

# NCBCH

NC BUSINESS COALITION ON HEALTH

Spring Forum 2026



# About NCBCH

## Employer-Led Coalition

North Carolina employers working together to improve healthcare cost, quality, and outcomes

## Our Focus

Educate • Advocate • Innovate

## What's Working

Award-winning wellbeing programs

## Part of a National Network

Member of the National Alliance of Healthcare Purchaser Coalitions

*Connecting employers, partners, and ideas  
to drive better healthcare value*



# What Today Is About

## The Landscape

Legislation & employer implications

## New Approaches

Plan design • Payment models • Primary care

## What's Working

Award-winning wellbeing programs

## Key Drivers of Cost

Prevention & high-cost claims

*Ideas and connections you can take back and use*



# Spring Forum Agenda

8:45 AM – Welcome and Introductions

9:00 AM – Employer’s Legislative Update

10:00 AM – Redesigning the Employer Health Plan Experience:  
Plan, Payment & Primary Care

11:00 AM – Celebrating Workplace Wellbeing:  
2026 Culture of Wellbeing Award

11:30 AM - Innovator Spotlight:  
Emerging Solutions for Employers

12:00 PM – Networking Lunch

1:00 PM – Preventable Cancers & High-Cost Claims:  
Where Employers Can Make the Biggest Impact

2:45 - 3:00 PM – Wrap-up



**Link to presentation slides  
will be sent to all attendees following the Forum**



**SHRM and HRCI**



**5 recertification credits available for attending today**

**Activity codes available at registration desk**



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# Legislative and Legal Update for Employers

**Scott Wold, J.D.**



**Senior Council Employee Benefits  
Brown & Brown**





# NC Business Coalition on Health Legislative and Regulatory Update

May 1, 2026

**Presented By:**  
Scott Wold  
Brown & Brown, Inc.



# DISCLAIMER

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# Presentation Agenda



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One Big Beautiful Bill Act (OBBBA)

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CAA of 2026

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Litigation to Watch

01

# One Big Beautiful Bill Act (OBBBA)



# Overview

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- Passed in July 2025
- Initial guidance regarding employee benefit issues released in late 2025
- Key employee benefit provisions
  - » Health Savings Accounts (HSAs)
  - » Dependent Care Assistance Programs (DCAPs)
  - » Educational Assistance Programs
  - » Trump Accounts



# Health Savings Accounts (HSAs)

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Initial guidance contained in [Notice 2026-5 \(Dec. 2025\)](#)

- Telehealth and other remote care (effective 1/1/25)
  - » Enrollment in high deductible health plan (HDHP) (or stand-alone program) that provides telehealth or other remote care services at a cost less than fair market value before satisfaction of deductible does not cause loss of HSA eligibility
  - » What are “telehealth and other remote care services”?
    - Incorporates rules applicable under the Social Security Act applicable to Medicare that are not easily applied
    - Likely need to rely on telehealth vendors for specifics, but includes most services furnished by physician/practitioner via a system involving two-way, interactive technology that permits communication
  - » Does not include in-person services, medical equipment, or prescription drugs



# Health Savings Accounts (HSAs)

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- Bronze/catastrophic plans (effective 1/1/26)
  - » Effective in 2026, bronze and catastrophic plans available as *individual* coverage through an Exchange are treated as HDHPs even if do not satisfy minimum annual deductible requirement or maximum out-of-pocket (OOP) requirements
  - » Applies to off-Exchange plans if they are available through Exchange
  - » Applies even if bronze/catastrophic plans are purchased through an Individual Coverage Health Reimbursement Arrangement (ICHRA)

# Health Savings Accounts (HSAs)

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- Direct primary care service arrangements (DPCSA) (effective 1/1/26)
  - » DPCSA is an arrangement under which an individual is provided medical care consisting solely of primary care services provided by primary care practitioners where the sole compensation for such care is a fixed periodic fee
    - Not based on what care individual receives, but what is available
    - Definition of “primary care services” is unclear, but specifically does not include:
      - Procedures that require the use of general anesthesia,
      - Prescription drugs (other than vaccines), and
      - Laboratory services not typically administered in an ambulatory primary care setting.
    - The monthly membership fee must be no more than **\$150** self-only/**\$300** family (inflation adjusted)
      - Fee must be sole compensation, but provider can offer items and services outside DPCA for separate fee
  - » DPCSA are not disqualifying coverage for purposes of HSA eligibility
  - » On-site/near-site clinics may or may not qualify as a DPCSA
  - » Individuals may use HSA funds to pay for DPCSA fees paid by individual
    - But DPCSA fee cannot be paid by HDHP and HDHP cannot count fee toward deductible

## Dependent Care Assistance Programs (DCAPs)

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- Effective for 2026 and later, single individuals and married couples filing jointly may exclude from income up to **\$7,500** a year for dependent care benefits (**\$3,750** for married individuals filing separately)
- No annual adjustment for inflation
- Tax exclusion rule; not a plan maximum rule
- Compliance considerations
  - » Impact on 55% average benefits test

# Educational Assistance Programs and Trump Accounts

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- Educational Assistance

- » Permanent extension (effective 1/1/26) of ability to fund an employee's student loan payments on a tax-free basis through an educational assistance program
  - Under these programs, an employer may reimburse or pay principal and interest on employees' student loans on a non-taxable basis
  - Limit for 2026 for all educational assistance is \$5,250; annual inflation adjustment beginning with tax years after December 31, 2026

- Trump Accounts

- » IRA-like accounts for children
- » [Notice 2025-68 \(Dec. 2025\)](#) provides general guidance and indicates regulations forthcoming
- » Section 128 of IRC allows non-taxable employer contributions up to \$2,500/year per employee (indexed)
  - Subject to rules similar to DCAPs, including written plan and nondiscrimination requirements
  - Trump account for employee's children may be funded via salary reduction contributions through Section 125 plan

0  
2

## CAA of 2026 (2/3/26)



# Health Plan Transparency Provision

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- Expansion of definition of “covered service provider” (CSP) under ERISA 408(b)(2)
  - » Appears to be effective immediately as contracts are entered, extended or renewed
  - » Section 408(b)(2) requires CSPs to disclose their direct and indirect compensation if expected to receive at least \$1,000
  - » Failure to do so causes the arrangement between the CSP and the plan/plan sponsor to be a prohibited transaction
    - Prohibited transactions can lead to penalties and breach of fiduciary duty lawsuits
  - » Previously, CSPs were limited to third parties providing brokerage and consulting services with respect to ERISA group health plans (definitions were somewhat unclear)
  - » After CAA of 2026, CSPs now clearly include virtually all entities providing services with respect to ERISA group health plans
    - Legislation might seem to be directed at PBMs, but impacts other service providers as well
  - » No protection for “innocent” plan fiduciaries

# Health Plan Transparency Provision

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- **Mandatory 100% rebate pass-through**
  - » Effective for plan years beginning on or after 8/3/28
  - » Applies only to ERISA plans
  - » PBM must remit 100% of rebates, fees, alternative discounts, and other remuneration to plan or insurance carrier
    - No requirement to pass through rebates, etc. at point of sale
    - No explicit ban on spread pricing
  - » Quarterly payments
  - » Plans and carriers have audit rights
  - » PBMs can charge reasonable fees for bona fide services
  - » Failure to comply causes contract with PBM to be prohibited transaction
    - Could lead to penalties and/or lawsuits
    - Innocent fiduciary provision – correction and reporting to DOL required
  - » Regulatory guidance expected before effective date



# Health Plan Transparency Provision

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- PBM transparency and reporting

- » Effective for plan years beginning on or after 8/3/28
- » Applicable to ERISA and non-ERISA plans
- » PBMs must provide semi-annual reports to large employers/plans (100 or more)
  - Plan can request quarterly reporting
  - Significant amount of data regarding drug claims and PBM compensation
- » PBM must provide to all plans summary documents of the detailed data required for large plans
- » Group health plan disclosure requirements
  - Annual notice regarding PBM reporting obligations
  - Distribute the summary provided by PBM upon request
  - Detailed information about specific drug claims upon request
- » Failure to comply can result in a penalty of up to \$10,000 per day for late reports, although agencies can waive penalties if good faith effort made
- » Regulatory guidance expected before effective date

# DOL Proposed PBM Comp Disclosure Regulations

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- Issued 1/30/26, several days prior to passage of CAA of 2026
- Proposed to be effective for plan years beginning on or after July 1, 2026
- Requires PBMs and certain affiliated providers to disclose direct and indirect comp to fiduciaries of self-insured ERISA group health plans
  - » Expected comp in advance of when contract is entered, extended or renewed
  - » Actual comp disclosed semiannually
- Gives plans broad audit rights
- Failure to comply causes contract with PBM to be prohibited transaction, potentially triggering penalties and/or leading to litigation Protection for “innocent” plan fiduciaries



03

## Key Regulatory Developments



# Final Rules

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## Update to Women's Preventive Service Guidelines (Jan. 2026)

- » Additional preventive care services related to cervical cancer screening must be covered for plan years beginning on or after 12/29/27

## CMS Part D Creditable Coverage regulations (April 2026)

- » Effective 1/1/27
- » Eliminates notice obligations for account-based plans
- » New simplified determination method
  - Creditable coverage if plan:
    - Provides reasonable coverage for brand name and generic prescription drugs and biological products;
    - Provides reasonable access to retail pharmacies; and
    - Is designed to pay on average at least 73% of participants' prescription drug expenses (percentage subject to change in future).



# Final Rules

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EBSA Enforcement Priorities Announcement ([FAB 2026-01](#)) (April 2026) indicates EBSA has the following enforcement priorities:

- » Focusing enforcement on the most egregious conduct and significant harm (criminal cases and civil cases involving duty of loyalty)
- » Ensuring, whenever possible and consistent with its mission, that EBSA does not regulate by enforcement and instead promotes fairness, prior notice, and clarity to the regulated community
- » Requiring proper review by senior agency officials of all critical enforcement initiatives
- » Committing to timely and responsive enforcement

# Proposed Rules

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- [HIPAA Security Proposed Regulations \(Jan. 2025\)](#)
  - » Finalization of rule on OCR/HHS's regulatory agenda for May 2026
  - » Could be effective 240 days following publication of final rule
  - » Significant shift in how the security rule applies
  - » Currently a relatively flexible approach; proposed regs reflected a much more rigid approach with some strict security requirements
  - » Example – Makes encryption that meets “prevailing cryptographic standards” for all ePHI at rest and in transit, with limited exceptions, a required standard (currently is an addressable implementation specification)
- [Proposed Notice of Benefit and Payment Parameters for 2027 \(Feb. 2026\)](#)
  - » ACA OOP max for 2027 set at \$12,000 (individual) and \$24,000 (family) – more than 13% increase



# Forthcoming Rules

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- Rules regarding electronic disclosures by ERISA welfare benefit plans
  - » Expected to apply to most ERISA disclosures and notices (e.g., SPDs, various annual notices, etc.)
  - » Hopefully will modernize ERISA's electronic disclosure rules and make it easier to accomplish a valid distribution of documents electronically
- MHPAEA rules regarding NQTLs
  - » Enforcement of 2024 final regulations have been suspended since May of 2025
  - » Those final regulations will reportedly be significantly re-written
  - » Proposed regulations will be published by end of year
  - » **Reminder:** statutory obligation to conduct a comparative analysis of plan's NQTLs remains effective

04

## Legislation to Watch



# Pending Legislation

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- **Patients Deserve Price Tags Act (S 2335)**
  - » Additional transparency to employer plans and plan participants regarding costs (builds on existing transparency in coverage rules)
  - » Concerns include hold harmless provision, fiduciary certification, and civil monetary penalties
- **Healthy Competition for Better Care Act (HR 6248/S 4027)**
  - » Prohibits certain provisions in contracts between plans/issuers and providers/provider networks viewed as anti-competitive
    - E.g., provider/network contract cannot restrict plan from steering participants to other providers
- **PBM FAIR Act (S 3549)**
  - » Amends ERISA to impose mandatory fiduciary status for PBMs and others
  - » Scope unclear, but could make anyone that helps provide Rx benefits a fiduciary
- **Improving Dental Administration Act (HR 7931)**
  - » Carves out dental coverage from ERISA preemption so that self-insured dental plans would be subject to state regulation

# Pending Legislation

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- **Every Dollar Counts Act**
  - » Few details provided
  - » Drug costs must be counted against deductible and OOP max regardless where purchased (e.g., through direct-to-consumer programs outside of health plan)
  - » Unclear if it would apply only to fully insured plans or self-insured plans as well
  - » **Note:** TrumpRx is platform for linking patients to manufacturers' direct-to-consumer programs
- **PBM Kickback Prohibition Act (HR 7895)**
  - » Prohibits any direct or indirect compensation from PBMs to brokers, consultants, advisors and other third parties for “referrals”
  - » Could impact how some plan sponsors fund work done by consultants and advisors related to pharmacy benefits
- **OPTIONS Act**
  - » Creates Section 125A of the Internal Revenue Code authorizing “qualified benefits options” plans
  - » Allows employees to allocate employer contributions among retirement plans, HSAs, HRAs, educational assistance programs and other nontaxable benefits (but no cash or taxable benefit)

05

## Litigation to Watch



# Pending Litigation

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- Voluntary benefits insurance lawsuits
  - » Four simultaneous suits against employers and their brokers
  - » Alleging breaches of fiduciary duty and prohibited transactions related to selection and monitoring of insurance carrier that issues voluntary products
  - » Renewed focus on whether voluntary products are an ERISA plan
  - » Continued emphasis on prudent selection and monitoring of service providers, including carriers
- Other fiduciary breach cases
  - » *Northwestern University case*
    - Key issue – whether decisions regarding plan structure are settlor or fiduciary functions
    - Motion to dismiss failed
  - » *JPMorgan Chase case*
    - Prohibited transaction claim related to contract with PBM survived motion to dismiss based on Supreme Court decision
      - Supreme Court held recently that to survive motion to dismiss on prohibited transaction claim, plaintiff simply needs to allege that a transaction exists between the plan and party in interest

# Pending Litigation

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- ERISA preemption cases related to State PBM regulation
  - » Unsettled area due to Supreme Court's decision in *Rutledge* (AK PBM law not preempted) and subsequent appellate decisions that seem to be conflicting
  - » Most recent decision - *McKee Foods* (April 2026)
    - Appellate Court determined ERISA preempts two Tennessee PBM laws
      - Law requiring PBMs and plans to allow any willing provider into PBM network
      - Law prohibiting steering participants to preferred pharmacies with financial incentives or penalties



**Questions?**





**THANK YOU!**

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# Redesigning the Employer Health Plan Experience

## *Plan, Payment & Primary Care*



### Moderator

David Zieg, MD,  
National Director Clinical Services, Alliant



### Panelists

Danish Nagda, MD,  
Founder and CEO, Rezilient



Steven Serra, MD,  
National Medical Director, Aetna



David Kinsey,  
VP, TempoPay



Hannah Cockrum,  
Director of HR, PWT





*2026 North Carolina Coalition on Health*

# Redesigning the Employer Health Plan Experience

*Plan, Payment, & Primary Care*

May 1<sup>st</sup>, 2026

**Dave Zieg, M.D.**

National Director, Clinical Services

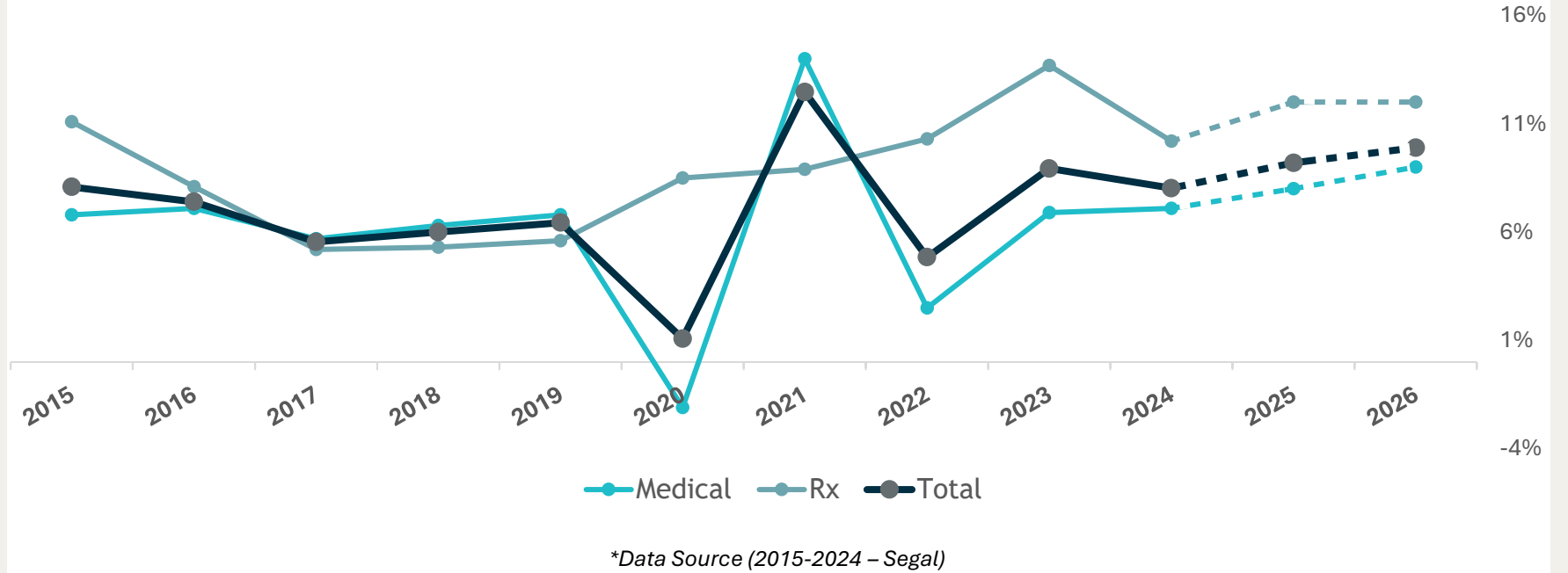
# Healthcare Cost Trend is Accelerating

Medical inflation has reached a 10-year high and is expected to continue through 2027.

*"The high cost of treating patients isn't going away. Now what?"*  
- PwC\*\*

*"minimizing noise" may turn out to be more "disruptive" to employees than making necessary changes would be"\*\*\**  
- BGH

## Medical and Rx Trends\*



## Macro Drivers of Inflation

### Core Medical Inflation (~2-3%)

### High-Cost Claimants (~1-2%)

- More cases/higher incidence
- Increased severity, including cancer

### Increased Utilization (~0-2%)

- Chronic issues from deferred care
- Aging population/worsening health

### Provider Challenges (~1%)

- Provider staffing & wage pressure
- High-cost/Low quality
- Consolidation/investment

### Upcoding/Revenue Generating Strategies (~2-2.5%)

- AI revenue maximization
- Scope-of-practice billing
- Independent Dispute Resolution

### Pharmacy (~1-2%)

- Drug pipeline
- GLP-1s

### Regulatory Impact (?)

- OBBA
- Tariffs



Would you buy  
this car for  
\$86,000 ?



# What does value mean in health care?

*The framework needed to evaluate the entire health benefits ecosystem.*

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

The equation is visually represented with a shield icon containing a checkmark next to 'Value', a person icon inside a circle next to 'Quality', and a price tag icon next to 'Cost'.

**Quality =**

- ✓ Access
- ✓ Outcomes
- ✓ Appropriateness
- ✓ Experience

**Cost =**

Unit price  
of care

*Otherwise, we rely only on what the carriers and vendors are pitching to us.*

# Panel Discussion

# Financial barriers to care are wreaking havoc on the healthcare system and your organization



**4 in 10**

delay or skip necessary care due to cost<sup>1</sup>



**25%**

of prescriptions are abandoned monthly due to cost<sup>2</sup>



**92%**

say medical bill stress impacts their health<sup>3</sup>



**59%**

of Americans can't cover an unexpected \$1,000 bill<sup>4</sup>



**\$1,100**

the average yearly out-of-pocket healthcare cost for an individual<sup>5</sup>



**43%**

of hospitals now require some payment upfront<sup>6</sup>

# Simplifying healthcare payments and lowering costs for members and employers



Broad WI medical network for self-insured employers with lower unit cost than carrier owned networks



National proprietary payments network with uncapped interest-free member financing for post-adjudicated claims



National debit card-based interest-free financing benefit with a dollar cap and spending limited by Merchant Category Codes

## Proven, scalable, and built to last

**20 years**

Founded  
in 2005

**\$7B**

in payments  
processed

**100%**

provider  
retention

**95%**

customer  
satisfaction



# The Panel



**Dave Zieg, MD**  
National Clinical Services Leader  
**Alliant Insurance Services**  
[dave.zieg@alliant.com](mailto:dave.zieg@alliant.com)



**Danish Nagda, MD**  
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**David Kinsey**  
VP of Partnerships and Sales  
**TempoPay/PayMedix**  
[dkinsey@hps.md](mailto:dkinsey@hps.md)



**Hannah Cockrum, SHRM-CP, CSP**  
Director of HR  
**PWT**

# The 2026 Culture of Wellbeing Award

Recognizing employers leading the way in total wellbeing



# **A statewide award recognizing employers redefining workplace wellbeing**

- **Leadership-driven**
- **Whole-person focused**
- **Measurable impact**



**Established 2022  
as the Culture of Wellness Award**

**Named in honor of  
NCBCH Founder Chris Coté**

**Expanded in 2024  
to the Culture of Wellbeing Award**



# Past Winners

## Large Employer

**2025: Reynolds American**

**2024: Volvo Group NA**

**2023: City of Charlotte**

**2022: Alex Lee**

## Small/Midsize Employer

**2025: Atlantic Packaging**

**2024: City of Rocky Mount**

**2023: Glen Raven**

**2022: Cleveland County Government**



# **Programs are evaluated across 5 areas:**

**Culture & Leadership**

**Strategy & Communication**

**Programs & Incentives**

**Measurement & Outcomes**

**Innovation**



2026 Culture of Wellbeing Award  
**Small/Midsize Employer**


# **Kewaunee Scientific Corporation**

2026 Culture of Wellbeing Award Winner





# Empowering Well Living

  
*A 10-Year Wellness Journey  
2016-2026*



**Kewaunee**  
Well Living

# Our Story

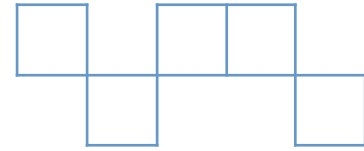
In 2016, Kewaunee made a deliberate decision to stop treating healthcare as a benefit and start prioritizing wellness as the key investment in our Associates.

What followed has been a decade long evolution in how we care for our people, support families, strengthen culture, and prove that a dedicated focus on health creates measurable human and business outcomes.

This is not a story about a single program. It is an ever-evolving collaborative journey grounded in listening, relationship building, shaping culture with intention, and designing Kewaunee specific systems rooted in data to help our Associates thrive at work and at life.



# Why This Journey Began



## The Reality in 2016

- ❑ Healthcare was fully insured, fragmented, and reactive
- ❑ Associates cycled between work and home with little time or support to focus on their health
- ❑ Wellness offerings existed but lacked continuity, personalization, and long-term impact

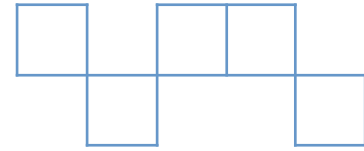
## The Insight

Our people were spending most of their waking hours at work and their health and wellness needs were not being met. Our claims were continuing to rise with limited opportunities for us to mitigate and challenge increases.

## Leadership Vision

- ❑ We had a vision at Kewaunee of a better way to approach the health and wellness needs of our Associates.
- ❑ Strategic partnerships and key leaders help set the stage for a new day. Leaders such as Patton Coles, Senior VP at USI, and Ed Rush, former CEO of Iredell Health System, played key roles in shaping this transformation
- ❑ A shared belief emerged: *healthcare should meet people where they are*

# A Bold Decision



## A Foundational Shift

- ❑ Transitioned from fully insured to self-insured
- ❑ Partnered with Iredell Health System to reimagine workplace care
- ❑ Committed to building something unprecedented without a roadmap

## Leadership Commitment

*“I don’t know exactly what this will look like, but I am committed to building it together.”*

– Ed Rush, Former CEO, Iredell Health System

From this commitment numerous people have helped provide momentum throughout the journey. The original group, that still anchors the program today, includes Beth Phillips, Matthew Rinaldi, Bridgett Pope, Ella Davila-Hernandez and Patton Coles.

# Meet the Wellness Core Team



**Bridgett Pope**  
Benefits Administrator



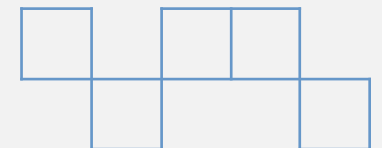
**Beth Phillips**  
SPHR, SHRM-SCP  
Vice President  
Human Resources



**Matthew Rinaldi**  
Manager  
Occupational Health



**Ella Davila-Hernandez**  
Nurse Practitioner  
Iredell Physician Network



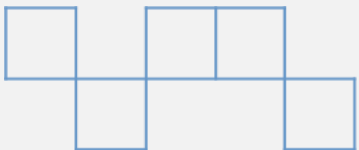
# Building the Foundation 2016-2018

## Bringing Care Onsite

- Onsite Fitness Center in 2016
- Onsite Nurse Practitioner in 2016
- Brand New Onsite Health Clinic in June 2018
- Preventive screenings and flu clinics
- Wellness challenges

## Early Impact

- Increased access, trust, and engagement
- Established momentum for long-term well-being



# Expanding the Model

## 2019-2021

### From Programs to Systems

- ❑ Wellness points and Wellness Warrior program
- ❑ Medical Outcomes Committee to guide decisions
- ❑ Expanded onsite services including dental, chiropractic, and mammography
- ❑ Introduction of mental health and financial wellness education

### The Shift

- ❑ From isolated activities to sustainable, integrated care



**EARLY DETECTION SAVES LIVES**

January 16th, 2019 at Kewaunee Scientific

- Breast cancer is one of the leading causes of death for women in our region.
- Early detection is critical to a successful outcome and our Mobile Mammography Unit helps make that possible.
- Our state-of-the-art screening unit on wheels visits more than 70 Companies and provides approximately 4,000 mammograms annually.
- Say goodbye to two-hour doctor visits, our process makes it easy for you to obtain a valuable screening in just a few minutes.

**To Make an Appointment Contact:**  
Matthew Dwyer  
Corporate Health Manager  
Kewaunee Health  
704-671-3252

**Make your appointment Today!**

Crowley Valley Medical Center

They never is free of charge for Kewaunee associates and insured spouses.



# Momentum & Maturity

## 2022-2024

### Scaling Access, Awareness, and Impact

- ❑ Expanded preventive screenings and early-detection partnerships
- ❑ Increased focus on mental health and emotional wellbeing
- ❑ Targeted education across physical, mental, and financial health
- ❑ Broadened access for families and covered spouses



## Diabetes Navigation

Diabetes Navigation is an interactive health outreach designed to help you better understand diabetes and establish healthy lifestyle choices to manage your blood sugar more effectively. The goal is to enhance your knowledge and confidence to improve your overall health and wellbeing! This program is for employees living with type 2 diabetes or at risk for developing diabetes.

### When:

Diabetes Navigation will take place on the following Wednesdays. We will have a Kickoff Meeting on October 27 from 12pm-1pm.

- November 1
- November 8
- November 15
- Mid-course Check in - 11/28, 11/30, 12/5
- December 6
- December 13
- December 20
- Final Course Competition Meeting and Awards Ceremony

### Where:

Human Resources Training Room or virtually through Microsoft Teams

Encouraging

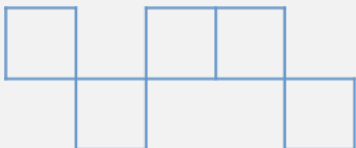
All qualifying Associates that participate in this life changing wellness event will not only reap the benefits of the information provided in each session, participants will also receive the following:

- A \$25 Gift Card after completing the first three courses and the Mid-Course Check-in.
- An additional \$25 Gift Card upon completion of the course
- Participants who complete this program will receive a t-shirt showing off your dedication and commitment to a healthier you!

Well Living

 **KEWAUNEE®**  
Scientific Corporation  
Sign up with Matthew Rinaldi  
704.871.3252

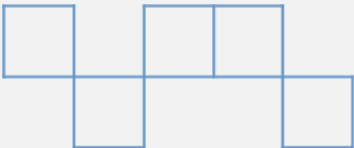
 **Iredell**  
Corporate Wellness



# Where We Are Today 2024-2026

## A Mature Wellness Ecosystem

- We intensified annual requirements to receive wellness incentives
- Enhanced the onsite gym and opened a Relaxation Room
- Started the Stretching at Work program
- Began Ella's Health Heros monthly
- Accessible Mental health – outreach and awareness
- Wellness embedded into leadership, operations, and culture



### GRAND OPENING: KEWAUNEE RELAXATION ROOM

We are excited to announce the launch of our new Relaxation Room. This area is reserved as a quiet space for our Associates to step out of their normal work environment for a few minutes to rest and recharge their minds and reduce stress.

#### GRAND OPENING & MASSAGE RAFFLE

The Kewaunee Relaxation Room will have a grand opening event today, November 4 for Associates to tour the space, and enter to win a 30-minute chair massage (in various sizes) by entering the draw to check out the space and enter the drawing.

#### RELAXATION ROOM SIGN UP & INFORMATION

- Officially opens on Monday, November 4 for Associates to tour the space.
- Located on the Physical hallway between HR and IT.
- Associates can sign up to use the space once a day for a 15-minute time frame, beginning Tuesday, November 5.
- Associates must reserve the room on the sign-up sheet before use.



### KEWAUNEE KEWAUNEE WELLNESS PROGRAM DISCOUNTS

Keewaunee offers a variety of on-site wellness programs and benefits to all Associates through our on-site Wellness Center, including priority wellness care through direct booking.

Keewaunee offers a discount on your medical insurance premium for allowing these wellness care, as well as certain wellness classes, such as age-specific swimming along your Wellness Center sign-up.

Program	Discount	Eligibility	Start Date
Medical Insurance	10%	Full-time	1/1/2025
Dental Insurance	10%	Full-time	1/1/2025
Vision Insurance	10%	Full-time	1/1/2025

Participating in the program is easy. Just follow these simple steps:

- **Step 1:** Complete your annual wellness visit. These visits are encouraged, but not required for insurance discounts. Please contact your manager for more information.
- **Step 2:** Following your wellness visit, email with our credit card to receive a Wellness Discount to reserve your visit and discuss make-up rules for any absences.
- **Step 3:** Complete any additional age-specific testing requirements and provide documentation to the on-site nurse for a discount.

The program requires that participants at minimum be a resident of the United States, be 18 years of age or older, and have a valid email address. Associates are not eligible for the wellness discount unless they are currently active in the wellness program.

For questions regarding your Wellness Discount or Keewaunee's Wellness programs, contact:

**Wellness Discount:**  
Bright Side (784) 877-8338 or brightside@keewaunee.com

**Wellness Program:**  
Michelle Nichols (784) 877-8332 or michellenichols@keewaunee.com

Keewaunee respects your privacy and takes HIPAA regulations. Please know that our medical information is confidential and will not be shared with us from our wellness program providers.

### KEWAUNEE POTTY PARTY RECAP

On Tuesday, April 23, we held the Kewaunee Potty Party in partnership with Bright Side to raise awareness about the importance of proper restroom use.

Associates had the opportunity to learn about proper restroom hygiene, see an interactive video, and participate in a fun contest that gave an on-site look at what a healthy restroom should look like. You could also win prizes and take home a potty party kit. We thank you for your participation and support in this important initiative.



### iredell Corporate Wellness

## ELLA'S HEALTH HEROES

Championing Health and Wellness Journeys

**Associate Name:** Jim Smith  
**Department:** Materials

Congratulations to Jim on setting an inspiring example of dedication and perseverance with his health journey!

Over the past year, Jim has made remarkable strides in improving his health habits to embrace a more active lifestyle and prioritize his well-being. His journey through the Well Living program is a powerful reminder that meaningful change is always possible with commitment and consistency.

Thank you, Jim, for being a Health Hero!

*Ella Davila-Hernandez*  
Ella Davila-Hernandez  
Nurse Practitioner  
iredell Physicians Network

**it Matters**

### KEWAUNEE AT WORK STRETCHING PROGRAM: STRETCHING REVIVAL

In August, we celebrated three years of our ongoing stretching program, a milestone that reflects our continued commitment to Associate health and safety.

To keep the momentum going, we're inviting our office Associates to a special stretch session on Thursday, February 26 at 8:30 a.m. You can join us in person in the HR Training room or via Microsoft Teams for a quick, energizing stretch and a fun surprise guest appearance you will not want to miss!

This session is designed specifically for our office team and is a great opportunity to step away from your desk, boost your energy, and start the day on a positive note.

We hope you will join us as we continue building healthy habits while adding a little extra excitement to the morning.

# Whole-Person Wellness

## The Well Living Framework

- Physical:** Preventive care, fitness, screenings, chronic condition support
- Mental & Emotional:** EAP, stress management, sleep, suicide prevention
- Financial:** Budgeting, retirement planning, and financial coaching

## What Changed

- Wellness has become part of daily work life

**EAP Open House**  
*With the Wellstreams Group*  
December 1 | Wood Plant Breakroom

Giveaways • Free Counseling Sessions • Chair Massage Drawing

Kewaunee will partner with Wellstreams Counseling Group to host an open house at Kewaunee on Wednesday, December 1.

Two of their providers will be available from 11:30 am - 4:00 pm to answer questions and help you take advantage of the 6 free counseling visits that are available to all Associates and insured dependents.

This event will also include several giveaways and every Associate that participates will be entered into a drawing for a free chair massage on December 3.

**it Matters**

*Giveaways*

- Stress balls
- Journals
- Cups
- Sunglasses

**PRUDENTIAL PATHWAYS FINANCIAL WELLNESS SERIES**

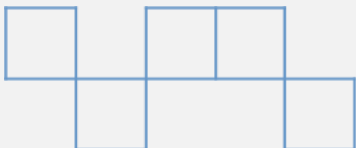
Prudential Pathways will visit Kewaunee on Tuesdays during June to present a 3-part Financial Wellness Educational Series. *Your Financial Future is Calling.*

**When:** Tuesdays, June 4, 11, 18  
**Location:** HR Training Room  
**Time:** 2:00 - 3:00 p.m.

This three-part series is built to help you revitalize your financial wellness strategy by providing steps to help organize your finances. Topics will include:

- Setting Financial Goals
- Protecting your assets through risk management
- Investment Principles
- Healthcare Planning
- Retirement & Asset Distribution Planning
- Tax Strategies
- Estate Planning Strategies
- How Your Employee Benefits fit into your Overall Financial Wellness

To sign up for this three-part series scan the QR code below or contact Ashley Gagnon on the HR Hall. *\*Please use your badge number when asked for your Employee ID during registration.\**



# Measurable Impact

## Recognition

- ❑ Cigna Healthy Workforce Designation (2019 & 2021)
- ❑ Cigna Healthy Workforce Designation — Gold Level (2022-2025)
- ❑ Columbus Captive Awards (2020 & 2024)
- ❑ Operational Excellence Winner Q3 2026

## Results

- ❑ Record-breaking blood drives and preventive screening participation (Mammography, PSA, Colon)
- ❑ Continued increased engagement across a 10-year span
- ❑ The program has reached a virtually unmatched 85% compliance rate with annual wellness labs, follow-up visits, and age-specific testing
- ❑ Total Average Trend since 2016 at 2.8%
  - ❑ Specialty pharmacy trend down almost 15% YOY
  - ❑ Overall pharmacy trend down 8.1% YOY
  - ❑ Generic dispensing rate is 95%



Kewaunee's Operational Excellence Award is about bringing teams together to make a real impact on how we operate and the results we deliver. Our Q3 winner, **Advancing Well Living at Kewaunee**, is a strong example of this work in action, demonstrating how collaboration, innovative, data-driven programming, and long-term commitment can drive meaningful outcomes for both our Associates and our organization.

### PROJECT SUMMARY

When Kewaunee's Well Living program was introduced 10 years ago, it focused on helping our team stay at their best by increasing access to preventive care. For many Associates, this support had not always been available or easy to prioritize. By bringing services onsite and reducing barriers to participation, engagement steadily increased.

In the program's first year, participation in annual wellness labs was approximately 30 percent. Today, in its 10th year, the program has reached a virtually unmatched 85 percent compliance rate with annual wellness labs, follow-up visits, and age-specific testing. This progress was driven by data and Associate feedback to identify key health risks, along with a strong partnership with Inetel Health Systems that expanded and personalized care.

This success is supported by Kewaunee's dedicated wellness team, onsite Inetel Health Nurse Practitioner (NP), and leaders across the organization who actively encourage participation. Through onsite specialists, ongoing education, and initiatives such as the Diabetes Navigation program, Associates are taking meaningful steps toward improving their health.

### PROJECT IMPACT

By expanding access to preventative care and bringing services directly to campus, the Well Living program has removed barriers that previously limited participation. Associates are now better equipped to understand their health, identify potential medical needs earlier, and take informed steps toward reaching well-being to support healthier outcomes for years to come.

Congratulations Kewaunee Well Living Team!



We are thrilled to share that Kewaunee has once again been recognized at the Gold level of the 2023 Cigna Healthy Workforce Designation. This is the highest honor Cigna awards and one that only the top 23% of considered employers received.

The Cigna Healthy Workforce Designation evaluates organizations based on the core components of their well-being program, including leadership and culture, program foundations and execution, policies and accommodations, and more. Organizations recognized with this designation are held to the highest standard of excellence for organizational health and vitality.

This is the second consecutive year that Kewaunee has received this award, in addition to our long-standing history of receiving Cigna's previous iteration of the award.



A lot of care and effort goes into maintaining and continuously evolving Kewaunee's Well Living program to the greatest benefit of our Associates. We would like to extend a special thanks to Matthew Finack and the entire Human Resources team for the work they've done to consistently build upon our wellness offerings to create a positive and healthy workplace, with impacts that extend far beyond even this significant achievement.

We are also grateful to all of our Associates for participating in Kewaunee's Well Living program and helping to fuel a healthier workplace.

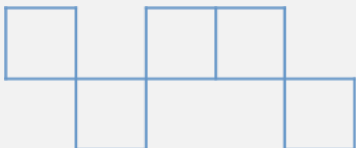
We look forward to another year of engaging and transformative programs and events.

## Average Annual Trend

Total: 2.8%

Medical: 1.9%

Pharmacy: 5.9%



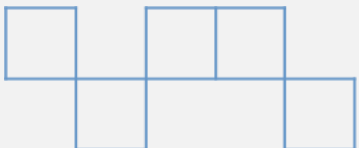
# What's Next

## The Future of Well Living

- Opening of New Wellness Center (May 2026)
- Health Hero of the Year (May 2026)
- Spouse Gift Outreach (May 2026)
- K25K – Back by Popular Demand (November 2026)
- More to come – but not yet time to share!

## Our Belief

- Investing in health delivers measurable human, business, and community outcomes!





2026 Culture of Wellbeing Award  
**Large Employer**

# Harris Teeter

2026 Culture of Wellbeing Award Winner





# Harris Teeter

*Enriching Lives Through Wellness – One Associate at a Time*

2026

## Harris Teeter Overview

- 250+ Stores (Delaware, Maryland, Virginia, NC, SC, Georgia, Florida, Washington, D.C.)
- 2 Distribution Facilities
- 36,000 associates
- Celebrated 65<sup>th</sup> Anniversary in 2025



# EVERY VOICE

We believe every voice is valuable. We foster an environment where all feel they belong and their voice will be heard.



# WITH YOU, FOR YOU

We believe in people, and we stand together as one team who supports each other and treats others with kindness always. We genuinely want others to be and feel successful.



# BELIEVE IT'S POSSIBLE

We bring positive energy to everything we do and are a company of innovators who see what is possible and find ways to achieve it.



# BETTER EVERY DAY

We are an organization never fully satisfied. We celebrate wins AND we believe in consistently exceeding what we have done before, continually improving ourselves, our company and the communities we serve.



# ENRICHING LIVES . . .

**ONE MEAL,  
ONE FAMILY,  
ONE ASSOCIATE,  
AND  
ONE COMMUNITY AT A TIME**



# INTEGRITY ALWAYS

We are individuals and a group who does what we say we will do and hold ourselves and each other accountable. Above all, we never compromise on integrity.



# Are You Alright? Harris Teeter's Wellness Program

Our wellness program strives to share health knowledge, encourage healthy choices, and foster healthy lifestyles so all associates feel inspired, motivated and empowered to live healthier lives.

## Unique Wellness Challenges in Grocery Retail

- Shift work and irregular schedules
- Physically demanding roles
- Limited access to technology
- Financial & Mental health stress
- Highly distributed workforce



# Harris Teeter Wellness Pillars

A holistic, inclusive approach designed to meet associates where they are.



**Emotional:** To focus on self-awareness, relaxation, and agility in dealing with life challenges.



**Physical:** To maintain good health through nutrition, sleep, exercise, and self-care.



**Career:** To identify ways to expand your knowledge, abilities and skills.



**Financial:** To manage personal finances to reduce stress and build security.



**Community:** To establish a sense of connection, belonging and a well-developed support system.



# Programs in Action

- **Lantern Surgery Benefit**
  - \$500K savings in first year (2025)
  - 26 Total Procedures 6 Categories
  - Joint, Spine, Bariatrics, Gyn, General, Other (Ortho)
- **Harris Teeter Associate Annual Field Day**
  - [AHA Field Day Event | Harris Teeter | Videos & Movies on Vimeo](#)
- **Hinge Health at Work: On-site MSK Events**



# Programs in Action - Continued

- **On-Site Wellbeing Days - 2025**
- AccessCare Preventative Care Services
  - Dental Cleanings, MSK Screenings, Vision, Hearing
  - 52 site visits over 49 days!
    - South Carolina
    - North Carolina
    - Maryland/Virginia
    - 2 Distribution Centers & Store Support Center
  - Used associate survey data to determine targeted locations
- 718 completed appointments
  - 546 scheduled appointments
  - 172 walk-in appointments
  - Appointment show rate = 82%
  - 4.73 / 5.0 Stars (Overall Experience Rating)
- **Employee Assistance Program (EAP)**
  - Previous EAP provider resulted in struggle to get appointments
  - Lyra EAP + Health Plan Integration
  - Need for a proactive and measurable approach to mental health for our associates

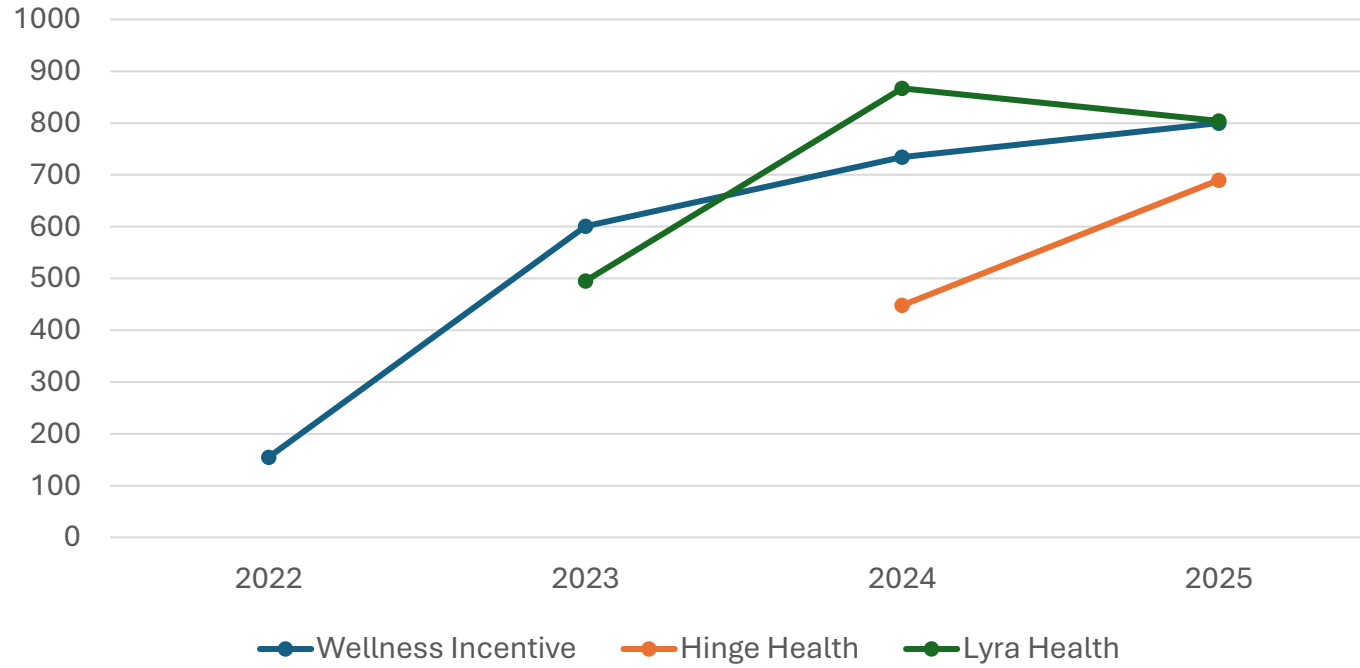


# Engagement & Participation

- **Communication strategies**
  - Digital Communication
  - Print and Direct Outreach
  - High-Visibility and Brief Touchpoints
  - Leadership, Partner, and Peer Engagement
  - Culture of Wellness Through Daily Interaction
- **Incentives**
  - Wellness Incentives-money in paycheck
  - Raffle items
  - Harris Teeter Gift cards
  - Fuel Points
- **Quarterly Wellness Challenges**
  - Over 700 associates registered, over 80% program engagement.



# Measurable Outcomes/Results



## Wellness Incentive Program

- From 2022-2023 we saw a 288 % increase on engagement (associates receiving maximum yearly wellness reimbursement)

## Hinge Health

- From 2024-2025 we saw a 54% increase on engagement

## Lyra Health:

- From 2023-2024 we saw a 75% increase on engagement
- Critical outreach: 16.6% associates were flagged as a high alert (BOB 12%)
  - 8 that were high risk- 7 answered clinical outreach calls (88%)
  - 4 low risk requested a clinical phone call-100% answered



# Lessons Learned / What Worked Well

## Lessons Learned

- One-size-fits-all approaches miss key associate groups
- Health engagement improves when messaging is consistent, manager-supported, and locally reinforced
- Time, access, and awareness are bigger barriers than motivation

## What Worked Well

- On-site screenings activities drove strong participation
- Team-based challenges increased engagement and connection
- Store leadership involvement improved visibility and uptake
- Targeted focus on MSK risk helped connect wellness to meaningful health outcomes



## Closing Priorities & Next Steps

- Strengthen and modernize our incentive strategy to drive engagement and outcomes
- Maintain a strong, sustained focus on preventive care
- Expand targeted support for cardiometabolic health needs
- Adapt programs in response to the growing impact of GLP-1 therapies
- Advance innovative approaches to address social determinants of health (SDOH)



# Thank you

- Enriching Lives – One Associate at a Time



# Innovations in Employer Health/Wellness Benefits

**\*Quick Rounds\***

**5 Innovators for Employer Health**

**Each speaker will have just 5 minutes  
to highlight their innovative solution**



# Innovator #1: Goodpath - Sarah Jarecki

goodpath



goodpath

# Integrative Care for Weight Management

Sustainable health and cost outcomes for  
obesity and GLP-1s.



# The Diversity of NC







## Dana, 39

---

- Manufacturing team lead
- BMI 34
- Enrolled for weight management

### PROGRAM A

---

AFTER 12 MONTHS

**-4 lbs**

Lost some weight early, then plateaued.  
Back near baseline by month 8.

### PROGRAM B

---

AFTER 12 MONTHS

**-38 lbs**

Steady, sustained progress.  
Still losing at month 12.

**What did Program B do differently?**

What happened?

# You can't out-coach untreated pain and depression.

What Dana was also living with:

Chronic lower back pain (6/10 daily) • Moderate depression (PHQ-9: 14)

## PROGRAM A

### Dana, 4 lbs

Treated weight only.

.....  
Lower back pain went unaddressed, making exercise painful and inconsistent.

Depression went unaddressed, eroding motivation, disrupted sleep, & drove emotional eating.

## PROGRAM B

### Dana, 38 lbs

Treated weight, pain, and depression - together.

• PT and ergonomic support reduced back pain & exercise became possible again.

CBT and Health Coach support improved depression & motivation and sleep improved.

You can't treat weight without treating what's connected to it.

GLP-1s?



# Whether or not you subsidize GLP-1s, Goodpath drives impact

## Direct-to-Employer (DTE)

**Description:** Employer-sponsored GLP-1 benefit through Goodpath

**Who pays?:** Employer pays a pre-determined portion/subsidy of the cost, and the employee pays any remaining portion

## Self-Pay / Direct-to-Consumer (DTC)

**Description:** Member pays directly for the medication through Goodpath

**Who pays?:** Member pays full cost

### Both pathways offer:

- Access to the branded GLP-1 medications
- Same clinical experience, with access to physicians, coaching, etc
- Same Goodpath member experience

# WeightRx Total Support

## WHAT IT IS

An employer-sponsored GLP-1 benefit with transparent, rebate-free pricing, carved out from the PBM

**35%+**

### savings vs. PBM pricing

on Wegovy and Zepbound — with employer-controlled cost share, no rebate games, and no surprise bills.

### Employer-Sponsored Carve-Out

Sits outside the PBM, the employer builds the program design.

### Rebate-Free

No hidden rebates or spread pricing. What the employer sees is what they pay.

### Transparent Pricing

Negotiated rates on branded GLP-1s with full cost visibility and employer-set contributions.



**Since joining Goodpath, I've lost 31.5 lbs, 7% body fat, and gained 7.1% muscle.**

**I sleep better, have more energy, and I am less anxious. It has been almost a year and I've kept the weight off!**

**Adrienne Rhode, Benefits Specialist  
Covenant HealthCare  
Goodpath Member**

# Innovator #2: CheckMySpot – Mike Webb



# CheckMySpot<sup>®</sup>

Early Detection Matters



Empowering Access  
Exposing Expense

# Enhancing Outcomes

J. Michael Webb, MD, FAAD, FACMS  
jmwebbmd@checkmyspot.com

Elizabeth Webb, JD  
eswebbjd@checkmyspot.com



**NCBCH**  
NC BUSINESS COALITION ON HEALTH



**CheckMySpot**  
Early Detection Matters



ValidationInstitute

# Skin Cancer Is a National Health Problem



One in five Americans **develop skin cancer by age 70**



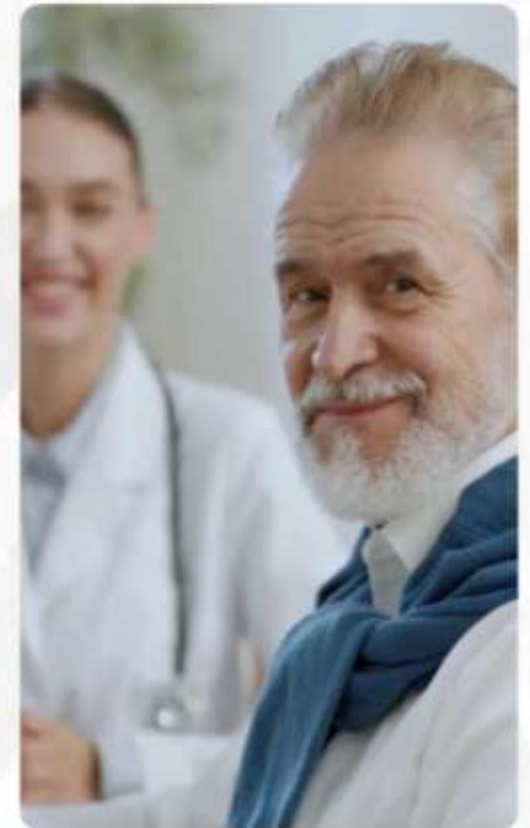
Two people in U.S. **die every hour**



**\$8.9 billion** spent yearly on skin cancer care



**Lost productivity** costs employers even more



# No One Should Die from Melanoma\*



CheckMySpot<sup>®</sup>

Early Detection Matters

It can take over a year to get diagnosed.  
That's too late for many.

Cancers arise in  
skin's top layer



Around 6 -12 months,  
they grow toward  
blood and lymph  
vessels



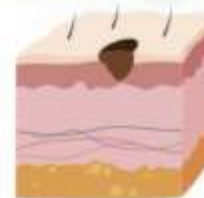
Key: Catch cancers  
before they spread



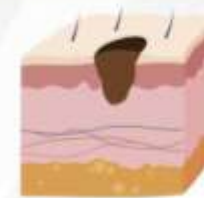
Faster ACCESS  
improves outcomes  
with less expense



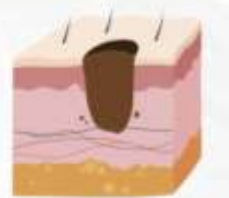
Month  
6\*<sup>^</sup>  
before  
discovered



Month  
12\*<sup>^</sup>  
decision for  
appointment



Month  
14\*<sup>^</sup>  
at  
appointment



\*Xiong et al. Delays in the surgical treatment of melanoma are associated with worsened overall and melanoma-specific mortality: A population-based analysis J Am Acad Dermatol 2022;87:807-14.

<sup>^</sup>Alam, MD et al. Delayed treatment and continued growth of nonmelanoma skin cancer J Am Acad Dermatol 011;64:839-48 Median time, range 1-10 months.



CheckMySpot<sup>®</sup>  
Early Detection Matters

# 2024 Melanoma Stage-Based Cost



CheckMySpot  
Early Detection Matters

Stage	Description	% of Total	Total Cost
Stage 0 (In Situ)	Confined to epidermis	50%	\$500–\$2,000 (dermatologist visit + office excision)
Stage I	Up to 2mm thick	20%	\$2,000–\$5,000 (wide excision + possible sentinel lymph node biopsy)
Stage II	>2mm thick, no lymph node	15%	\$5,000–\$15,000 (excision + imaging, lymph no + adjuvant therapy)
Stage III	Spread to nearby lymph nodes	7.5%	\$20,000–\$60,000+ (surgery + immunotherapy + radiation + PET/CT scans)
Stage IV	Spread to distant organs	7.5%	\$100,000–\$750,000+ (systemic therapy, surgery, radiation, palliative care or long-term management)

<https://seer.cancer.gov/statfacts/html/melan.html%20>

<https://www.buoyhealth.com/cost/cost-to-treat-melanoma>

# CheckMySpot® Is the Answer



CheckMySpot  
Early Detection Matters

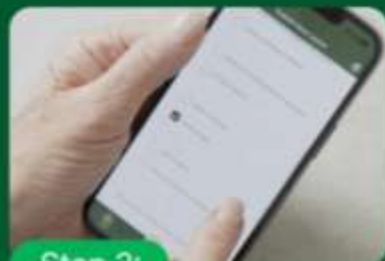
## Peace of Mind in No Time

Don't wait weeks for an appointment get an expert opinion ASAP.



Step 1:

Download the app.



Step 2:

Complete your medical profile



Step 3:

Upload a photo.



Step 4:

Get an expert opinion within 24 hours.

### Case Summary Report™ Dispositions:



**Benign**, no clinic visit needed at this time



**Indeterminate**, non-urgent clinic visit needed



**Worrisome**, urgent clinic visit needed



If a clinic visit is needed, CheckMySpot® fast-tracks referral to user's dermatologist or one nearby.

# Direct Access Platform™ Supports All Stakeholders



- 👉 Immediate Peace of Mind
- 👉 No Lost Time from Work
- 👉 No Travel Expenses



- 👉 Prioritizes Patient Backlog
- 👉 Reduces Non-Acute Visits
- 👉 Detects Cancer Earlier
- 👉 Increases Revenue



- 👉 Reduces annual payouts by over 7%
- 👉 Mitigates catastrophic claim risk





Summary of Recommendation ✓ **INSUFFICIENT EVIDENCE = No ROI**

Population	Recommendation	Grade
Asymptomatic adolescents and adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of visual skin examination by a clinician to screen for skin cancer in adolescents and adults.  See the Practice Considerations section for additional information regarding the I statement.	I



### Regulatory Roadblocks



50 State Medical Boards

- ✓ Definition of Medicine
- ✓ Telehealth Restrictions
- ✓ Credentialing

IMLC

Interstate Medical Licensure Compact

- ✓ 44 States Participate
- ✓ Streamlined Compliance

■ = Complete Legislation Introduced  
 ■ = IMLC Member State serving as SPL processing applications and issuing licenses\*  
 ■ = IMLC Member State non-SPL issuing licenses\*  
 ■ = IMLC Passed: Implementation In Process or Delayed\*

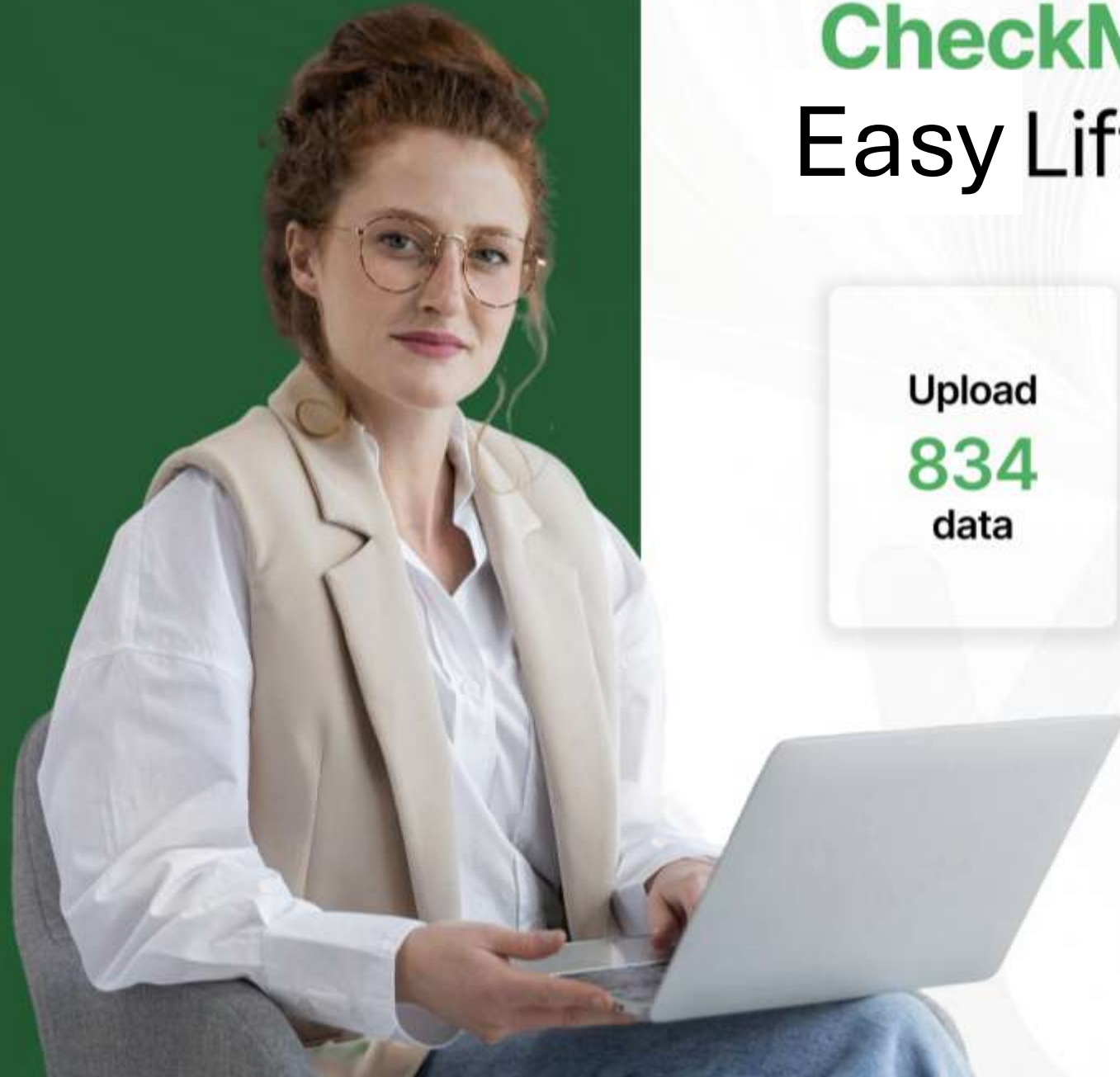
## TRUSTED INNOVATION

- 👉 Problem Focused
- 👉 Point of Discovery
- 👉 Better Outcomes
- 👉 Mitigate Catastrophic Risk
- 👉 Produce Validated ROI



### High Risk Adults

- Reject AI Only Solutions
- Prefer Expert Guidance



# CheckMySpot®

## Easy Lift Pledge



CheckMySpot®  
Early Detection Matters



# CheckMySpot<sup>®</sup> Team



**Elizabeth Webb,  
JD**

CEO/Founder



**Richard Nelli,  
BBA**

Operational CTO



**Frank Kohn,  
CHC**

Consultant, Growth  
and Strategy



**Alope Nandy, Btech  
MBA**

Lead Technical  
Director



**J. Michael Webb,  
MD FAAD FACMS**

Physician Leader,  
Founder



CheckMySpot

Early Detection Matters



**Thank you!**

Seeking Partnerships Built  
on Trust and Transparency



**NCBCH**

NC BUSINESS COALITION ON HEALTH

# Innovator #3: Meru Health – Brett Shrewsbury



# Meru Health 12-Week Therapy Program

For Moderate-Severe mental  
health conditions

Ages 13+



# Your employees have access to us but don't know it

Meru is covered by most commercial insurance in NC:



## America Has Reached Peak Therapy. Why Is Our Mental Health Getting Worse?

15 MINUTE READ



**“Even as more people flock to therapy, U.S mental health is getting worse by multiple metrics”**

**The gap is often found  
in quality of care**

Jamie Ducharme, Time Magazine 8.23





## We're revolutionizing mental health care. Here's how:

- **Functional/Holistic:** Treating the Psychological (talk therapy, CBT, Meditation) and Physiological (nutrition, fitness, sleep, HRV biofeedback)
- **Time Bound with Measurement Informed Care:** Start and a finish with a clinical model that measures care.
- **Magic In-Between Sessions:** Frequent interactions and skills building in between sessions to drive improvement and behavioral change.

# 12-Week Therapy Program

12-week program

+

9 months access after program

Moderate - Severe/Severe



Health Plan Portals and Referral Pathways



Intake video call  
Evaluation and Treatment Plan with licensed therapist



12-week program delivered via the Meru Health app

Care Navigation



Continuous chat support with dedicated therapist

Televideo sessions



Real-time biofeedback for quantifying the mind-body connection



Mind-body content- mindfulness, sleep, nutrition, movement

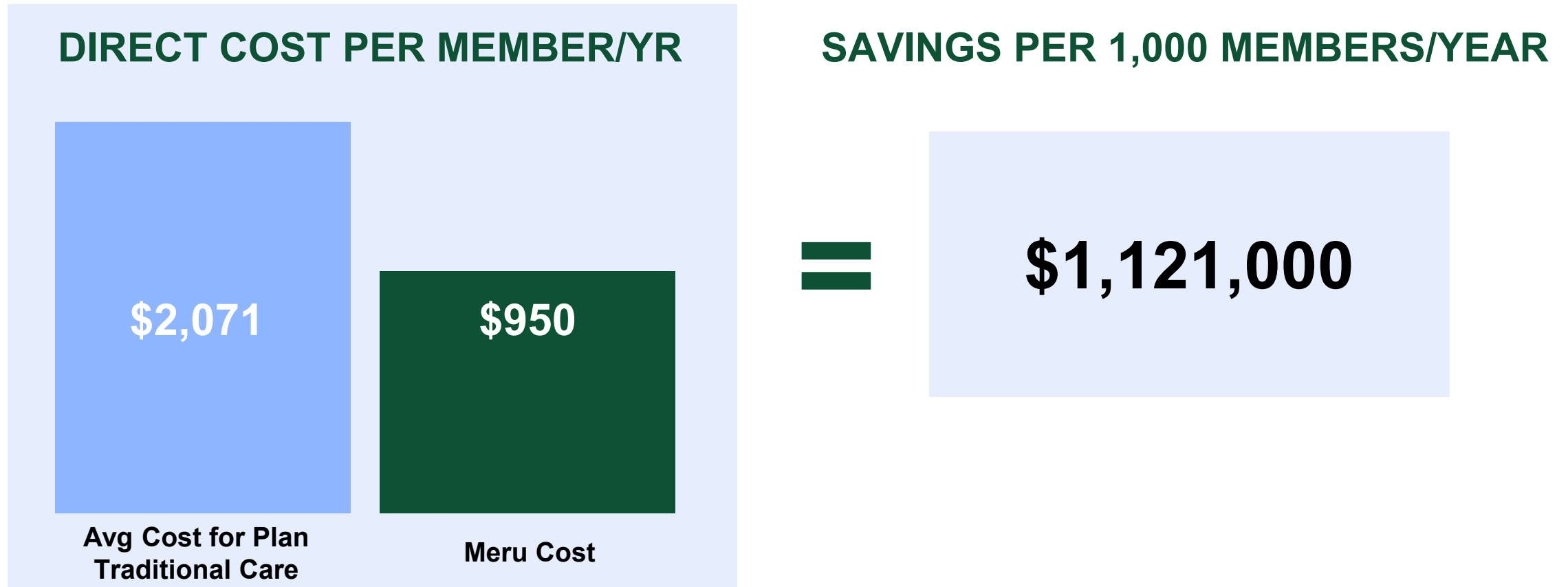
Community Peer Support

25+ touchpoints per month



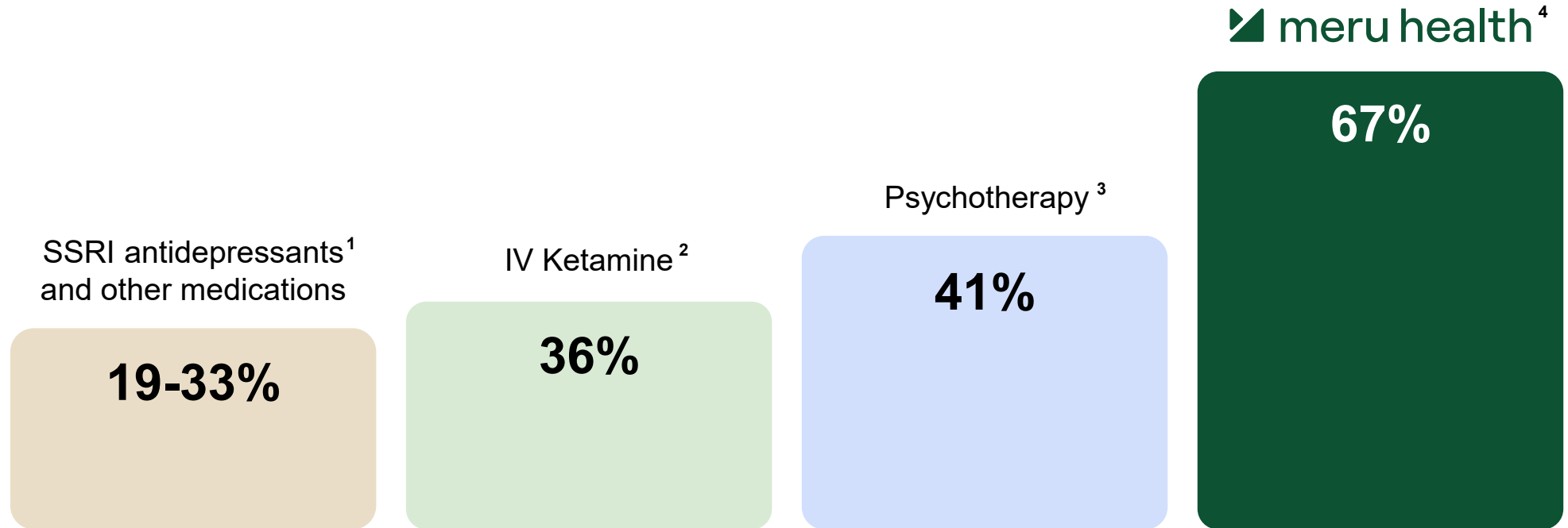
# Lower Cost Than Traditional Care

Direct BH Cost of Treating Moderate to Severe Depression/Anxiety



# Higher Quality Than Traditional Care

Percentage of patients achieving over a 50% reduction in depression symptoms within 2–3 months of starting treatment:



1. [Rush et al.](#), [Kirsch et al.](#) & [Gaynes et al](#) 2. [McInnes et al.](#) 3. [Cuijpers et al.](#) 4. [Meru Health](#)



# Total Cost of Care Savings for Meru vs. other BH interventions

2025 claims costs study done with a regional health plan and a 3rd party actuary

- **\$630 PMPY** cost decrease for members with chronic conditions
  - **\$6,700** PMPY decrease for cancer
  - **\$1,960** PMPY decrease for diabetes
  - **\$1,475** PMPY decrease for cardiovascular disease
- **31%** reduction in **ED visit costs**
- **55%** reduction in **in-patient hospitalization costs**
- **23%** reduction in **Rx spend** in all pharmacy claims



# Exceptional Therapeutic Alliance

Across **887 participants** in Meru Health’s 12-week program (July–September 2025), the average SRS scores were:

SRS Dimension	Average Score (out of 10)
Overall Experience	9.6
Therapist Relationship	9.6
Goals / Topics	9.4
Approach / Methods	9.5

**Total Therapeutic Alliance Score: 38.1 / 40**

## What these numbers mean

The SRS uses a 0–10 scale per dimension (maximum 40 points total). Scores above **36** are considered excellent and reflect a strong therapeutic alliance. Lower scores (below 36) suggest possible disconnects that therapists can address collaboratively with patients.

With an average score of **38.1**, Meru Health’s alliance scores are exceptionally strong—indicating that participants consistently feel understood, aligned on goals, and confident in the methods used.



# A 12-week mental health program that works

## Targeted Comorbid Outreach

We identify high-risk members — diabetes, cardiac, cancer — using data-driven criteria and engage them before costs escalate.

## Open Enrollment Support & Campaigns

Full OE Toolkit: co-branded emails, SMS, direct mail, webinars, and customizable messaging. We activate and ship materials — you stay focused.

## Guaranteed ROI

100% fees at risk. We guarantee access, engagement, clinical outcomes, and a **1.5:1 savings ratio** on comorbid populations — you only pay when we perform.

**46,000**

Members enrolled

**52%**

Reached remission

**48%**

Avg. symptom reduction

**<2**

Days to see a therapist





**4.8/5**

Member satisfaction

**\$1.1M**

Savings per 1000 members

# Meru Health Is Not Just Another Virtual Provider

-  **Lower Cost Than Traditional Care**
-  **Better Clinical Outcomes**
-  **Impact on Total Cost of Care**
-  **Exceptional Therapeutic Alliance**

Innovator #4: Rezilient – Zeev Neuwirth

REZILIENT



# REZILIENT

## Care *Without Limits*

North Carolina Business  
Coalition on Health

INNOVATOR SESSION



## THE PROBLEM

# Middle men are crushing America's employers (and the health systems that serve them)

Healthcare is crippling American companies and bankrupting their employees

---

**10-20%**

Rise in health insurance premiums hitting businesses and employees is unsustainable

Health systems are facing unprecedented challenges in government sponsored care

---

**16%**

Margin decrease from far-reaching policy changes is pushing majority of health systems into the red



## Rezilient **uniquely addresses these challenges**

On-site & near-site clinics provide convenient, timely & cost-effective, advanced primary care services

We partner with local healthcare systems to deliver year-one cost savings in both price & utilization management

Industry-leading employee engagement, clinical quality outcomes & patient experience

OUR PARTNERS

# We partner closely with employers – and they love our hybrid approach

**34%**

average activation  
across our customers

**98 NPS**

with members across  
all of our programs

**>90th percentile**

Across every primary care quality measure

Serving 300+ employers, we serve midmarket, enterprise & jumbo employers, including health systems



Some of the benefits firms we partner with:





# Rezilient is hybrid - Offering same-day access to primary and specialty care



## MESSAGING

Building AI into our offering to scale asynchronous communication



## VIRTUAL CARE

Patients can access NPs and MDs across 70+ different specialties



## IN PERSON

CloudClinics provide patients a way to be seen in-person with a medic and our providers beamed into visits live

Our hybrid care delivery network drives members to the **highest quality, lowest cost care.**

Welcome to

REZILIENT



# Any Questions?

**Zeev Neuwirth, MD**

Head of Strategic Partnerships

[zneuwirth@rezilienthealth.com](mailto:zneuwirth@rezilienthealth.com)

The **Pulse of the Purchaser Research Institute (PPRI)** is a National Alliance of Healthcare Purchaser Coalitions initiative aimed at amplifying the power of employer voices by engaging coalition leaders and employers in activities on timely health topics.

- **Join** PPRI – or **Refer** a Friend!
- **Engage** with PPRI Communities or LinkedIn pages
- **Add** “[@pulseofthepurchaser.org](mailto:@pulseofthepurchaser.org)” as a safe sender
- **Participate** in an upcoming study:
  - Mental Health
  - Weight Management
  - Novel Access Programs
  - ... *more to come!*

**Sign up using this QR code**



# Preventable Cancers & High-Cost Claims

*Where Employers Can Make the Biggest Impact*

**Individual insights  
followed by panel discussion**



# Preventable Cancers & High-Cost Claims



**Rachael Baartmans, MPH**  
**Regional Immunization Consultant**  
**NC Dept of Health and Human Services**

Topic

**HPV & Prevention**





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Increasing HPV Vaccination in the Workplace

**Rachael Baartmans, MPH**  
**Regional Immunization Consultant**

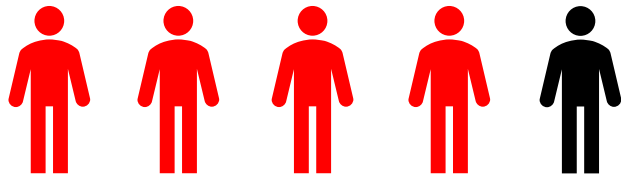
**May 1<sup>st</sup>, 2026**

# Understanding HPV



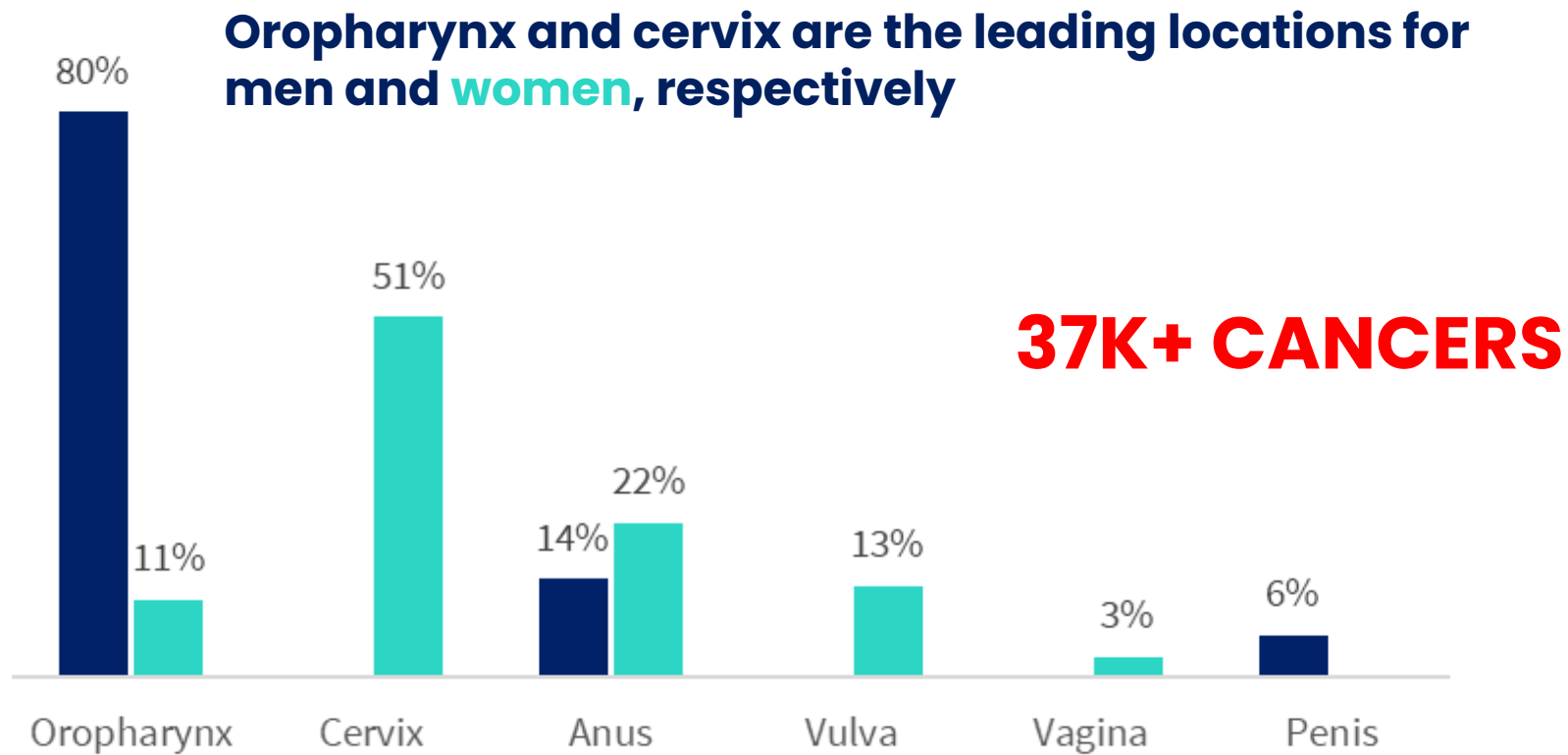
## What is human papillomavirus (HPV)?

- HPV is a virus. There are >200 types of HPV.
- HPV is very common.
- Some HPV types are known to cause cancer.



**4 out of 5 people will get HPV  
at some point in their lives.**

# Estimates Annual Number of Cancer Cases Linked with HPV in the US



SOURCE: [Centers for Disease Control and Prevention](#)

## HPV vaccination can prevent pre-cancers and genital warts.

Pre-cancers may turn into cervical cancer.

Some precancers must be treated with cervical conization or LEEP (loop electrosurgical excision procedure).

Treatment may lead to:

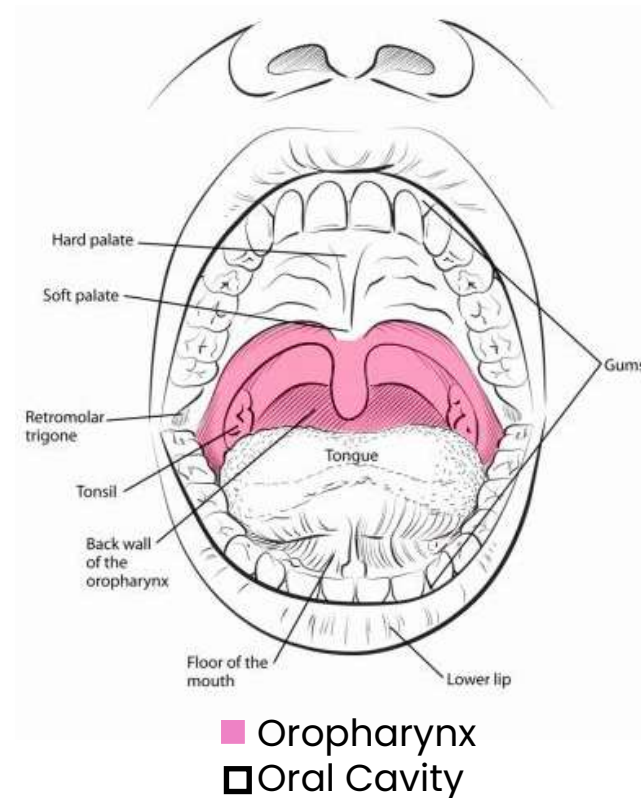
- Pregnancy complications
- Preterm delivery
- Low birth weight
- Financial burden

**HPV vaccination also prevents genital warts.**

## HPV-Positive Oropharyngeal Cancers

**Oropharyngeal cancers have surpassed cervical cancer as the most common HPV cancer.**

- Incidence increased by 2% per year from 2012-2021.
- More than 84% of cases occur in men.
- No screening test → late-stage diagnosis

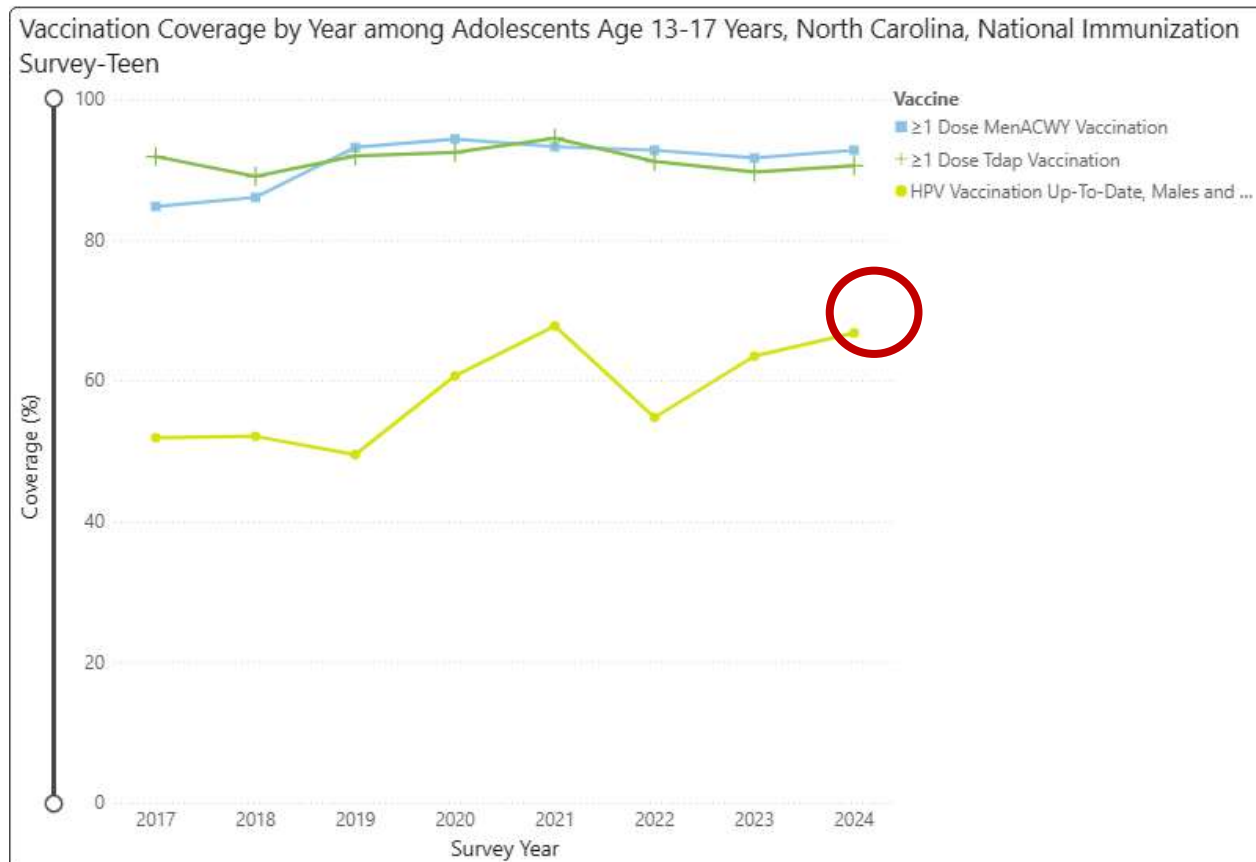


SOURCE: [Cancer Facts & Figures 2025](#); Centers for Disease Control and Prevention

## Why Focus on HPV?

- HPV causes 6 types of cancer.
- Vaccination can prevent most cancers linked to HPV.
- We need to improve vaccination to be on par with other adolescent vaccines.
- Eliminating HPV cancers is possible.

# HPV vaccination still lags behind Tdap and MenACWY



Data from 2024 shows high adolescent vaccination rates for meningitis (93%) and Tdap (91%), yet rates for UTD HPV lag behind (67%).

Source: [Vaccination Coverage among Adolescents \(13 – 17 Years\) | TeenVaxView | CDC](#)

# HPV Vaccination Recommendations



## HPV VACCINE SCHEDULE & DOSES

Don't wait to vaccinate. The American Cancer Society recommends that boys and girls get the HPV vaccine starting at age 9. Age matters. When you vaccinate your child on time, you give them the best protection from HPV cancers. In fact, HPV cancer prevention decreases the longer you wait to vaccinate.



### ON TIME

AGE 9-12

2 Doses

6-12 months apart

Begin at age 9 years old for a better immune response.



### LATE

AGES 13-14

2 Doses

6-12 months apart



### CRITICAL

AGES 15-26

3 Doses

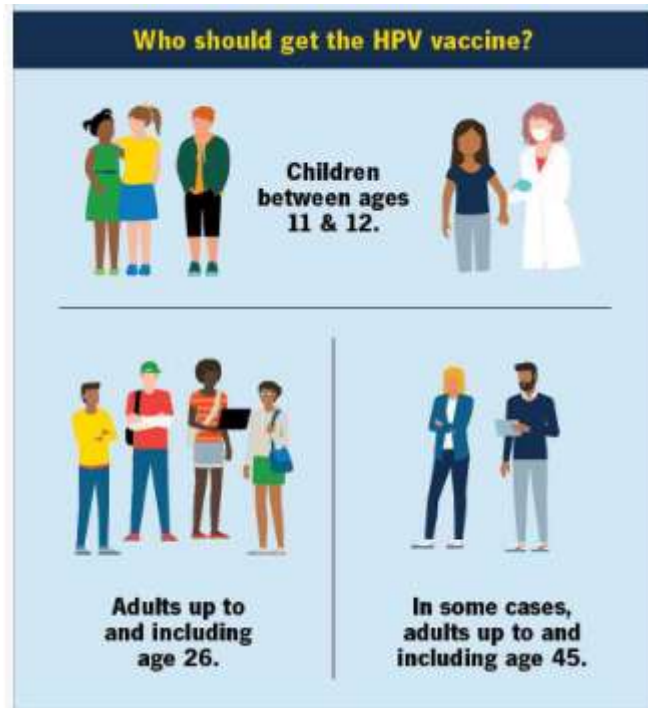
1st dose at visit one

2nd dose 1-2 months later

3rd dose 6 months after 1st dose

HPV	Vaccine	Eligibility Age
	Gardasil® 9	Females and males 9 through 18 years

Source: [National HPC Vaccination Roundtable- Start at 9 Toolkit](#) and NCIP coverage criteria



**Shared clinical decision making-  
discuss with your provider**

Source: [Cleveland Clinic](#)

# HPV Vaccination in North Carolina



At Least One Dose: 13-Year-Old Coverage			
Race	Female	Male	Difference
American Indian or Alaska Native	71%	68%	3%
Asian	59%	54%	5%
Black or African-American	56%	53%	4%
Native Hawaiian or Other Pacific Islander	44%	46%	-2%
White	51%	48%	3%

**At Least One Dose**  
 Female: 49%  
 Male: 46%

Two or More Doses: 13-Year-Old Coverage			
Race	Female	Male	Difference
American Indian or Alaska Native	51%	46%	5%
Asian	41%	37%	5%
Black or African-American	36%	32%	4%
Native Hawaiian or Other Pacific Islander	29%	27%	2%
White	34%	32%	3%

**Two or More Doses**  
 Female: 33%  
 Male: 30%

Source: North Carolina Immunization Registry

At Least One Dose: 17-Year-Old Coverage			
Race	Female	Male	Difference
American Indian or Alaska Native	75%	73%	1%
Asian	61%	61%	1%
Black or African-American	64%	62%	2%
Native Hawaiian or Other Pacific Islander	52%	50%	2%
White	60%	58%	2%

At Least  
One Dose  
Female:  
58%  
Male: 56%

Two or More Doses: 17-Year-Old Coverage			
Race	Female	Male	Difference
American Indian or Alaska Native	66%	62%	4%
Asian	54%	52%	2%
Black or African-American	54%	51%	3%
Native Hawaiian or Other Pacific Islander	43%	40%	4%
White	52%	49%	3%

Two or  
More Doses  
Female:  
49%  
Male: 47%

Source: North Carolina Immunization Registry

# HPV Vaccination in The Workplace



## General Recommendations to Increase Awareness

- **Debunk myths and provide clear information**
- **Highlight the prevalence of HPV**
- **Promote vaccination for ALL**
- **Emphasize general-neutral vaccine recommendations**
- **Focus on age-appropriate vaccination**



Source: [American Journal of Managed Care](#)

## Designate an Advocate

- **Provide personal story related to HPV**
- **Connected to individuals in the workspace**
  - “Weaver”
- **Understands where to find resources**
- **Partner with community organizations**



[Survivor Story](#)

## Share information within the office

- **Health newsletter**
  - General reminders to schedule HPV vaccination and other health appointments
- **Handouts and info in easy to see places**
  - Videos or printed materials(e.g., letters, brochures, and newsletters)
  - Tailor to your employees
- **Social Media**
- **Host educational day on site**
  - Staff can get questions answered by medical professional

Source: <https://www.mysocietysource.org/Resource/2024%20Evidence%20Based%20Interventions%20>

## Protecting Our Children from HPV Cancers

### HPV vaccination is cancer prevention.

We can help reduce the risk of cancer in our children by helping them make a lifetime of healthy choices.



Healthy diet

Physical activity

Sunscreen

No tobacco

We can also help prevent most HPV cancers by getting our children the HPV vaccine between ages 9 and 12.

The HPV vaccine can prevent more than 90% of HPV cancers when given at the recommended ages.

### Don't wait to vaccinate.

The American Cancer Society recommends that all children get the HPV vaccine between ages 9 and 12. Teens who start the series late may need 3 shots.



Age matters. When you vaccinate your child on time, you give them the best protection from HPV cancers.

HPV vaccination provides safe, effective, and long-lasting protection.



Scientists and health organizations around the world closely monitor HPV vaccine safety and have found it to be safe and effective.

The HPV vaccine is for all children and helps prevent

**6** types of cancers

Learn more at [cancer.org/hpv](https://cancer.org/hpv) and talk to your child's doctor about the HPV vaccine.



### Prevention Matters!

Make sure your child gets the HPV vaccine to help prevent HPV cancers.

#### HPV is a serious problem.

The human papillomavirus, or HPV, can cause several cancers. The HPV vaccine can help protect against this virus and the cancers it can cause.



More than 22,000 men and nearly 17,000 women get HPV cancers in the United States each year. Don't let your child be one of these.



HPV vaccination helps prevent 6 types of cancer.

#### HPV is very common.

Eight out of 10 people will get HPV at some point in their lives.



HPV infections are very common in those who aren't vaccinated. Most infected people do not know it. The best way to help prevent HPV infection is to get vaccinated.

Most HPV infections go away on their own without causing health problems. There is no way to know which infections will turn into cancer. That is why it is important that all children get vaccinated against HPV.

#### HPV vaccination is cancer prevention.

The HPV vaccine can help prevent more than 90% of HPV cancers when given on-time.

## Reduce Barriers to immunization

- Host a Health Fair or vaccinate on site
- Offer vaccines for the whole family
- Ensure your health plan covers HPV vaccines for patients 26 to 45 years



# Resources



# NC Immunization Brach: Vaccine Toolkit

- Resources to get real answers
- Focus on starting the vaccine conversation early and consistently

Doctors recommend vaccines.

Have questions? Get answers. Talk to your child's doctor today.

[VaccinesForKids.nc.gov](http://VaccinesForKids.nc.gov)




**Webinar: [Communicating with Families about Childhood Vaccines](#)**  
(video, 33 minutes)

Source: [DPH Immunization Toolkit](#)

Las vacunas protegen lo más importante:  
**LA SALUD DE TUS NIÑOS.**



¿Tienes preguntas? Obtén respuestas reales. Habla hoy con tu doctor.

Visita [VacunasParaNinos.nc.gov](http://VacunasParaNinos.nc.gov).  NCDHHS

**Real Diseases. Real Risks. Real Protection.**

Vaccines protect what matters most – your child's health.

Doctors recommend vaccines because they protect your child from serious, preventable diseases. Serious side effects from vaccines are extremely rare. Millions of children are safely vaccinated each year.



Don't let diseases of the past become part of your child's future.

<p><b>RSV</b> <i>Respiratory syncytial virus</i></p> <p>A common virus that can cause severe breathing problems. RSV is the number one reason infants end up in the hospital. (Protected by: RSV immunization)</p>	<p><b>Whooping Cough</b> <i>Pertussis</i></p> <p>A serious cough that can make it hard for babies to breathe. 1 in 3 children who get it need hospital care. (Protected by: DTaP and Tdap vaccines)</p>	<p><b>Hib</b> <i>Haemophilus influenzae type B</i></p> <p>A bacterial infection that can cause brain damage, blindness, and death—especially in infants. (Protected by: Hib vaccine)</p>	
<p><b>HPV</b> <i>Human papillomavirus</i></p> <p>A virus that causes cervical, breast and other cancers. The vaccine protects both boys and girls. (Protected by: HPV vaccine)</p>	<p><b>Meningitis</b></p> <p>One of the most contagious diseases on Earth, it can cause lung infections, brain swelling, and death. (Protected by: Hib vaccine)</p>	<p><b>Pneumococcal</b> <i>PCV</i></p> <p>A bacteria that can cause ear infections and meningitis, lung and blood infections. (Protected by: PCV vaccine)</p>	<p><b>Polio</b></p> <p>A highly infectious disease that can cause lifelong paralysis or even death. (Protected by: Polio/PPV vaccine)</p>

Vaccines like these and others your children need are available at their doctor's office and local community health centers.

## HPV Specific Resources

### For parents of adolescents:

- [Don't Wait to Vaccinate Flyer](#)
- [Prevention Matters! Flyer](#)
- [Protecting Our Children from HPV Cancers](#)
- Co-brandable (with ACS agreement) Reminder Cards

### For young adults:

- [For Young Men and Teens: You Can Help Decrease Your Odds of Getting Cancer](#) (English and Spanish)
- [For Young Women and Teens: You Can Help Decrease Your Odds of Getting Cancer](#) (English and Spanish)

## Contact Info:

**Rachael Baartmans, MPH**  
**Regional Immunization Consultant**  
**[Rachael.Baartmans@dhhs.nc.gov](mailto:Rachael.Baartmans@dhhs.nc.gov)**

# Preventable Cancers & High-Cost Claims



**J. Michael Webb, MD**  
**Co-Founder**  
**CheckMySpot**

Topic

**Skin Cancer & Early Detection**



Empowering Access  
Exposing Expense

# Enhancing Outcomes

J. Michael Webb, MD, FAAD, FACMS  
jmwebbmd@checkmyspot.com

Elizabeth Webb, JD  
eswebbjd@checkmyspot.com



**NCBCH**  
NC BUSINESS COALITION ON HEALTH



**CheckMySpot**  
Early Detection Matters



Validation Institute

# Key Differences Between Major Skin Cancer Types



CheckMySpot  
Early Detection Matters



Basal Cell



Squamous Cell

## Non-Melanoma Skin Cancer

Most common type of all cancers  
Slow growing and rarely spread  
Disfiguring if neglected



Early Melanoma



Late Melanoma

## Melanoma

Deadly within months  
Thickness determines prognosis  
Timely treatment improves survival

# Skin Cancer Is a National Health Problem



One in five Americans **develop skin cancer by age 70**



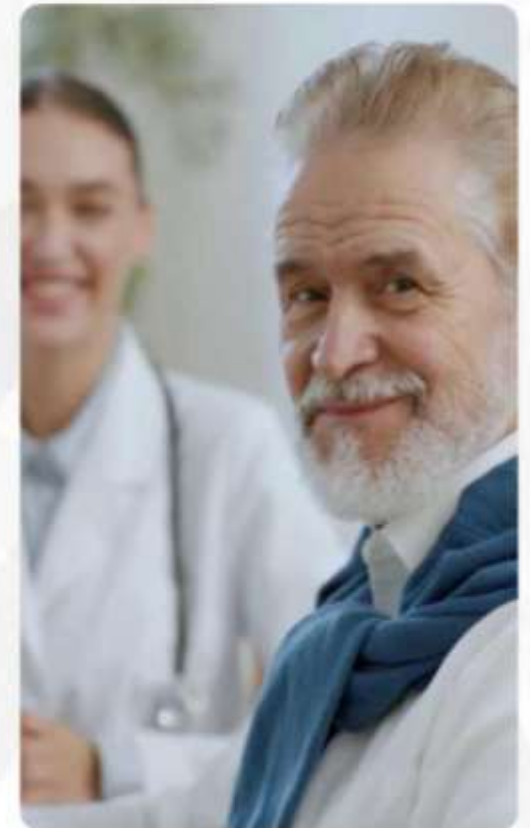
Two people in U.S. **die every hour**



**\$8.9 billion** spent yearly on skin cancer care



**Lost productivity** costs employers even more



# No One Should Die from Melanoma\*

It can take over a year to get diagnosed.  
That's too late for many.

Cancers arise in skin's top layer



Around 6 -12 months, they grow toward blood and lymph vessels



Key: Catch cancers before they spread



Faster ACCESS improves outcomes with less expense



\*Xiong et al. Delays in the surgical treatment of melanoma are associated with worsened overall and melanoma- specific mortality: A population-based analysis J Am Acad Dermatol 2022;87:807-14.

^Alam, MD et al. Delayed treatment and continued growth of nonmelanoma skin cancer J Am Acad Dermatol 011;64:839-48 Median time, range 1-10 months.



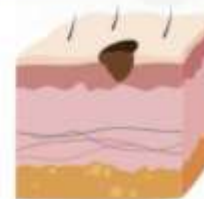
CheckMySpot<sup>®</sup>  
Early Detection Matters



Month

6\*^

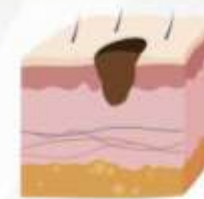
before discovered



Month

12\*^

decision for appointment



Month

14\*^

at appointment



# 2024 Melanoma Stage-Based Cost



CheckMySpot  
Early Detection Matters

Stage	Description	% of Total	Total Cost
Stage 0 (In Situ)	Confined to epidermis	50%	\$500–\$2,000 (dermatologist visit + office excision)
Stage I	Up to 2mm thick	20%	\$2,000–\$5,000 (wide excision + possible sentinel lymph node biopsy)
Stage II	>2mm thick, no lymph node	15%	\$5,000–\$15,000 (excision + imaging, lymph no + adjuvant therapy)
Stage III	Spread to nearby lymph nodes	7.5%	\$20,000–\$60,000+ (surgery + immunotherapy + radiation + PET/CT scans)
Stage IV	Spread to distant organs	7.5%	\$100,000–\$750,000+ (systemic therapy, surgery, radiation, palliative care or long-term management)

<https://seer.cancer.gov/statfacts/html/melan.html%20>

Guy GP Jr, Ekwueme DU, Tangka FK, Richardson LC. Melanoma treatment costs: a systematic review of the literature, 1990-2011. *Am J Prev Med.* 2012;43(5):537-545. doi:10.1016/j.amepre.2012.07.031

# Days Off Due to **Skin Cancer**



**CheckMySpot**  
Early Detection Matters

Tumor Type	Size or Stage	Days Off	Reasons	Disabled
NMSC	<1cm	3-5	Minimal, local excision	
	1-2 cm	5-10	Minimal, local excision	
	>2cm	15-20	Minimal, local excision	
Melanoma	Stage 0	3-5	Minimal, local excision	
	Stage I	5-10	Minor surgery recovery follow-up visits	5-15%
	Stage II	10-20	Excision (+ node), excision, psychological stress	5-15%
	Stage III (Reg)	20-40	Larger excisions, immunotherapy	30-45%
	Stage IV (Mets)	40-100+	Systemic therapy, lymph node dissection, travel for care, disability	60-80%

Meertens, A., Van Coile, L., Van Iseghem, T. et al. Cost-of-Illness of Skin Cancer: A Systematic Review. *Pharmaco Economics* 42, 751-765 (2024). <https://doi.org/10.1007/s40273-024-01389->

Wolf, S., Krensel, M., Mohr, N. et al. Effects of workplace skin cancer screenings on preventive and risk behaviour. *JPublic Health (Berl.)* 30, 2243-2251 (2022). <https://doi.org/10.1007/s10389-021-01670-3>

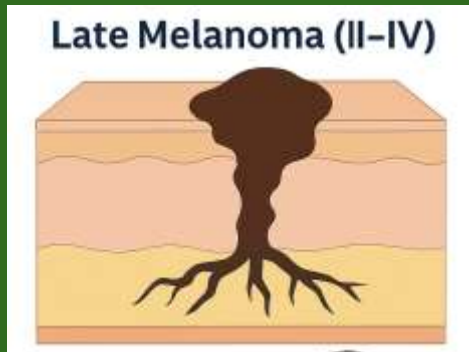
# The Avoidable Skin Cancer **ICD-Berg™**



**Visible Costs**

**Hidden Costs**

- ✓ Early-stage excisions
- ✓ Office visits & pathology
- ✓ Short-term surveillance



- ✓ **15-50% Costs misfiled** as lung, brain, GI, or toxicity-related claims
- ✓ **Six-figure systemic drug costs (and RISING)**
- ✓ **Hospitalizations & adverse-event care**
- ✓ **Advanced imaging & long-term surveillance**
- ✓ **End-of-life and palliative services**

U.S. Department of Health and Human Services. (2025). *ICD-10-CM Official Guidelines for Coding and Reporting*. Centers for Medicare & Medicaid Services & National Center for Health Statistics.

Cockburn, M., Zadnick, J., & Deapen, D. (2006). Melanoma underreporting—Results from a population-based study. *Cancer Causes & Control*, 17(6), 661–669.

# Under the Sun and On the Job: Occupational Skin Cancer Risks

## Risk Factors for Skin Cancer

- Prolonged UV Exposure in Outdoor Jobs
- Geographic Location of Work
- Exposure to Industrial Carcinogens
- Low Awareness and Cultural Barriers



## “At Risk” Industries

- Agriculture, Forestry
- Construction, Roofing, Landscaping
- Municipal and Utility Workers
- Military
- Transportation: Bus, Trucking, Shipping
- Fishermen, Dock, Maritime, Off-shore oil
- Resort: Coastal and Mountain
- Airline Pilots
- Mining, Manufacturing, Hospital

# Melanoma in North Carolina

County	2023 Rural-Urban Continuum Codes $\Phi$	Age-Adjusted Incidence Rate $\dagger$ cases per 100,000 (95% Confidence Interval)	CI*Rank $\ddagger$ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend $\ddagger$ in Incidence Rates (95% Confidence Interval)
North Carolina $\text{\textcircled{6}}$	N/A	26.9 (26.4, 27.3)	N/A	3,297	rising $\uparrow$	1.8 (0.7, 2.5)
US (SEER+NPCR) $\text{\textcircled{1}}$	N/A	22.7 (22.6, 22.8)	N/A	86,630	stable $\rightarrow$	-0.4 (-2.5, 1.5)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

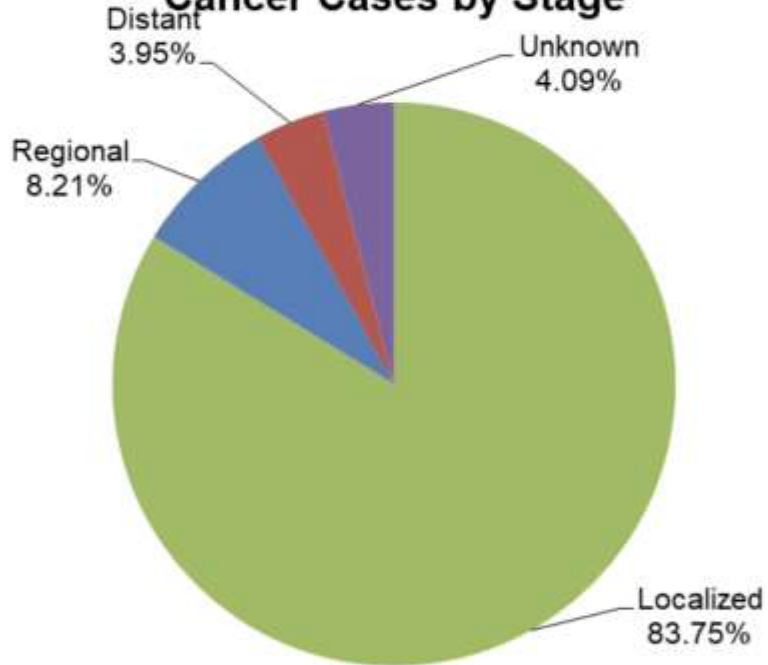
State of North Carolina  $\blacklozenge$  [www.nc.gov](http://www.nc.gov)  $\blacklozenge$  Department of Health and Human Services  
[www.ncdhhs.gov](http://www.ncdhhs.gov)  $\blacklozenge$  North Carolina Division of Public Health  $\blacklozenge$  [www.publichealth.nc.gov](http://www.publichealth.nc.gov)  
State Center for Health Statistics  $\blacklozenge$  [www.schs.state.nc.us](http://www.schs.state.nc.us) North Carolina DHHS is an  
equal opportunity employer and provider.

# North Carolina Melanoma Breakdown

## STAGE at Diagnosis

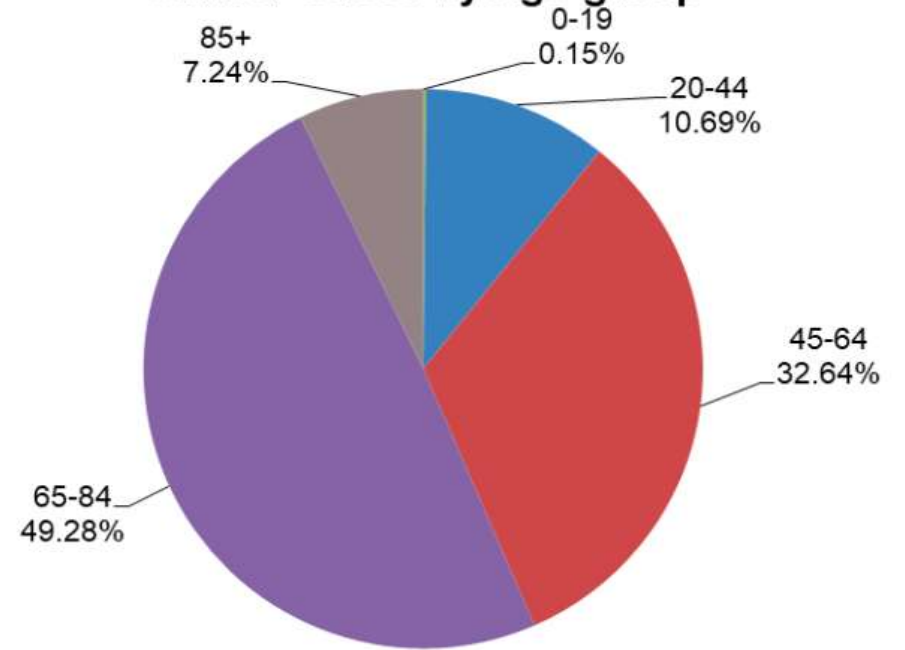
## AGE at Diagnosis

**Figure 4. 2018-2022 Percent of Melanoma Cancer Cases by Stage**



Percentages may not add up to 100 percent due to rounding.

**Figure 1. 2018-2022 Percent of Melanoma Cancer Cases by Age group**

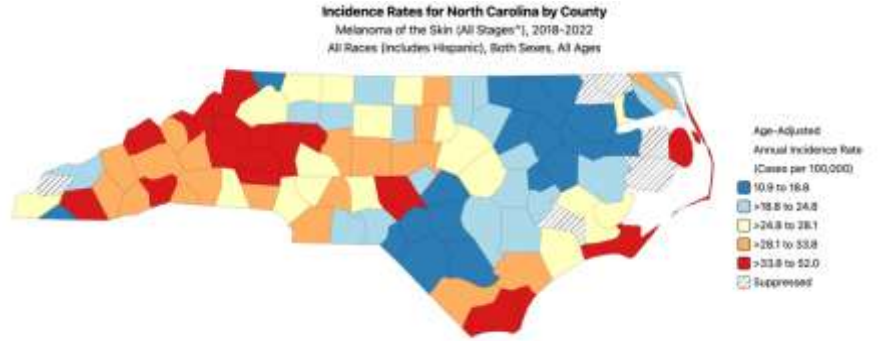


Percentages may not add up to 100 percent due to rounding.

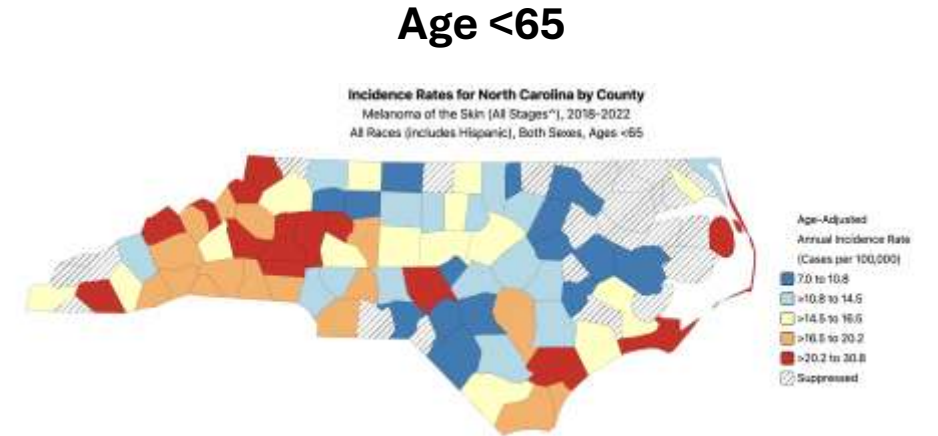


# SEER: North Carolina Melanoma Map

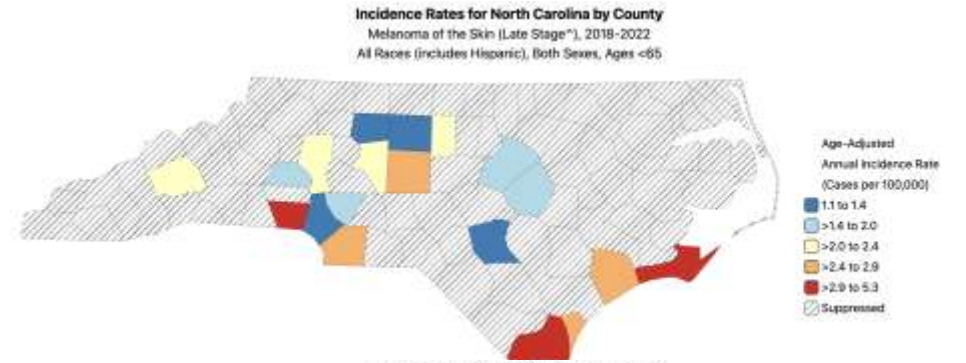
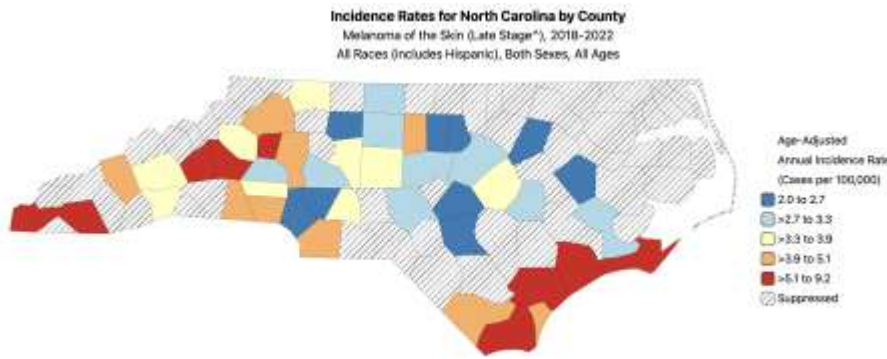
## All Ages



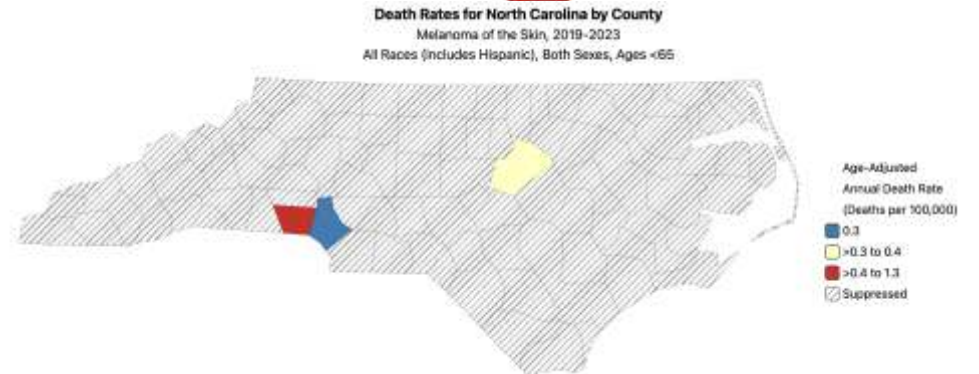
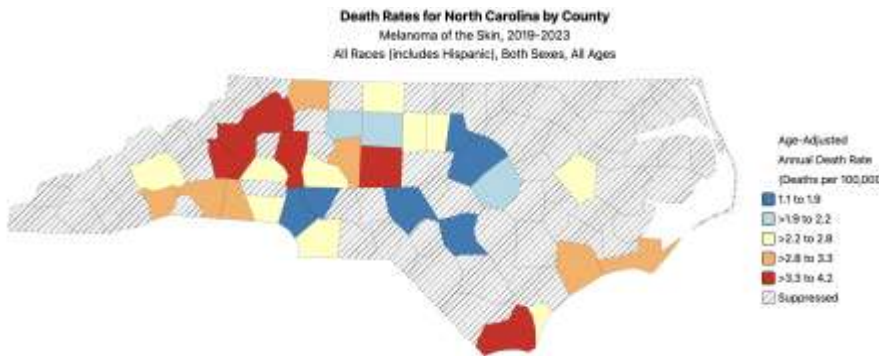
## All Stages



## Stages III & IV



## Mortality

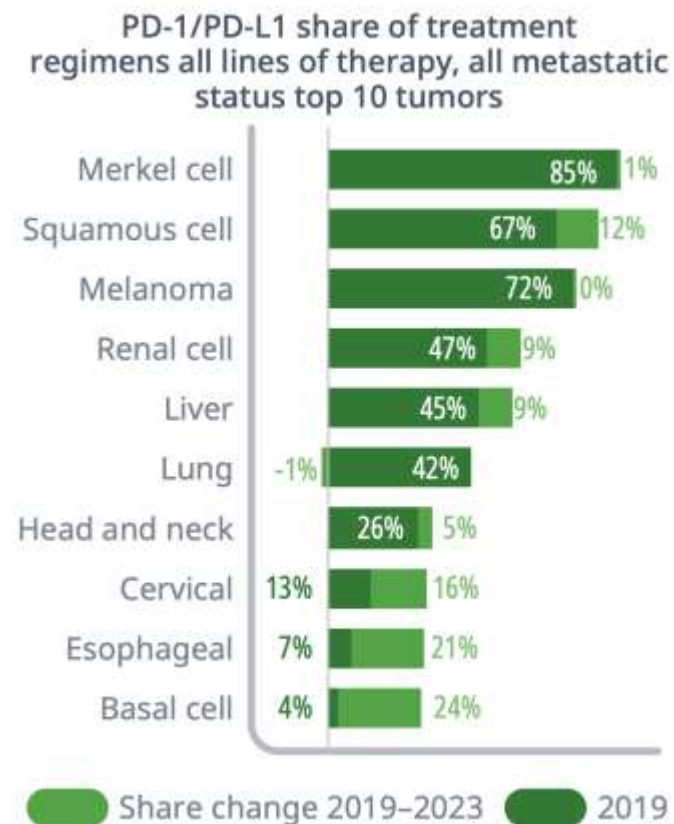
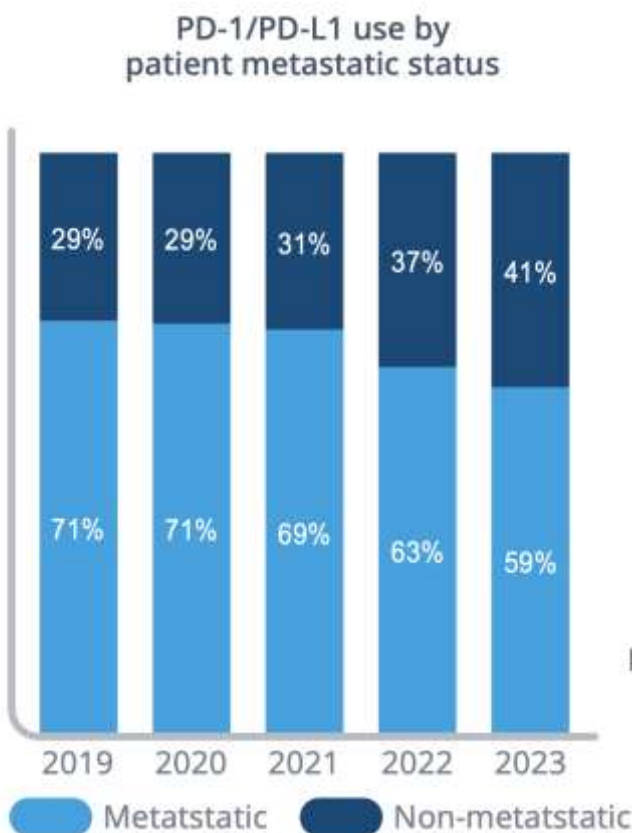


A large dragon with dark wings and a red mouth is flying over a stone castle. The sky is a deep, stormy blue with white clouds. In the foreground, a white, woolly creature (a yeti or snowman) is walking on a snowy path. The overall scene is dramatic and ominous, fitting the 'Winter is Coming' theme.

# Winter is Coming..... for Melanoma Spend

- **Global** oncology drug spending will rise to **\$409B** by **2028**
- The **U.S.** alone will account for nearly **\$180B** in oncology drug spend by 2028
- Modern drug therapy costs for advanced stage melanoma have shifted from approximately **\$10,000 to over \$100,000 per person\*** in recent years due to the adoption of newer agents.
- **Specialty pharmacy** is the largest driver in total melanoma spend at **41%** now and projected to be **69.4% by 2031**
- PD-1 therapies are **rapidly moving into earlier-stage** and non-metastatic disease

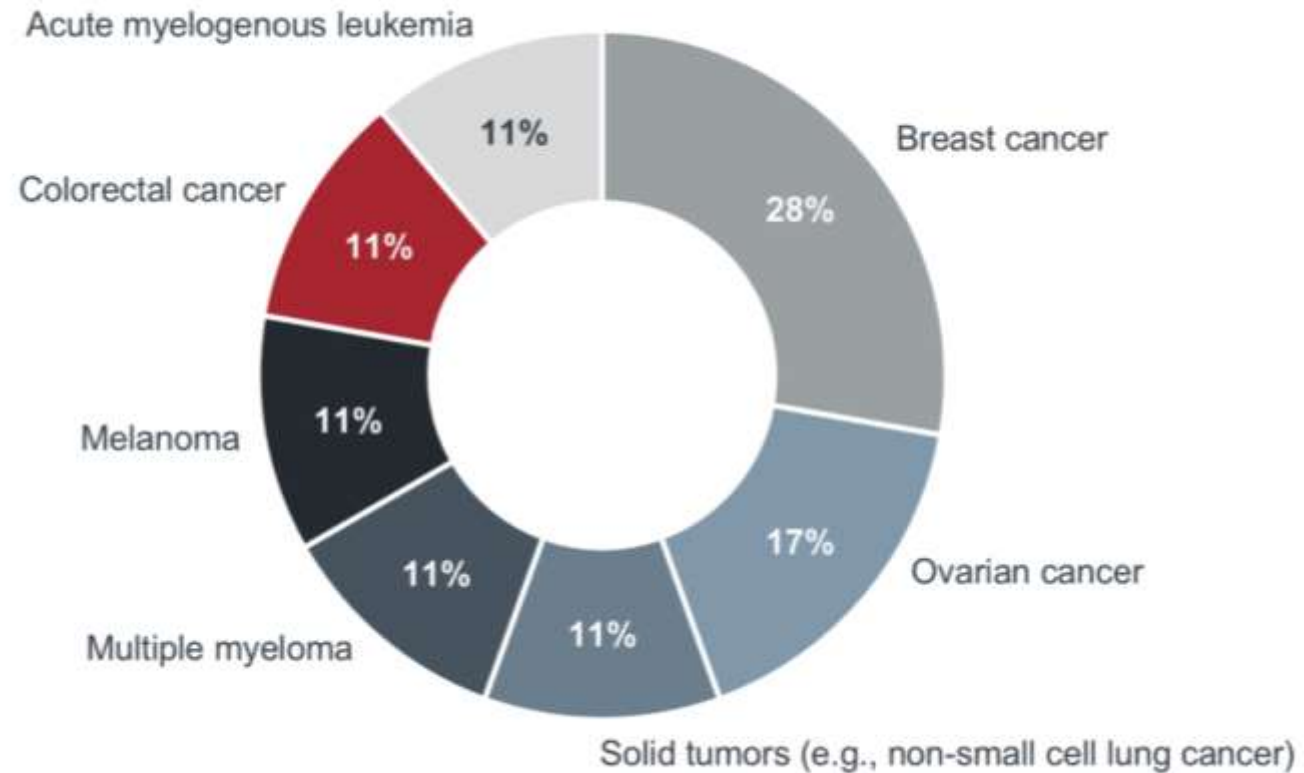
# PD-1 Immunotherapy Is Expanding



# Tumor Infiltrate Lymphocytes (TIL) : Amtagvi (Lifileucel)

- 2024 1<sup>st</sup> FDA approved TIL therapy for melanoma unresponsive to PD-1 (40-50%)
- 28-35% of Advanced (SIII-IV) melanoma population.
  - 45% disease free for years
- \$618,000 single dose treatment
- Melanoma #1 Market Target

Tumor sites with the most oncology products in pipeline, 2025–2027



Source: Optum pipeline and surveillance data on file.

A man in a blue suit is sitting at a desk with a laptop, looking thoughtful while holding papers. He has a hand on his chin and is looking down at the papers. The background is a modern office with large windows.

# From Inevitable Expense to Manageable Risk

- Melanoma becomes costly early
- Early detection prevents escalation
- Time to treatment determines spend
- Pharmacy increasing dramatically
- Employers control key levers

*“The cheapest melanoma is the one that **never** needs pharmacy.”*

-Frank Kohn, CHC, High Value Strategic Advisors

# Where Technologies Fit: The **Right Tool** for the **Right Job**



## Telemedicine

- Scales, reduces wait times
- **Excellent triage**, not full care

## Mobile screening vans

- **High engagement**
- Best for targeted, **high-risk groups**

## Tumor Antigen Tests: Patch and Serum

- Best as **rule-out / triage tools**
- **High** negative predictive value (NPV)
- **Not replacements for biopsy or ROI friendly**

## Handheld devices and Mobile Apps

- **Handheld** devices add **hidden work** (maintenance, calibration)
- **Mobile apps** better access, **no operational upkeep**

## Artificial versus Augmented Intelligence

- **Decision-support**, not decision-makers
- Require human governance (**liability**)
- **Training Datasets** must be disclosed and appropriate



CheckMySpot

Early Detection Matters



**Thank you!**

Seeking Partnerships Built  
on Trust and Transparency



**NCBCH**

NC BUSINESS COALITION ON HEALTH

# Preventable Cancers & High-Cost Claims



**Kearston Ingraham, MPH**  
**Executive Director**  
**Holistic Health Empowerment**

Topic

**Lung Cancer & Early Detection**

# The Employer Value of Early Lung Cancer Detection

Employer-Driven Strategies to Increase Screening  
and Reduce Preventable High-Cost Claims



**Kearston L. Ingraham, DrPH(c), MPH, BS**  
Executive Director · Holistic Health Empowerment



# About the Presenter



**Kearston L. Ingraham, DrPH(c), MPH, BS**

 TULANE UNIVERSITY

 PENN STATE

**EXECUTIVE DIRECTOR**  
Holistic Health Empowerment

Kearston L. Ingraham, DrPH(c), MPH, BS, is a senior public health leader and doctoral candidate at Tulane University, where she is pursuing her Doctor of Public Health (DrPH) in Leadership in Social and Behavioral Health Science with a concentration in Public Health and Employee Law. She earned her Master of Public Health (MPH) from Tulane University in International Health and Sustainability with a concentration in Program Monitoring and Evaluation, and her Bachelor of Science (BS) from Penn State University–Main Campus in Biobehavioral Health with a minor in Health Policy and Administration. She also completed a Fellowship Training Program in Cancer Control Research based at the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco (UCSF).

Ms. Ingraham serves as the Executive Director of Holistic Health Empowerment and brings more than two decades of experience leading international and statewide initiatives focused on health policy and administration. A certified cancer patient navigator, she holds expertise in cancer prevention, early detection, and barrier resolution to accessing healthcare services. She serves as Co-Chair of the Prevention Subcommittee for the North Carolina Advisory Committee on Cancer Coordination and Control and sits on the Executive Committee for the Susan G. Komen Race for the Cure in the Research Triangle Park, advancing policy-informed strategies that strengthen screening access and reduce preventable high-cost claims.

Recognized for translating complex public health challenges into actionable, employer-focused solutions, Ms. Ingraham partners with health systems, academic institutions, and business leaders to drive high-value, equitable improvements in cancer prevention and workforce well-being.



# Session Objectives



By the end of this session, participants will be able to:

1. Explain the financial and clinical impact of lung cancer early detection and why it represents a high-value opportunity for employers seeking to reduce preventable high-cost claims.
2. Identify key barriers to lung cancer screening access and uptake among North Carolina's diverse workforce, including rural and underserved populations.
3. Apply employer-driven strategies—such as benefit design, paid screening time, targeted communication, and partnerships with health systems—to increase screening participation.
4. Leverage state and public health resources to support tobacco cessation, radon mitigation, and screening navigation as part of a comprehensive prevention strategy.
5. Align organizational actions with NCBCCH's mission to advocate for high-quality, cost-effective care; innovate in health benefits; and educate employees to make informed healthcare decisions.

# Lung Cancer: **The Leading Cause** of Cancer Death



226,650

Estimated new U.S. lung cancer cases in 2025



124,730

Estimated U.S. lung cancer deaths in 2025



**#1 Cause**

Of cancer death — more than colon, breast, and prostate cancers **combined**



**75%**

Of cases diagnosed at **advanced stage** — when treatment is most costly and least effective

Source: American Cancer Society, 2024; Fan et al., 2026

# North Carolina's Lung Cancer Burden



INCIDENCE RATE

**62.9**

vs. national 53.6 per 100,000

Rank 41st / 49



5-YEAR SURVIVAL

**27.7%** vs. national 28.4%

Rank 23rd / 47



EARLY DIAGNOSIS RATE

Only **27.4%** of cases caught at an early stage



SCREENING RATE

**17.2%**

Rank 18th / 51



CURRENT SMOKING RATE

**14.5%**

vs. national 11.6%

Rank 28th

# The Screening Gap: A Missed Opportunity

## ⚠️ Current Reality

~17%

of eligible adults screened nationally

- ✗ Low awareness among **patients and providers** about screening eligibility
- ✗ Barriers include **stigma, access**, lack of provider recommendation, and **cost-sharing concerns**

VS

## 💡 The Opportunity

- ✓ LDCT screening reduces lung cancer mortality by up to **20%**
- ✓ **USPSTF Grade B** recommendation — must be covered with **no cost-sharing** under ACA
- ✓ Expanded eligibility: ages **50–80**, 20+ pack-year smoking history
- ✓ Employers can **remove barriers** through benefit design and education

# Early Detection Saves Lives

5-Year Relative Survival by Stage at Diagnosis

Non-Small Cell Lung Cancer (NSCLC)

Localized

67%

Early Stage

Regional

40%

Nearby Spread

Distant

12%

Late Stage



Early-stage detection improves survival by more than **5x** compared to late-stage diagnosis.

- Localized — 67%
- Regional — 40%
- Distant — 12%

## The Cost Case: Stage at Diagnosis Drives Spending



3×

Stage IV commercially insured patients incur costs **3× those of Stage 0/I/II** patients in Year 1 of diagnosis.



Yr 1→4

Mean cumulative healthcare costs through **Year 4 increase dramatically** at Stage IV across all cancer types.



90.3%

of LDCT screening strategies are **cost-effective** at national thresholds — ICERs range from **\$8,376–\$200,921** per QALY gained.

⚡ Earlier diagnosis = simpler treatment, shorter duration, fewer complications, and **lower total claims**.



### Employers cover ~159 million Americans

The largest payer segment in U.S. healthcare — uniquely positioned to drive change



### 80% of employers rate cancer as the top driver of healthcare costs

Cancer surpasses all other conditions in employer cost impact assessments



### Lung cancer claims are among the highest-cost cancer episodes

Late-stage lung cancer treatment generates some of the largest claims in employer benefit plans



### Absenteeism, disability & productivity losses compound direct costs

Short/long-term disability, caregiver leave, and lost productivity multiply financial impact



### Employers hold unique levers that no other stakeholder has the opportunity to access

Benefit design, employee communications, vendor partnerships, and navigation support

# ⚙️ Employer Action Strategies: **Benefit Design** & Plan Architecture

Practical levers your HR and benefits teams can implement in the next plan year



1

## Ensure Zero Cost-Sharing

Confirm LDCT screening is covered at **\$0** for eligible employees under ACA preventive services. Audit plan documents and communicate coverage clearly.



2

## Integrate Cancer Screening Navigation

Partner with health plan or third-party navigator to **identify eligible employees**, schedule screenings, and provide follow-up support.



3

## Leverage Health Risk Assessments

Include smoking history questions in HRAs and biometric screenings to **identify at-risk employees** and trigger targeted outreach.



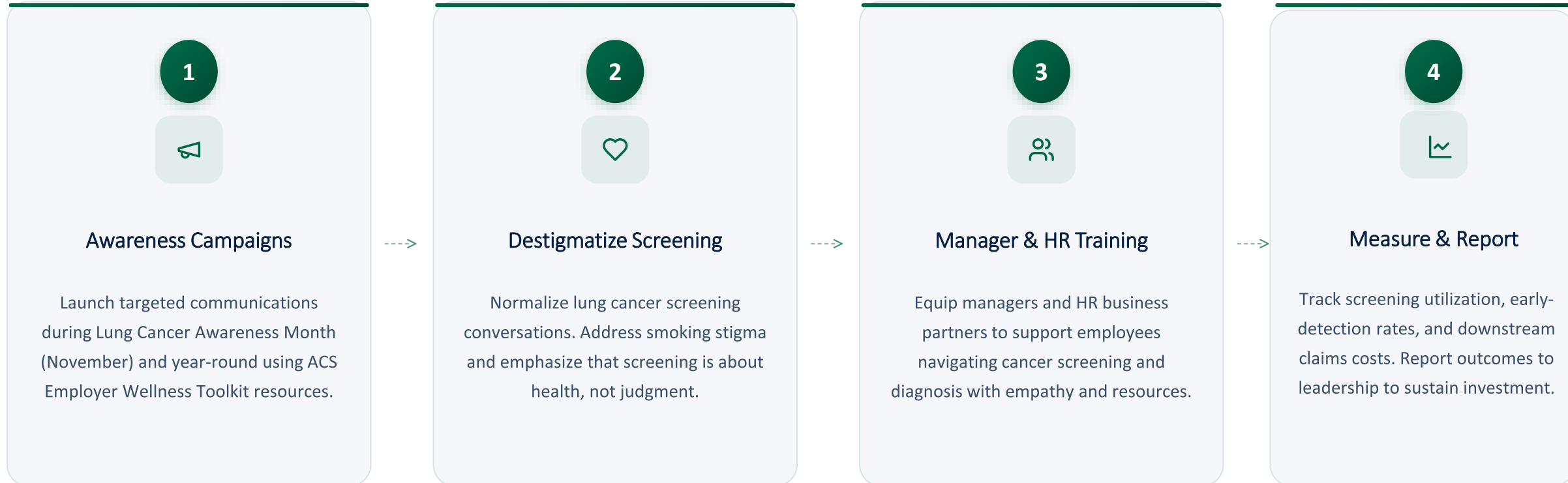
4

## Incentivize Preventive Care

Offer wellness incentives or **premium differentials** tied to completion of age- and risk-appropriate cancer screenings.

# Employer Action Strategies: Education & Engagement

*Building a culture of prevention through awareness, support, and accountability*



**💡 What gets measured gets managed.** Culture change and data-driven reporting make the case for continued employer investment in early detection.



Use employer collective voice to influence health plan coverage, provider accountability, and state policy supporting lung cancer screening access and equity across North Carolina.



Seek creative, common-sense solutions: integrate AI-assisted screening, mobile LDCT units for rural NC, and employer coalitions to negotiate screening partnerships with health systems.



Promote health literacy and provider transparency — empower employees to understand eligibility, navigate screening benefits, and make informed decisions as healthcare consumers.

Early lung cancer detection is where NC BCH's mission meets measurable employer impact.

family preserved      life saved  
high-cost claim avoided

- 1 Review your plan's LDCT screening coverage and eliminate barriers.
- 2 Launch targeted education for eligible employees this plan year.
- 3 Partner with NCBCH to advocate for screening innovation across North Carolina.

ADVOCATE • INNOVATE • EDUCATE





# State of North Carolina

**JOSH STEIN**  
GOVERNOR

LUNG CANCER AWARENESS MONTH

2025

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

**WHEREAS**, lung cancer is the third most prevalent cancer in the United States and continues to be the leading cause of cancer deaths in men and women in the United States and in North Carolina; and

**WHEREAS**, in 2025, an estimated 9,511 people in North Carolina will be diagnosed with lung cancer and 5,620 will die from this disease, including people of all races and ethnicities, with men and American Indians experiencing the highest incidence and mortality rates in North Carolina; and

**WHEREAS**, cigarette smoking causes about 80 percent to 90 percent of lung cancer deaths and radon, a gas that has been found in homes in all 100 North Carolina counties, is the leading cause of lung cancer deaths among people who do not smoke; and

**WHEREAS**, lung cancer screening is recommended annually for people ages 50 to 80 who currently smoke or have quit smoking within the past 15 years and with a history of smoking one pack per day for 20 years; and

**WHEREAS**, the North Carolina Comprehensive Cancer Control Program encourages North Carolinians and health care providers to learn more about prevention, lung cancer screening, and radon testing in homes to reduce the risk of lung cancer for their patients; and

**WHEREAS**, people can purchase discounted radon testing kits by visiting the North Carolina Radon Program website; and

**WHEREAS**, the State of North Carolina encourages people to become informed about cancer detection and to raise awareness, promote resources, and advocate support for patients and their families affected by this disease in our communities;

**NOW, THEREFORE**, I, JOSH STEIN, Governor of the State of North Carolina, do hereby proclaim November 2025 as "LUNG CANCER AWARENESS MONTH" in North Carolina and commend its observance to all citizens.



  
JOSH STEIN  
Governor

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this twenty-first day of October in the year of our Lord two thousand and twenty-fifth and of the Independence of the United States of America the two hundred and fiftieth.



## Holistic Health Empowerment

Kearston L. Ingraham, MPH  
Executive Director

Holistic Health Empowerment

📧 E: [kingraham@alumni.unc.edu](mailto:kingraham@alumni.unc.edu)

📞 C: 412.951.7135

📍 F: Holistic Health Empowerment

Grounded in a commitment to authentic community engagement, Kearston Ingraham, MPH offers extensive expertise in community engagement, strategic planning, and research operations. She has a proven ability to lead multidisciplinary teams and drive innovative initiatives that expand health access, enhance clinical trial representation, and cultivate sustainable community partnerships. With a robust background in administrative management, grant acquisition, and program evaluation, Ms. Ingraham is dedicated to operationalizing health access programs that yield measurable, impactful outcomes. She is eager to leverage her skills in organizational leadership and collaborative engagement to advance Holistic Health Empowerment's mission to improve health outcomes by advancing lung cancer education, early detection efforts, and compassion for people impacted by lung cancer. Ms. Ingraham is passionate about bringing together patients, caregivers, providers, and researchers to create an environment where information and understanding can be found.

### Our Lung Health Services Include:

- 🌿 Referral Connections to Lung Cancer Support Groups
- 🌿 Facilitated Educational Workshops on Prevention & Screening
- 🌿 Peer-to-Peer Survivor Mentorship
- 🌿 Wellness & Coping Strategies for Patients, Families, & Caregivers
- 🌿 Community Resource Navigation

Holistic health empowerment is a transformative approach that integrates physical, mental, emotional, social, and spiritual dimensions of well-being. It emphasizes the interconnectedness of all aspects of a person's life and aims to achieve balance and harmony. This approach not only addresses immediate health concerns but also promotes long-term wellness by considering the whole person—inside and out. Holistic health empowerment empowers individuals to take control of their health, educate themselves, and make intentional choices that support their overall well-being. By embracing natural practices and adopting a balanced lifestyle, individuals can thrive in mind, body, and spirit, leading to improved physical, mental, and emotional well-being, enhanced self-awareness, and a reduced risk of chronic disease.

Changing Lives One Day at a Time

Your Partner in Lung Health & Healing

Empowering individuals, uplifting survivors, and connecting communities

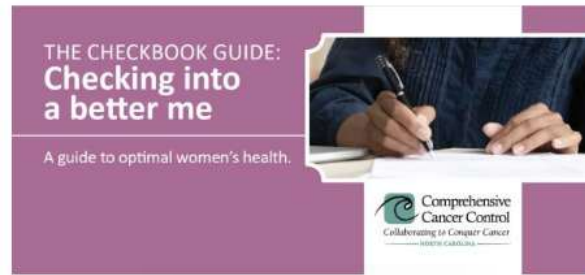
♥️ Together, we foster strength, resilience, and informed care decisions.

📞 Connect With Us Today

# Acknowledgements

This body of work would not be possible without the generous support of the following colleagues and organizations:

1. Cassandra Wineglass, PhD | Winston Salem State University
2. Larissa Williams, Travis Greer, Edna Hensey, Sarah Arthur | N.C. Advisory Committee on Cancer Coordination and Control
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4. Molly Black, Robbie Tilley, and Kaitlyn Keen | American Cancer Society
5. Ken Orie, JD | Tulane University
6. Jenni Danai, Paige Humble, and Macy McFarland | Lung Cancer Initiative of North Carolina
7. Chris Draft and Michelle Ottersbach, DNP | The Chris Draft Family Foundation
6. Jacquelyn E. Nixon | Citizens for Radioactive Radon Reduction (CR3)



## NC LUNG CANCER

### What is lung cancer?

Refers to any cancer that forms in the tissues of the bronchus or lung. Lung cancers are usually grouped in two main types, small cell and non-small cell. These differ in how fast they grow and how they are treated. Non-small cell lung cancer is more common than small cell lung cancer. Smoking is a major risk factor for both types of lung cancer. Approximately 80% of all lung cancer is caused by cigarette smoking.<sup>1</sup> Among people who have never smoked, radon is the leading cause of lung cancer. People who smoke and are exposed to radon have an increased risk of lung cancer.<sup>2</sup>

### Risk Factors

These risk factors may increase your chances for developing lung cancer.

- Tobacco use (cigarette, cigars, pipe, e-cigarettes, vape pens and e-hookah).
- Exposure to environmental hazards (secondhand smoke, radon, asbestos, coal dust, other chemicals or substances).
- Radiation therapy to the chest.
- Personal and/or family history of lung cancer.

### Symptoms

Most people do not have any symptoms of lung cancer until the cancer is advanced. Lung cancer symptoms may include:

- coughing that gets worse or does not go away,
- chest pain,
- shortness of breath,
- wheezing,
- coughing up blood,
- feeling very tired all time and/or
- unexplained weight loss.<sup>3</sup>

### Lung Cancer in NC

Lung cancer was the leading cause of cancer deaths for both men (2,791) and women (2,322) in North Carolina in 2019. It is estimated that 9,428 people will be diagnosed with lung cancer and 5,933 people will die from lung cancer in 2021. Since 2000, the rates of new lung cancer cases and lung cancer deaths have decreased in North Carolina. However, the North Carolina rates are still higher than the national rates.<sup>4</sup>

### Screening

Screening with low-dose spiral computed tomography (LDCT) can reduce lung cancer deaths by about 20% compared to standard chest X-ray among current or former heavy smokers. Lung cancer screening is recommended if you are someone who:

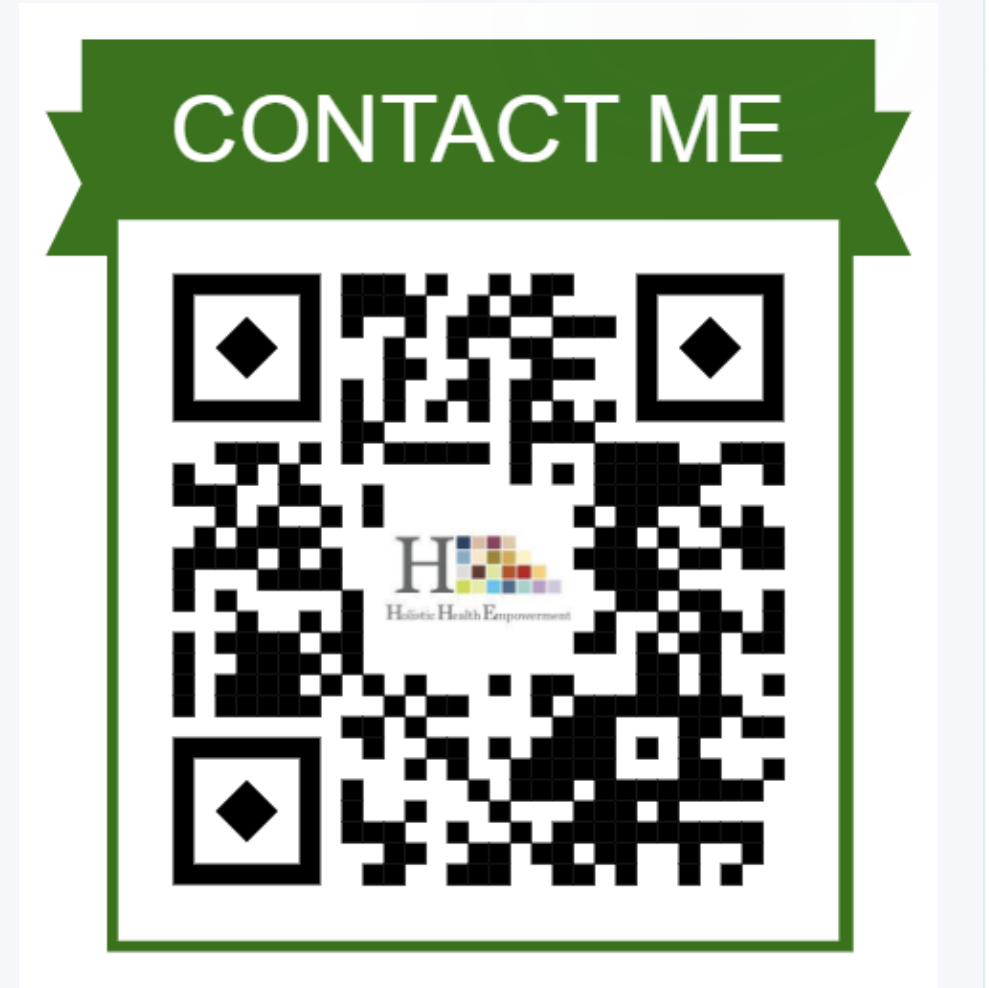
- is between 50 and 80 years old.
- has a 20 pack-year history. This means patients will be eligible if they, for example, smoked one pack a day for 20 years or two packs a day for 10 years and
- smokes now or has quit within the past 15 years.<sup>5</sup>

Talk to your doctor about getting a lung cancer screening.

Please feel free to reach me via the contact information below:



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- **Phone:** (412)951-7135



# References

1. American Cancer Society. (2025). *Cancer facts & figures 2024*. American Cancer Society.
2. American Cancer Society. (2024). *Employer wellness toolkits*. <https://www.cancer.org/programs-services/corporate-resources/employer-toolkits.html>
3. American Lung Association. (2024). *State of lung cancer: North Carolina*. American Lung Association.
4. Fan, Z., Zheng, M., Guan, Z., Liu, H., Guo, P., Zhu, Y., Zhang, B., Hu, L., Zhao, X., Fu, T., Liu, M., Jiang, X., Ren, N., Zhang, C., Wang, W., Hao, C., & Li, J. (2026). Cost-effectiveness of lung cancer screening: Insights from risk stratification, guidelines, and emerging technologies—A systematic review. *npj Primary Care Respiratory Medicine*, 36, Article 15.
5. Gudina, A. T., Kamen, C. S., Hirko, K. A., Adler, D. H., Ossip, D. J., Williams, E. M., Cheruvu, V. K., & Cupertino, A.-P. (2025). Lung cancer screening uptake under the revised USPSTF guideline: Assessing disparities. *Cancer Epidemiology, Biomarkers & Prevention*, 34(1), 35–41.
6. McGarvey, N., Gitlin, M., Fadli, E., & Chung, K. C. (2022). Increased healthcare costs by later stage cancer diagnosis. *BMC Health Services Research*, 22, Article 1155.
7. Mon, H. M., Robb, K. A., & Demou, E. (2024). Effectiveness of workplace cancer screening interventions: A systematic review. *BMC Cancer*, 24, Article 999.
8. Smith, R., Cao, X., Cuyun Carter, G., Limburg, P., Beer, T. M., & Pyenson, B. (2024). Using healthcare claims to predict costs by stage for Medicare and commercially insured patients with NSCLC. *Journal of Thoracic Oncology*, 19(10, Suppl.), S720–S721.
9. U.S. Preventive Services Task Force. (2021). Screening for lung cancer: US Preventive Services Task Force recommendation statement. *JAMA*, 325(10), 962–970.

# Preventable Cancers & High-Cost Claims



**Cassandra Wineglass, PhD**  
**Associate Professor**  
**Winston-Salem State University**

Topic

**Health Equity & Access to Screening**

# Does ONE Size Fits All? Health Equity

Dr. Cassandra Wineglass  
Winston Salem State University



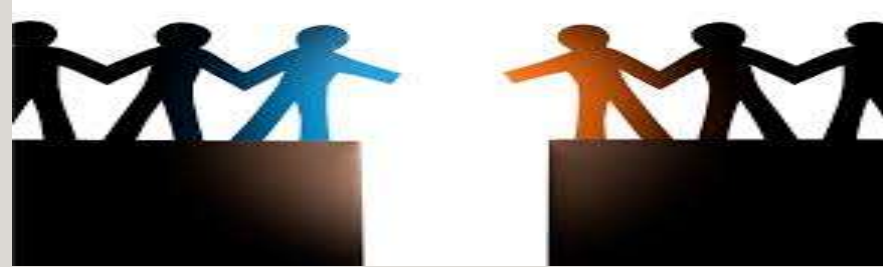
**WINSTON-SALEM** STATE UNIVERSITY



**WSSU**

# Talking Points for Today

- Gaps in Access
- Uptake Persist
- Recommendations for Employers



# Gaps in Access

Health equities on a larger scales gives us the misconception that everyone is receiving the necessary treatments, access and standard formulas for specific populations.

**Access: Pharmacies, Health systems, Time**

**PCP: Lack of Physicians/Specialist, Nurse Practitioners**

**Insurance- Out of Network**

# Uptake persist

- **Lack of PCP/Lack of Physician recommendation**
- **Lack of Screening**
  - Rural areas
  - Normal work hours/Time of screening
  - Education/Awareness
- **Mistrust**
  - Past experiences
  - Less likely to seek care early

# Recommendations

## **For Employers:**

- **Host an annual health and wellness event annually**
- **Partner with an Institution with a mobile unit that can assist with screenings. (ie. WSSU, Novant, Advocate, Cone)**
- **Ensure monthly alerts from Human Resources on specific awareness and educational information is distributed.**
- **Paid time for medical appointments so employees don't lose wages to get preventive care.**

# Recommendation

- Flexible scheduling for shift workers who often face the biggest access gaps.
- Provide health navigation support to help employees understand what's covered.
- Tailor messages to address cultural beliefs, mistrust, or stigma around certain conditions.
- Avoid one-size-fits-all messaging; different groups respond to different motivators.

# Summary

- **One –size does not fit all. Tailor your insurance plans to best represent your employees.**
- **While gaps are prevalent -develop initiatives that will target specific issues in your organizations.**
- **Partner with other state agencies or organizations to assist with education and awareness.**
- **Ensure language appropriate materials and resources.**
- **Communicate clearly that screening data is confidential and not used for employment decisions.**

Recommendation

# Create a Culture of Health



Questions????



**WINSTON-SALEM** STATE UNIVERSITY

# Panel Discussion

## Preventable Cancers & High-Cost Claims

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**Rachael Baartmans**  
Regional Immunization Consultant  
NC Dept of Health and Human Services



**J. Michael Webb, MD**  
Co-Founder & CEO  
CheckMySPot



**Kearston Ingraham, DrPH(c)**  
Executive Director  
Holistic Health Empowerment



**Cassandra Wineglass, PhD**  
Associate Professor  
Winston-Salem State University



# Upcoming Events

## High Cost Claims Workshop

**June 26**

Location TBD – Details soon

## 2026 Fall Forum

**September 10 – 11**

Greensboro-High Point Marriott Airport

Registration now open



**[NCBCH.net/events](https://ncbch.net/events)**



**Thank you  
for attending the  
NCBCH Spring Forum!**

