration. Additionally, Ringmaster Rx offers a pharmacy consulting platform which provides cloud-based tools and services for Self-Funded Pharmacy Experts. Contact Leo J. Garneau III, Chief Marketing Officer, at lgarneau@ringmastertech.com and visit [www.ringmastertech.com](http://www.ringmastertech.com)*

#### **ALLIED BENEFIT SYSTEMS ANNOUNCES ROB VALERIOUS AS CHIEF STRATEGY OFFICER AND DREW ROZMIAREK AS CHIEF REVENUE OFFICER**

CHICAGO -- Allied Benefit Systems, LLC, the nation's leading health solutions company, announced that Rob Valerious will assume the role of Chief Strategy Officer (CSO), and the appointment of Andrew (Drew) Rozmiarek as Chief Revenue Officer, effective October 10, 2022.

"The executive firepower and leadership that Rob and Drew bring are unparalleled in the industry," said Michael Sternklar,

CEO of Allied. "They will be pivotal in Allied's success in the coming years."

As CSO, Valerious will be responsible for executing a multi-year business strategy to accelerate growth. While continuing to be Allied's voice to the market, he will be focused on strategic partnerships, product development, and medical management services.

"Over the last 33 years, Rob has been the voice and face of Allied to our clients and business partners," said Sternklar, "Under his leadership, our business has – and will continue to – grow and prosper."

With over 22 years of business development and sales management experience, Rozmiarek will lead Allied's sales, client management, and underwriting teams, with end-to-end responsibility for new and existing client growth. "I have long admired Allied for their stellar reputation for quality service and innovative medical management products," said Rozmiarek, "I am thrilled to join the Allied Team and contribute to the company's continued success." Rozmiarek most recently served as Senior Vice President of National Sales for Health Plans Inc. (HPI).

"Drew's success as a growth leader is impressive, but he will bring more than that to the organization," said Sternklar. "He has a passion for customers, admirable leadership skills, and inexhaustible drive. I have complete confidence that he will be enormously impactful."

#### **About Allied Benefit Systems, LLC**

*Allied is a national healthcare solutions company providing professional administrative, medical management, and compliance services to over 10,000 self-insured employers. Founded in 1980, Allied has grown to be one of the largest, independent third-party administrators in the United States.*

Visit [www.alliedbenefit.com](http://www.alliedbenefit.com)

#### **SMART DATA SOLUTIONS ANNOUNCES SHASHI YADIKI AS CHIEF EXECUTIVE OFFICER**

Eagan, MN – Smart Data Solutions (SDS), a leading provider of data management, claim routing and workflow solutions to health plans and TPAs, announced that Shashi Yadiki has joined the company as its new Chief Executive Officer.

A proven leader in healthcare services and technology, Yadiki brings over 20 years of experience scaling tech-enabled and data-driven healthcare businesses.

Most recently, Yadiki served as President of the Health Plan and Life Sciences business for NTT DATA, helping healthcare organizations execute against their digital transformation objectives.

Prior to NTT DATA, Yadiki held leadership roles at Dell Services and Wipro Technologies. Yadiki is a graduate of the Indian Institute of Management, Bangalore and the University of Mysore. Yadiki joins SDS as the CEO and a member of the Board of Directors.

“John Prange and I started SDS more than 20 years ago to help health plan and TPA clients improve the efficiency of their claims management process,” said Pat Bollom, SDS’s co-founder. “We are thrilled to have Shashi join SDS to build on this mission and lead the company in its next chapter. Shashi’s track record of delivering exceptional growth, deep understanding of the operational challenges faced by healthcare organizations, and an appreciation for the role automation and advanced technologies can play in driving tangible client impacts make him uniquely qualified to lead the business.”

“I’m very excited to be joining SDS, a trusted partner to a number of the nation’s leading health plans and TPAs. SDS is uniquely positioned to be a transformative partner for clients to simplify and automate healthcare processes built on an impressive track record of delivering results. I look forward to driving more innovation and value for our clients,” said Yadiki. “On behalf of SDS, I’d also like to recognize Pat and John’s many contributions leading the company from its early days to an industry leader in claims workflow automation. I look forward to their continued involvement in SDS going forward as members of the Board of Directors and shareholders.”

SDS is supported by Parthenon Capital, a leading growth oriented private equity firm focused on building franchise companies in healthcare.

#### **About Smart Data Solutions**

*As a leader in healthcare automation, Smart Data Solutions’ mission is to make the healthcare market more efficient by leveraging technology to provide effective, high-quality claims processing solutions. SDS brings a comprehensive set of tools and processes to every opportunity, carefully configured to the individual needs of each client. Smart Data Solutions has focused on creating innovative solutions specifically to meet the needs of the healthcare market. Today, more than 400 TPAs, PPOs, HMOs, hospitals, and insurance companies depend on SDS for automation of intake, data capture, and front-end workflows for health insurance and claims administration. Contact Susan Berndt at [sberndt@sdata.us](mailto:sberndt@sdata.us) and visit [www.sdata.us](http://www.sdata.us)*

## **BLACKWELL CAPTIVE SOLUTIONS WELCOMES ARLEIGH KENNEDY AS NEW NATIONAL VICE PRESIDENT, SALES**

CHICAGO- - Blackwell Captive Solutions, an innovative medical stop-loss captive domiciled in South Carolina and sponsored by Carrick Capital Partners, announces Arleigh Kennedy as the new National Vice President, Sales.

“We are delighted to welcome Arleigh to the Blackwell Captive Solutions team,” said Kari L. Niblack, President of Blackwell Captive Solutions. “As Blackwell continues to differentiate and deliver flexible options and solutions that are unique from other captives, Arleigh’s excellent reputation, vast knowledge of the industry, and creativity elevate Blackwell to a higher level of service in providing groundbreaking solutions to our clients.”

Kennedy comes to Blackwell Captive Solutions with over 25 years of experience in the insurance and self-funded industry. Her knowledge and expertise expand from her past work for carriers, BUCA, and an MGU, as well as her work in underwriting, sales, product development, and vendor relationships.

“I’m excited to join Blackwell Captive Solutions to help deliver unique, impactful solutions for clients with an emphasis on choice and flexibility,” said Kennedy. “In the years that I have been in this industry, I have seen a lot of change. Employers are looking for partners who are going to help them manage the rising costs of health insurance. It’s also the recognition that one size does not fit all. It’s a flexible approach balanced with access to best-in-class partners that sets Blackwell apart.”

#### **About Blackwell**

*Blackwell Captive Solutions delivers essential stability with desired flexibility with cutting-edge solutions that combine buying power with tailoring freedom. Domiciled in South Carolina, Blackwell Captive Solutions forms partnerships with industry leaders to provide the best-in-class cost containment and clinical services platform. Blackwell’s services and solutions are uniquely available on an opt-in basis, so captive members need only partake in solutions that work for them and their members.*

Visit [www.blackwellcaptive.com](http://www.blackwellcaptive.com) ■

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