



NEWS FROM SIIA MEMBERS

2020 NOVEMBER 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@siiia.org. All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at www.siiia.org. For immediate assistance, please contact Jennifer Ivy at jivy@siiia.org. If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy at jivy@siiia.org.

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DIAMOND MEMBERS

RENALOGIC EXPANDS PROGRAM OFFERING WITH KIDNEY HEALTH LABS

PHOENIX, AZ – Renalogic, the leader in comprehensive kidney care and dialysis risk management, will now offer Kidney Health Labs as a part of its Kidney Dialysis Avoidance Program (KDAP) for self-funded employer groups and their employees.

Renalogic Kidney Health Labs is a new, proactive tool to help employer groups and their KDAP members take control of their health. The program offers easy access to regular lab testing so members can better monitor and understand their kidney function. It provides insight into their health and underlying signs of chronic disease—leading to measurable changes in behaviors and a healthier lifestyle.

"Our mission has always been to help as many people as possible avoid kidney disease," said Jim Wachtel, Executive Vice President of Sales and Marketing. "Routine lab work is the best barometer of kidney health. By removing the barriers to regular testing, patients can keep track of how well their kidneys are performing and create an action plan to improve their health."

KDAP Kidney Health Labs are planned around members' convenience with start-to-finish guidance from a Renalogic Health Nurse Coach. Members of the program have access to consistent pricing and incur no fees, deductibles or additional co-pays, which typically come from repeated office visits.

Through Kidney Health Labs, employers

can leverage aggregate health data to better help employees in the early stages of disease—saving time and reducing healthcare costs. The data can also be used to guide health plan decisions and measure future risk and potential high claims costs.

About Renalogic

Renalogic has been the industry leader in dialysis risk management and cost containment for nearly 20 years and continues to innovate through the impact of its Kidney Dialysis Avoidance Program (KDAP) and Kidney Disease Prevention Program. The company leverages innovation to revolutionize dialysis risk management while reducing the dialysis incident rate in every population it touches. Every chronic condition leading to kidney disease is manageable and even preventable when identified early. Contact Mark Schaefer, Marketing Manager, at mschaefer@renalogic.com and visit www.renalogic.com.

SUN LIFE LAUNCHES COVID-19 OUTBREAK COVERAGE TO STOP-LOSS OFFERINGS

WELLESLEY, Mass. -- Sun Life U.S. has added three COVID-19 insurance products to its stop-loss offerings, including coverage for outbreaks, providing risk protection for self-funded employers if employees become infected.

Sun Life research shows that employers are focused on keeping their employees healthy while also concerned about the potential costs of COVID-19 in the workplace. More than a quarter of employers would consider benefits that provide additional protection against COVID-19, according to brokers surveyed by Sun Life.

"The needs of our clients have evolved significantly over the past six months," said Jen Collier, senior vice president of Stop-Loss & Health for Sun Life U.S. **"These new solutions will allow our self-funded clients to stay focused on creating a safe working environment for employees while letting us provide more protection for higher than expected plan costs associated with the diagnosis, testing, and treatment of COVID-19. For employers that self-fund their own health plans, these products provide meaningful coverage that offers financial protection and also gives them continued peace of mind, allowing them to focus on running their businesses during these challenging times."**

Stop-Loss insurance protects self-funded employers when they encounter high-dollar medical claims or higher-than-expected medical costs over the course of the year.

The new Sun Life Stop-Loss suite of COVID-19 coverages provides employers who self-fund their health plans with options for additional financial protection depending on their needs, including:

Outbreak coverage – If a certain number of employees test positive for COVID-19, the employer receives a benefit payment for eligible diagnosed employees once a pre-determined threshold has been met.

Specific benefit – If an employee receives a COVID-19 diagnosis resulting in hospitalization costs that reach the

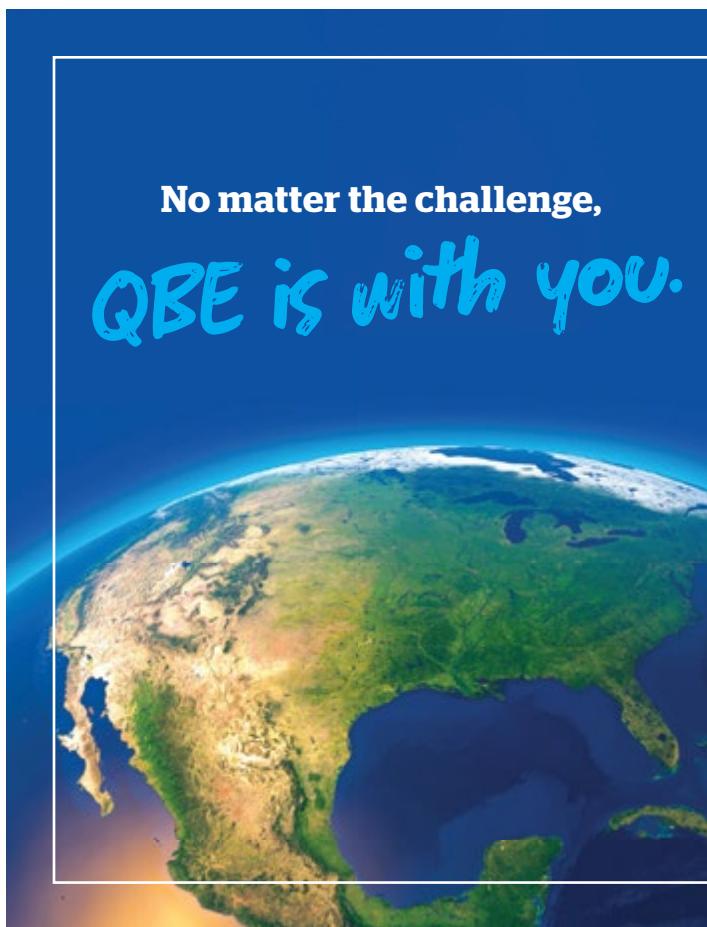
employer's stop-loss deductible, the benefit increases the amount of reimbursement to the employer.

Aggregate benefit – If the amount of claims for COVID-19 cause health plan claims to exceed the employer's aggregate stop-loss attachment point (the aggregate deductible), the attachment point will be reduced, resulting in a larger reimbursement for the employer.

Self-funded employers are eligible for Sun Life COVID-19 protection as long as they are using an approved workplace monitoring program to help manage the return-to-work process, maintain a safe workplace, and prevent the spread of the disease.

The first approved program, Collective Go, is a comprehensive COVID-19 screening, testing and monitoring solution developed by Sun Life partner Collective Health. Collective Go™ offers an evidence-based approach, with an adaptive scientific protocol developed by in-house medical experts and reviewed by former FDA Commissioners and researchers from leading academic and public health institutions.

The Collective Go™ Protocol identifies external factors and determines a series of necessary measures including frequency of testing, screening, and compliance



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monitoring to help organizations reduce risk as employees return to the workplace. With the easy-to-use Collective Go™ app, workers complete a daily symptom and exposure checklist and manage their COVID-19 testing. Those who pass the protocol requirements receive Compliance Certificates.

In Sun Life's recent survey, brokers estimated that about 50 percent of their employer clients were considering implementing a workplace monitoring program.

Since the start of the pandemic, Sun Life has swiftly introduced innovative product features and services to meet the growing and evolving needs of employer clients around the country, including fully virtual benefits enrollment, COVID-19 coverage for critical illness plans and COVID-19 compliance and regulatory expertise.

About Sun Life

Sun Life is a leading international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia and Bermuda. As of June 30, 2020, Sun Life had total assets under management of C\$1,122 billion. Visit www.sunlife.com.

In the United States, Sun Life is one of the largest group benefits providers, serving more than 60,000 employers in small, medium and large workplaces across the country. Sun Life's broad portfolio of insurance products and services in the U.S. includes disability, absence management, life, dental, vision, voluntary and medical stop-loss. Sun Life and its affiliates in asset management businesses in the U.S. employ approximately 5,500 people. Group insurance policies are issued by Sun Life Assurance Company of Canada (Wellesley Hills, Mass.), except in New York, where policies are issued by Sun Life and Health Insurance Company (U.S.) (Lansing, Mich.). Visit www.sunlife.com/us.



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BERKLEY ACCIDENT AND HEALTH INTRODUCES COVID-19 TELEHEALTH SERVICE FOR EMPLOYER STOP LOSS POLICYHOLDERS

Hamilton Square, NJ – As individuals return to school, work, and other aspects of their daily lives this fall, Berkley Accident and Health, a Berkley Company, has introduced a COVID-19 Symptom Checker and Physician Access service for Stop Loss policyholders.

This innovative new service lets employees and their dependents check their symptoms and connect virtually to a physician who is board-certified in emergency medicine. The COVID-19 service provides a tangible benefit to policyholders, in a time when employee safety is a top concern.

“The need for remote services during the pandemic has increased. With this in mind, we’re providing an innovative online tool designed to help policyholders keep their workers healthy and safe,” said Brad Nieland, President and CEO of Berkley Accident and Health. “Berkley Accident and Health is committed to helping clients better manage the risks facing their self-funded health plans, and this value-added service demonstrates our continued commitment.”

“Before the COVID pandemic, many patients were skeptical about the

effectiveness of telehealth. But now, adoption rates have skyrocketed, as patients have looked to the convenience and speed of virtual care,” explained Lee Davidson, Senior Vice President, Stop Loss Division, Berkley Accident and Health. According to a recent McKinsey survey, there has been a massive acceleration in the use of telehealth during the COVID-19 pandemic, with 46% of U.S. consumers now using virtual health care visits.

Individuals displaying symptoms of COVID can speak via phone or video 24/7 to a board-certified physician, who can recommend the best course of action. This secure, virtual service allows them to remain safely at home, without risking additional exposure to the virus.

The COVID-19 Symptom Checker and Physician Access service is provided by MedCall Advisors, a leader in tele-emergent care, and their in-house physicians.

Employer Stop Loss insurance protects employers with self-funded plans from catastrophic claims over a predetermined level. MedCall’s services may not be available to all employers or in all states.

For more information, contact your Berkley Accident and Health representative.

For your convenience, Berkley Accident and Health is providing access to MedCall to its policyholders for medical assistance/information, but Berkley Accident and Health does not endorse the use of MedCall or the information, products, or services (including, but not limited to, the appropriateness or suitability of any diagnosis, course of treatment, or medical advice) provided by or accessible through MedCall.

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About Berkley Accident and Health

Berkley Accident and Health is a member company of W. R. Berkley Corporation, a Fortune 500® company. Berkley Accident and Health provides an innovative portfolio of accident and health insurance products. It offers four categories of products: Employer Stop Loss, Group Captives, Managed Care (including

HMO Reinsurance and Provider Excess), and Specialty Accident. The company underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Not all products and services are available in every jurisdiction, and the precise coverage afforded by any insurer is subject to the actual terms and conditions of the policies as issued. Visit www.BerkleyAH.com.

About MedCall Advisors

MedCall Advisors is the nation's leading tele-emergent care provider that immediately connects patients to in-house physicians board certified in

Emergency Medicine. MedCall focuses on immediate consults with physicians experienced in acute illnesses and injuries. Providing virtual information and immediate connection to an emergency physician allows employees get care conveniently and quickly, as individuals and businesses return to school, work, and other key aspects of their daily lives. Patients connect to physicians in a secure environment through phone, computer, or tablet portals available 24/7 and in multiple languages. MedCall offers an online COVID-19 screening tool that identifies risks and gives at-risk patients the option to speak to an ER physician for further analysis. Visit www.MedCallAdvisors.com.

GOLD MEMBERS

AMPS ANNOUNCES NEW LEADERSHIP FOR CLIENT SERVICES

PHOENIX – Advanced Medical Pricing Solutions (AMPS), a pioneer in cost management for the self-insurance industry, appoints Jeannette Flowers as Senior Vice President of Client Services.

AMPS continues its commitment to service excellence with the appointment of Mrs. Flowers to lead and grow its Client Services team across the Nation. The ideal

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executive to lead this critical part of AMPS continued expansion, Jeannette brings 35 years of expertise in the healthcare and employee benefits space, combined with a focus in self-funding and an in-depth understanding of employer groups, brokers and TPAs.

Jeannette's previous roles included leadership of Account Management at UMR/UHP; leadership of Client Service at Pomco, one of the largest independent TPAs in the US; and Vice President of Sales Operations and Director of Account Management at Lifetime Benefit Solutions, in upstate New York. Jeannette has also held positions with Prepaid Health Plan, Univera Healthcare and Excellus Blue Cross Blue Shield.

"Jeannette brings AMPS a wealth of client service experience and tremendous leadership skills which will benefit all AMPS clients across the nation" said Lawrence Thompson, AMPS Chief Revenue and

Strategy Officer. "I have had the pleasure of working with Jeannette in the past and her commitment to clients is unequalled".

Jeannette will manage AMPS teams in Atlanta, Phoenix and throughout the US and will be responsible for all aspects of AMPS client service delivery model.

"As employers seek alternatives to the ever-increasing costs of healthcare, AMPS is experiencing unpanelled growth. Jeannette's first-hand experience in leading the client services team at one of the largest independent TPAs in the country will help TPAs, Brokers and AMPS better serve our joint customers as we together grow the self-insured market" added Kirk Fallbacher, CEO and President of AMPS.

About AMPS

Advanced Medical Pricing Solutions (AMPS) provides market leading healthcare cost containment services for self-funded employers, public entities, brokers, TPAs, and reinsurers. AMPS mission is to help clients attain their goals of reducing healthcare costs while keeping members satisfied with quality healthcare benefits. AMPS leverages 15 years of experience in auditing and pricing medical claims to deliver "fair for all" pricing both pre-care and post-care. AMPS offers innovative dashboards and analytics to provide clients with insights based on Plan performance. Visit www.advancedpricing.com.

SILVER MEMBERS

TMS RE WELCOMES DOUG DEANGELIS AS REGIONAL SALES VICE PRESIDENT, WEST REGION

Andover, MA - TMS Re is pleased to announce that Doug DeAngelis recently joined the Company as Regional Sales Vice President. For the past seventeen years, Doug served as the Senior Vice President and Producer at USI Insurance Services in Eugene, OR.

He built and maintained a successful stop loss portfolio as part of his responsibilities with USI in the Pacific Northwest market. Doug's primary responsibility at TMS Re will be to drive profitable sales growth through the development of brokers, consultants and TPA's in the Western United States.

"We are excited to have someone with Doug's extensive sales experience and knowledge of the stop loss industry join TMS Re" says Travis Micucci, President and COO. "Doug's experience as a broker provides us with insight to better serve our stop loss producers and clients."

"I am excited to be joining the team at TMS Re and helping grow the employer stop loss business." said Doug. "In my most recent role, I worked as a broker/consultant, so I'm excited about this new opportunity."

"We continue to explore opportunities to expand our business and serve the stop loss market by hiring talented individuals", says Michael Shevlin, CEO. "Doug's track record of success will help us achieve our growth objectives."

Doug can be contacted via email at ddeangelis@tmsreinc.com.

About TMS Re, Inc.

TMS Re is one of the largest and most experienced medical stop loss MGUs in the market today. TMS is committed to delivering excellent service, unparalleled expertise, and creativity in our product and service solutions for our customers

TMS Re, Inc. provides comprehensive excess loss products and services tailored to the insurance needs of your employer and provider groups. Established as Cairnstone, Inc. in 1996, the Company was acquired by one of the world's largest reinsurers, and in July 2018 was purchased through a management buyout. Our team of highly experienced underwriting, actuarial, claims, and medical management professionals work closely with you to understand your long-term objectives and design the optimal stop loss solution to minimize your risk. Call (978) 933-4009, email Info@TMSReInc.com and visit www.TMSReInc.com.

DEERWALK ANNOUNCES LATEST RELEASE OF PLAN ANALYTICS

Deerwalk's announces its September release of Plan Analytics, the flagship population health analytics and reporting application. The new release incorporates several new and enhanced features in version 10.4. Plan Analytics is fully integrated with our clinical workflow platform, Care Manager.

New and Enhanced Features

New Machine Learning Model:
Medication Adherence

We've released our 7th machine learning model - Medication Adherence. This model helps users identify opportunities

The Self-Insurance Institute of America, Inc. (SIIA) is a **dynamic, member-based association dedicated to protecting and promoting the business interests of companies involved in the self-insurance/captive insurance marketplace**. It is a single association that provides all the information, education, networking and legislative/regulatory representation your company needs.



To learn more about becoming a SIIA member, please contact Jennifer Ivy @ jivy@siiia.org or call 800-851-7789 or visit www.siiia.org

to increase medication adherence in a population(s). Using a number of factors, the model predicts the likelihood that a member will adhere to a newly prescribed medication over the next year.

You can pair the results from this model with the Quality Metrics Report (gaps in care) that are related to medication adherence to gain an even deeper understanding of a member's overall risk.

This information can also be very useful as you look to manage health and control costs for members taking medication to treat chronic disease. Having these insights will allow clients to intervene early on, which is essential as initial adherence or non-adherence to a new medication is often indicative of a member's future adherence patterns.

This model makes the below fields available from within the Member Search Module:

- "Medication Adherence Class 1" field contains data on the therapeutic class to which the new medication belongs.
- "Medication Adherence Probability 1" field indicates the probability that a member will adhere to a medication from that therapeutic class.
- In the event a member has two newly prescribed medications, "Medication Adherence Class 2" and "Medication Adherence Probability 2" fields will be populated.

New Custom Value Fields Available In The Create Module

Within the custom reporting Create Module, you can now access custom value fields to enhance the metrics used to generate charts, tables, and widgets. We've added several calculated fields, including "Inpatient Paid Amount," "Outpatient Paid Amount," and "Office Visit Paid Amount" for even greater reporting flexibility beyond just a single "Paid Amount" field.

New High Cost Members Monthly Claims Report

We've added a report that gives users another way to look at high cost members. Just like the High Cost Members Report and the Shock Claimants Report, the High Cost Members Monthly Claims Report allows users to generate a list of members whose total paid amounts are above a user defined dollar threshold.

This new report takes it a step further, returning the paid amounts (for both medical and pharmacy claims) for each member trended across each month within the reporting period. Accessible from Report Manager, this report can be exported in multiple formats (Word, PDF, and Excel), scheduled, and included in reporting bundles.

Data Type Accessibility Controls

Within the Settings panel, Admin users now have the flexibility to enable/disable

data types for users with different levels of access. From the Administration tab in the Settings panel, we've added a category called "Data Types" that allows Admin users to simply check a box to set data type permissions by user tier.

Disabling certain data types will restrict users' ability to drill down into that data type from anywhere within the application but will not restrict their ability to view that data type in aggregate form in reports and dashboards.

New Look & Feel - Comparison & Search Modules

With the phased rollout of the usability and user interface redesign, we've made improvements to certain interface elements in the Data Search Modules and Comparison Module. We've adjusted fonts for readability, the appearance of pop-up windows have been updated across the Search and Comparison Modules, and trending population labels have been updated within the Comparison Module.

Predictive Modeling Quarterly Upgrade

We've completed the quarterly maintenance upgrade of the Milliman Advanced Risk Adjusters (MARA) to MARA Version 4.3.3.2.

About Deerwalk, Inc.

Deerwalk is an innovative population health management, data management, and healthcare analytics software company based in Lexington, Massachusetts. Founded in 2010, Deerwalk is privately held with over 300 employees worldwide, including a technology campus in Kathmandu, Nepal. Deerwalk Partners with industry leaders responsible for making

decisions for the health of a population to optimize costs and improve the quality of care. Deerwalk offers a complete population health management suite built on a foundation of data integrity that delivers reliable data insights and actionable intelligence. Contact Leslie Ricci, MBA, BSN, RN, Director of Sales, Care Management, at lricci@deerwalk.com and visit www.deerwalk.com.

D.W. VAN DYKE ANNOUNCES DISTRIBUTION OF MEDICAL STOP LOSS INDUSTRY PERSISTENCY AND NEW BUSINESS SURVEY

Joe Sabol, Senior Vice President at D.W. Van Dyke & Co., Inc., announced that results for the recently completed Medical Stop Loss Industry Persistency and New Business Survey will be distributed the week of September 21st to the 27 participants (MGUs and Direct Carriers) representing over \$7.4B in annualized Stop Loss Premiums.

The July 2020 results reflect an uptick, as compared to the July 2019 Survey results, in both New Business written and Renewal Premium Persistency resulting in overall premium growth of just over 2.0% which is also slightly higher than the July 2019 survey results.

New to the survey this year, DWVD added an additional question covering the topic of Cell & Gene Therapy. The results reflect that almost half of the participants expect costs associated with Cell & Gene Therapy will comprise more than 5% of large claims over the next twelve months.

Stop Loss MGUs and Carriers interested in learning more about DWVD's Industry surveys and services should contact Joe Sabol at jsabol@dwvd.com, Chris Koehler at ckoehler@dwvd.com or Michelle Marzella at mmarzella@dwvd.com.

About D.W. Van Dyke & Company

Founded in 1978, DWVD provides intermediary and advisory support for reinsurance placements, distribution,

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



GILSBAR COACH OFFERING COACH-TO-MEMBER VIRTUAL CALL CAPABILITIES

COVINGTON, LA -- Gilsbar Coach is an engagement app designed for quick and secure clinical messaging between Gilsbar personal health coaches and nurses and Gilsbar members. Gilsbar health coaches and nurses communicate on topics specific to members' individual health objectives with the goal of creating actionable steps to improve overall health.

Gilsbar is focused on finding better ways to engage with our members and creating happier constituents and healthier bottom lines. We're excited to share Gilsbar Coach will offer secure, virtual face-to-face clinician services, starting in 2021.

Paul Johnson, Senior Director of Population Health Management, shared

"Due to COVID-19, many people are spending more time inside their homes and less time interacting with their health care providers. This new feature gives our clinicians the ability to communicate face-to-face with members via Zoom at their convenience. It's a great new addition that allows us to provide an even higher level of service to

improve the health of our members."

Gilsbar Coach and our Population Health Management program provides your organization with a combination of proactive educational and personalized solutions. Both are key features—and they work in tandem to create a fully-integrated approach. Our strategic outreach plan addresses the entire healthcare continuum, improving all risk categories: acute, chronic, diagnosed, and healthy/at risk. The personal outcomes—and related cost savings—speak for themselves.

About Gilsbar, LLC

Established in 1959, Gilsbar, LLC® is one of the largest privately-held insurance services organizations in the United States. Recognized as a catalyst for creating healthy businesses, Gilsbar, LLC® offers self-funded and fully-insured benefit plan management services, along with Wellness, Advocacy, and overall Population Health Management. Gilsbar, LLC®'s integrated delivery model improves the health and well-being of its members, resulting in significant health plan savings for its clients. Gilsbar, LLC® has been honored by Inc. magazine for its sustained growth, Modern Healthcare and Business Insurance magazines as a Best Place to Work, and WELCOA and the American Heart Association for its proven wellness methodology. Visit Gilsbar.com.

SCM PROMOTES CRAIG CLEMENTE TO PRESIDENT

Doylestown, PA – Specialty Care Management (SCM), a company concentrated on saving significant healthcare dollars for the self-funded marketplace, is pleased to announce that Craig Clemente has been promoted to President.

This move merges Clemente's prior title and responsibilities of COO with that of President. Adding to his oversight of day-to-day operations, he will direct the overall marketing efforts, all aspects of sales/promotion, and assume additional strategic planning and financial responsibilities.

Clemente assumes the position with 12 years of experience at SCM. Most recently, he has spearheaded and negotiated SCM's new Dialysis+ program, and expanded operations of nurse underwriting services, its extensive cancer management programs, as well as the company's comprehensive CKD-ERSD (chronic kidney disease-end stage renal disease) programs, the main aspect of SCM's business.

Robert Clemente, SCM Founder and CEO, said, "I am delighted to announce Craig's promotion to President. Craig has earned this position through hard work, dedication, and his proven capabilities to create and maintain mutually beneficial relationships in the marketplace. Further, he has flourished in part through his keen awareness of the ever-changing self-funded healthcare industry. Craig's experience coupled with understanding of the intricate synergies between SCM, our business associates, and clients, will enable this company to move forward and take advantage of challenges

and opportunities facing us."

At SCM, Clemente has been COO since 2015. A respected leader in the self-funded industry, in 2018 he had been appointed as inaugural Chairman of the Future Leaders Committee of the Self-Insured Institute of America (SIIA).

He has been a noted speaker at multiple industry events, and he is recognized as an industry resource.

Prior to joining SCM, he had worked stints in the hotel and bond trading industries. In 2012, Clemente earned his MBA with a concentration in healthcare from Northeastern University. He received his BA in Economics from Drew University.

Clemente is an avid sports enthusiast who enjoys hiking in the Adirondacks, playing basketball, and water and snow skiing. He resides with his wife and two children in Doylestown, PA.

About SCM

Based in Doylestown, PA, SCM is a national company which pioneers value-added strategies for the self-insured healthcare industry. A leader in managing and significantly reducing the high cost of catastrophic healthcare claims, the company specializes in minimizing the extraordinary costs and managing risk of renal dialysis, and cancer care. With some of its key executives working together in this healthcare niche since 2002, SCM was created in 2006. Visit specialtycm.com. ■



SIIA 2020

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