

Welcome to the 2025 Spring Forum!



Today's Agenda

(details available online at forum.ncbch.net)

7:30 AM – Networking Breakfast

8:45 AM – Welcome and Introductions

9:00 AM – Compliance/Legislative Update

10:00 AM – Culture of Wellbeing Award

10:30 AM – Women's Health Strategies

11:30 AM – Innovations in Employer Benefits

12:00 PM – Networking Lunch

1:00 PM – Pharmaceutical Strategies for Employers

1:00 PM – High Cost Claims Mitigation for Employers

2:00 PM – Weight Management Strategies for Employers

3:00 PM – Wrap-up (and door prizes!)



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Scan the QR Code on the back of your name badge
or visit ncbch.net/forum-feedback

**The online feedback form includes “save and resume”
feature so you can continue your feedback
throughout the Forum!**



**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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X @TheNCBCH



Our Members

Employer Members

All sizes, all industries

(at least 25 employees based in North Carolina)

Affiliate Members

Vetted benefit/HR service providers and consultants

Advisory Council & Collaborative Members

Key Healthcare Stakeholders dedicated to furthering our mission



Our Board of Directors

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Medical Director: Bruce Sherman, MD

Legal Counsel: Melissa Weaver, Brooks Pierce



ABOUT NCBCH

Formed in 2011 as a coalition of employers using their collective voice to improve the cost quality and cost of healthcare delivery systems in North Carolina.

Our Mission:

Educate – Promote health and wellness education. Advocate for provider performance disclosure of both quality and outcomes to help employees become better consumers of healthcare services.

Advocate – Create a business community with a shared vision and message on matters of healthcare policy, regulation, and legislation based on sound fiscal principles and quality standards.

Innovate – Seek creative, common sense solutions to improve the overall cost and quality of our healthcare delivery system.

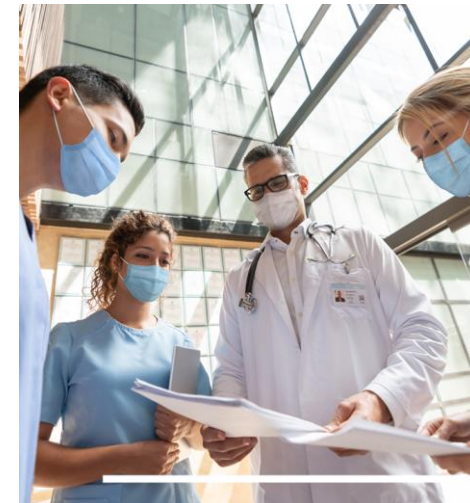


Our National Presence...

The North Carolina Business Coalition on Health is a member of the
National Alliance of Healthcare Purchaser Coalitions,
the only nonprofit, purchaser-led organization
with a national and regional structure
dedicated to driving health and healthcare value across the country



For NC Hospital Safety, Quality and Transparency



2025 Spring Forum Sponsors:

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Legislative and Legal Update for Employers



**Melissa H. Weaver, J.D.,
Partner, Brooks Pierce
&**



**Erin M. Barker, J.D.,
Associate, Brooks Pierce**



Employee Health & Welfare Benefits: Legislative Update

2025 NCBC Spring Forum | March 21, 2025



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Disclaimer

Please note: The content of this presentation is provided for general information purposes only. It should not be considered legal advice or used as a substitute for consulting an attorney for legal advice regarding the participant's own matters.



Agenda

- General Federal Updates
- Recent Executive Orders Impacting Health Plans
- ACA Updates
- Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Updates
- Focus on Cybersecurity
- Hot Topic for Employers – Weight Loss Drugs



General Federal Updates



The State of the DOL/EBSA

■ Personnel

- Feb. 21 – probationary employees at the Employee Benefits Security Administration (EBSA) were terminated
- March 10 – probationary EBSA employees who were terminated were reinstated

■ Funding

- EBSA supplemental funding provided to implement the No Surprises Act set to run out in March 2025
- Supplemental funding unlikely to be renewed
- Loss of funding could result in layoffs of ~120 EBSA employees (out of ~1,000)

■ Impact on Employers

- In the wake of layoffs and funding deficits, it's unclear what EBSA will prioritize for enforcement



Recent Class Actions

Breach of Fiduciary Duty – Prescription Drug Costs

- **Increase in class actions against health plans**
- **Claims focused on high prescription drug costs**
- **Allegations include:**
 - Inflated drug costs due to anticompetitive practices among top 3 PBMs
 - Failure to adequately negotiate the PBM agreement
 - Failure to monitor the PBM (such as by conducting a market check on drug prices)
 - Failure to consider alternative PBM models (such as pass-through pricing instead of spread pricing)



Recent Class Actions (con't)

Breach of Fiduciary Duty – Prescription Drug Costs

■ Suggested Actions for Plan Sponsors

- Do an RFP for PBM services and repeat every 3-5 years
- Use a specialized PBM consultant, but mind who pays them
- READ AND UNDERSTAND THE CONTRACT
- Ask specific questions about all direct and *indirect* compensation received by the PBM related to the contract
- Train staff on the basics of PBM pricing issues and contract terms
- Create a H&W fiduciary committee to engage in the RFP process and to monitor the PBM
- Educate staff on fiduciary obligations for health plans
- Document the procedures taken as listed above



Recent Executive Orders Impacting Health Plans



Healthcare Price Transparency

Feb. 25, 2025 EO: *“Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information”*

Background – Hospital Transparency Final Rule

- Issued in 2019 by US Department of Health & Human Services
- Effective Jan. 2021
- Requires hospitals to publicize prices, including disclosing standard charges, including gross charges, payer-specific negotiated charges, discounted cash prices, and de-identified minimum and maximum negotiated charges, for all items and services in a machine-readable file.
- Requires hospitals to display online in a consumer-friendly manner the standard charges for 300 shoppable services that can be scheduled in advance by consumers.
- CMS amended regulations with additional, specific requirements for hospitals.



Healthcare Price Transparency –Cont'd

Background – Health Plan Transparency in Coverage Final Rule

- For plan years beginning on or after Jan. 1, 2022: Requires most health plans and issuers to disclose coverage and cost information to the public through machine-readable files online:
 - In-network provider rates
 - Historical out-of-network allowed amounts and billed charges
 - Negotiated rates and historical net prices for covered prescription drugs
- For plan or policy years beginning on or after Jan. 1, 2024: Requires health plans and issuers to disclose cost-sharing information and pricing details to participants, beneficiaries, or enrollees, including estimates of out-of-pocket costs for covered items and services from a particular provider through internet-based price comparison tools, for all covered items and services



Healthcare Price Transparency – Content & Impact

Content of EO

Directs federal agencies to do the following w/in 90 days:

- Require the disclosure of the actual (rather than estimated) prices of items and services;
- Issue updated guidance or proposed regulatory action ensuring pricing information is standardized and easily comparable across hospitals and health plans; and
- Issue guidance or proposed regulatory action updating enforcement policies designed to ensure compliance with the transparent reporting of complete, accurate, and meaningful data.

Impact

- Health plan sponsors should prepare for rulemaking and increased enforcement action by HHS/CMS regarding health plan transparency requirements.



IVF Coverage & Access

(Feb. 18, 2025 EO: “*Expanding Access to In Vitro Fertilization*”)

Background

- EO recognized that IVF costs range from \$12,000 to \$25,000 per cycle.
- Policy statement to ensure reliable and affordable access to IVF treatment.

Content of EO

- Directs the Assistant to the President for Domestic Policy to submit within 90 days a list of policy recommendations on IVF access and aggressively reducing out-of-pocket and health plan costs for IVF treatment.

Impact

- TBD – no immediate impact
- EO does not establish new rights or guarantees
- Implementation will be limited by existing laws and available funding



ACA Updates



Furnishing ACA Forms

- Notice 2025-15 – IRS Guidance on Furnishing ACA Forms
- Reporting entities can now use an “alternative method for furnishing” Forms 1095-B and 1095-C, provided certain conditions are met.



Furnishing ACA Forms

Those conditions are:

- The employer must provide a clear and conspicuous notice, in a location on its website that is reasonably accessible to all responsible individuals (i.e., employees and former employees), with information on how individuals may request a copy of their form upon request
- The notice must include an email address, a physical address and a telephone number where a request can be made
- The notice must be in plain, non-technical terms and visually clear
- The posted notice must be available by the due date for furnishing the statement, including the automatic 30-day extension (e.g., for 2024 statements, the notice must be posted by March 3, 2025), and stay in the same location on its website through October 15, 2025
- The employer must furnish the statement to a requesting responsible individual within 30 days of the date the request is received; to satisfy this requirement, the employer may furnish the form electronically if the recipient affirmatively consents



Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Updates



MHPAEA – Background

- MHPAEA and its implementing regulations require group health plans to ensure that the following requirements or limitations applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than those applicable to medical/surgical (M/S) benefits:
 - Financial requirements (ex. co-pays, deductibles, and coinsurance);
 - Quantitative treatment limitations (ex. visit limits, day limits)
 - Nonquantitative treatment limitations (NQTLs) (ex. prior authorization requirements, step therapy, etc.)
- As of Feb. 10, 2021, group health plans that offer M/S benefits and MH/SUD benefits and impose NQTLs on the MH/SUD benefits must perform and document a comparative analysis of the design and application of the NQTLs.

MHPAEA Enforcement

- Jointly enforced by US DOL (EBSA), Department of the Treasury (IRS), and HHS (CMS)
- Current US DOL enforcement tools:
 - Refer plans to U.S. Treasury to levy excise taxes
 - Pursue litigation through DOL Office of the Solicitor
 - Perform audits under the 21st Century Cures Act
- US DOL's Office of Inspector General is urging Congress to enact legislation to enhance DOL's enforcement authority (ex. through civil penalties)



MHPAEA Enforcement

- 2023 Report to Congress found that ZERO NQTL analyses examined were sufficient/compliant
- 2024 Report to Congress
 - Since 2021, EBSA enforcement efforts have resulted in corrections benefiting directly >7.6 million participants in >72,000 plans
 - Details its review of NQTL analyses and identifies two focus areas on disparities.
 - *No final determinations of non-compliance because plans corrected potential NQTL violations at earlier stages of EBSA inquiries



MHPAEA Compliance

- Effective first day of plan year beginning on or after Jan. 1, 2025 – one or more named plan fiduciary must certify in the NQTL analysis that they **engaged in a prudent process** to select service provider(s) to perform and document the NQTL analysis and have **monitored the service provider(s)** per ERISA fiduciary responsibilities.
- At a minimum, plan fiduciaries should:
 - Review the NQTL analysis
 - Ask questions and discuss the analysis with the service provider as needed to understand the findings and conclusions
 - Ensure the service provider provided proper assurances that the NQTL analysis complies with MHPAEA



MHPAEA Compliance

Consider taking the following steps to evaluate and improve compliance efforts:

- Review and update plan definitions of M/S and MH/SUD benefits for consistency with current International Classification of Diseases (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Review administrative services agreements with TPAs for the plan – should require TPA to timely and accurately respond to requests for NQTL analysis
- Review all current NQTLs imposed under the plan
- Review most request NQTL analysis for the plan and ensure it at least contains:
 1. A description of each NQTL;
 2. The identification and definition of the factors used to design or apply each NQTL;
 3. A description of how factors are used in the design or application of each NQTL;
 4. A demonstration of comparability and stringency, as written;
 5. A demonstration of comparability and stringency, as applied; and
 6. Findings and conclusions.

Focus on Cybersecurity



Focus on Cybersecurity

- Why care about cybersecurity?
 - DOL clarified in late-2024 that its cybersecurity guidance applies to health and welfare plans as well as retirement plans
 - Breaches of data regarding plan assets and sensitive personal information (ex. SSNs, financial account numbers, health info) can lead to DOL investigations and participant lawsuits
 - Plan sponsor/administrator fiduciary duties under ERISA
 - Plan sponsor HIPAA, HITECH, and other privacy law compliance



EBSA's Cybersecurity "Best Practices"

- Have a formal, well-documented cybersecurity program
- Conduct prudent annual risk assessments
- Have a reliable annual 3rd party audit of security controls
- Clearly define and assign information security roles and responsibilities
- Have strong access control procedures
- Ensure that any assets or data stored in a cloud or managed by a third party service provider are subject to appropriate security reviews and independent security assessments



Cybersecurity “Best Practices” Cont’d

- Conduct periodic cybersecurity awareness training
- Implement and manage a secure system development life cycle (SDLC) program
- Have an effective business resiliency program addressing business continuity, disaster recovery, and incident response
- Encrypt sensitive data, stored and in transit
- Implement strong technical controls in accordance with best security practices
- Appropriately respond to any past cybersecurity incidents



Hot Topic for Employers – Weight Loss Drugs



To Cover or Not to Cover?

- Legislation reintroduced in 2023-2024 that would expand Medicare coverage of weight-loss drugs. No further traction on that bill in 2025.
- Plan sponsors engaged in conversations about whether to cover weight loss drugs or not.
 - Expensive to cover
 - GLP-1s generally considered effective for treating conditions such as Type 2 Diabetes
 - May reduce risks of obesity-related claims down the road with long-term use
 - Failing to cover likely not discrimination under ACA (as of March 6, 2025, a federal court has rejected an ACA Section 1557 discrimination claim)





Thank You

For further questions and comments, visit our
website or contact one of our attorneys

Culture of Wellbeing Award



Culture of Wellbeing Award

A statewide award recognizing the best employer wellness & wellbeing programs

First annual award was in 2022
In honor of NCBGH's founder, Chris Coté
as the Culture of Wellness Award

In 2024:
Culture of Wellbeing Award
to recognize total person health
in wellness and wellbeing



Culture of Wellness Award – past winners

Large Employer Category

2024: Volvo Group NA

2023: City of Charlotte

2022: Alex Lee

Small/Midsize Employer Category

2024: City of Rocky Mount

2023: Glen Raven

2022: Cleveland County Government



Culture of Wellbeing Award

Programs are evaluated across 5 primary components:

Culture, Foundation and Policies

- Senior leadership involvement and support
 - Embedment in company culture

Program Offerings / Tools / Incentives

- Pillars/Dimensions of Health
- Onsite, telephonic, digital (online) programs
 - Rewards for participating/engaging

Strategic Planning / Communications

- Goals and objectives/multi-year strategy
 - Channels of communication

Reporting Metrics & Evaluation

- Means of evaluation
- Observed program engagement

Innovation

- Unique and innovative approaches to wellbeing and program success



Culture of Wellness Award 2025 Winner

Small/Midsize Employer

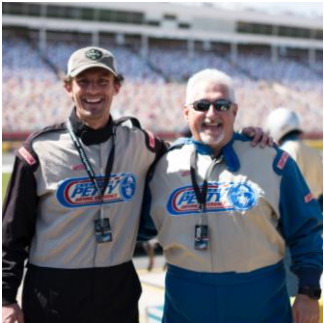
**Congratulations to
Atlantic Packaging**



*Becca Schusler
Wellness Director*



ATLANTIC PACKAGING WELL-BEING JOURNEY



CONNECTION

SPIRIT | NATURE | COMMUNITY | LOVE



NOURISHMENT

NUTRITION | INSPIRATION | SELF-CARE | MEDITATION



OUR MISSION

At Atlantic Packaging,
**health and well-being is
the through-line** connecting
our employees, our business
community and the overall
vision for our company.



PURPOSE

MINDFULNESS | MOTIVATION | EMPOWERMENT | ADVOCACY



MOVEMENT

PHYSICAL ACTIVITY | CREATION | PROGRESS | HARMONY

ATLANTIC WELLNESS

OVER THE YEARS

2012

- Hired full-time Wellness Coordinator
- Carter Wellness Clinic in Tabor City
- First biometric screening

2014

- Introduction of the incentive program tied to the medical plan
- Step challenge prize: Jeep Wrangler

2016

- Step to Give program
- First onsite gym established in Wilmington branch

2019

- Partnership with new vendor for clinic, health coaching and incentive management
- Company-wide blood drives initiated
- Implemented Narus Concierge services
- Tobacco cessation medication covered
- Wellness at Work with Wes podcast
- Biggest Loser competition reestablished as Work it Off, Keep it Off

2022

- Preventive care focus
- Company-wide personal trainer
- Introduced Teladoc

2024

- Cafe in Tabor City
- Social media presence
- Murals
- Integration of Sustainability Program
 - Greenery
 - Pollinator gardens
 - Bee hives

2013

- First step challenge
- Subsidized Fitbits
- Established wellness coordinators at each location

2015

- Established Wellness website
- Step challenge prize: Carolina Skiff
- First Biggest Loser competition with cash prizes
- HRA, biometrics and risk-level coaching
- First Story of Change video

2020 –

- Hired a dedicated Behavioral Health Specialist for the Atlantic population
- Points program
- Spouse iPad raffle

2023

- New Wellness Director
- Dominican Republic initiative
- Established mission, vision and guiding principles
- Wellness Webex group chat
- New benefits website

Your chance to win an Atlantic Wellness Yeti!

*All registrations from 1/1/25 - 3/31/25 will be eligible for this drawing.

SCAN THE QR CODE TO REGISTER!



THE BENEFITS OF NATURE ON MENTAL HEALTH

WEBINAR WITH TIFFANY HUGGINS

Tuesday July 16, 2024 @ 12pm

DID YOU KNOW YOU CAN SAVE OVER \$500 A YEAR?

ATLANTIC PACKAGING WANTS TO REWARD YOU FOR TAKING STEPS TOWARD LIVING A HEALTHIER LIFE!

- 1. Biometric Screening
- 2. Annual Physical
- 3. One Preventive Exam
- 4. One Health Coaching Appointment or One Behavioral Health Appointment with Our Marathon Health Team

Not earning the incentive yet? Start today! As soon as you complete the four steps, you will start earning the wellness insurance discount on your medical insurance.

For more information, reach out to Becca Schuler at 704-930-5731 or becca@atlanticcpk.com

whole FOOD CHALLENGE

30 DAYS OF SIMPLE, FRESH EATING

FEBRUARY 19 TO MARCH 20

YOUR GOAL? Eat 10+ fresh, whole foods each day.

READY TO GET STARTED? Find the challenge and sign up to win a Yeti water bottle in the Atlantic Wellness group chat.

March is National Nutrition Month. Start Eating Healthy Today with these Simple Tips to Better Nutrition.

- 1. Grains: Choose whole grains like brown rice, quinoa, or whole wheat bread.
- 2. Fruits and Vegetables: Aim for a variety of colors and textures.
- 3. Protein: Choose lean proteins like chicken, fish, or tofu.
- 4. Healthy Fats: Choose healthy fats like avocados, nuts, and olive oil.
- 5. Be Smart About Beverages: Choose water or unsweetened tea over sugary drinks.

How Sleep Affects Your Health

1 in 2 adults don't get enough sleep.

Benefits of good sleep:

- Improves cognitive function, memory, and mood.
- Strengthens immunity and health.
- Improves mood and energy.
- Helps with chronic conditions like heart disease, diabetes, and depression.

Poor sleep may put you & your health at higher risk for:

- Depression
- Diabetes
- High blood pressure
- Heart disease
- Obesity
- Stroke

bonus nature bingo

As an optional opportunity to earn one bonus entry into the challenge prize drawing, you can play Nature Bingo!

Mark off the squares as you complete the activities below. Get in a row and submit as soon as you have a picture of your activities in the Atlantic Wellness group chat. Contact Becca Schuler at becca@atlanticcpk.com to be added if you are not already a member!

One completed nature bingo card along with your challenge calendar for taking a picture and uploading it to the Healthy You Project group is to your Branch Wellness Coordinator or send it to well@atlanticcpk.com by Friday, May 2nd.

WITH A Smoothie!

WHEN: July 3 | 1-2 pm

WHERE: Front Meeting Room

ATLANTIC WELLNESS

12 DAYS OF WELLNESS

December 2 - 13th

MOVEMENT

1. Walk a flight of stairs twice a day.
2. Take 10 minutes during your workday to stretch.
3. Take a 10-minute break at a local park or wellness center.
4. Stretch your shoulders, neck, and back at your desk.
5. Leave during the morning.
6. Walk or jog from your desk and back once every hour.
7. Do 10 "squat" jumps in your home or office.
8. Do 10 "squat" jumps in your home or office.
9. Do 10 "squat" jumps in your home or office.
10. Do 10 "squat" jumps in your home or office.
11. Do 10 "squat" jumps in your home or office.
12. Do 10 "squat" jumps in your home or office.

NOURISHMENT

1. Eat a serving of fruit during your workday.
2. Choose a healthy snack like an apple or banana.
3. Drink a glass of water during your workday.
4. Choose a healthy snack like an apple or banana.
5. Drink a glass of water during your workday.
6. Choose a healthy snack like an apple or banana.
7. Drink a glass of water during your workday.
8. Choose a healthy snack like an apple or banana.
9. Drink a glass of water during your workday.
10. Choose a healthy snack like an apple or banana.
11. Drink a glass of water during your workday.
12. Choose a healthy snack like an apple or banana.

CONNECTION

1. Do a stretch break for one minute during your workday.
2. Do a stretch break for one minute during your workday.
3. Do a stretch break for one minute during your workday.
4. Do a stretch break for one minute during your workday.
5. Do a stretch break for one minute during your workday.
6. Do a stretch break for one minute during your workday.
7. Do a stretch break for one minute during your workday.
8. Do a stretch break for one minute during your workday.
9. Do a stretch break for one minute during your workday.
10. Do a stretch break for one minute during your workday.
11. Do a stretch break for one minute during your workday.
12. Do a stretch break for one minute during your workday.

Read, Reflect, Grow Group

March 3 - 31, 2025

Marathon Health invites you to a 5-week webinar series that will unlock your potential.

WHAT TO EXPECT:

- Deep Dive Discussion: Each week, we'll have a deep dive into a topic related to your health and wellness.
- Interactive Activities: Engage in group discussions, reflections, and practical exercises.
- Actionable Takeaways: Leave each session with clear, actionable steps to improve your health.

ATLANTIC HAS saved my life twice.

WITHOUT A DOUBT.

— Frank Brown, Brown City, NC

MIND IN MOTION

UNVEILING THE LINK BETWEEN PHYSICAL MOVEMENT & MENTAL WELL-BEING

TUESDAY, MAY 14th @ NOON

a journey worth embracing

January 1 - August 31, 2025

2 WAYS TO TRACK:

1. Connect your Fitbit, Garmin, or Apple devices to Marathon Health.
2. Self-report your total amount of sleep each night using the challenge calendar, provided by Becca or your branch wellness coordinator.

PRIZES:

Participants will be entered in a giveaway with a chance to win 1 of 2 Sleep Baskets, complete with a blanket, essential oil spray, and an eye mask.

REGISTER HERE BETWEEN FEB 26 - MARCH 1!

WALK IT OUT WEDNESDAYS

When: Every Wednesday in March at 2pm

Where: Meet in the front lobby

WALK IT OUT WEDNESDAYS

When: Every Wednesday in March at 2pm

Where: Meet in the front lobby

SLEEP CHALLENGE

MARCH 4 - 31, 2024

Join us for a 4-week challenge all about SLEEP! Participants are encouraged to reach a goal of 6-8 hours of sleep each night, for a maximum total of 162 hours of sleep by the end of the challenge.

27 DAYS

162 HOURS OF SLEEP

2 SLEEP BASKET GIVEAWAYS

1 RAFFLE TICKET

\$2500 10 CHANCES TO WIN

journey THROUGH atlantic

STEP CHALLENGE

May 8 - June 19

MONDAY

month/year

SOMETHING I'M LOOKING FORWARD TO THIS WEEK IS...

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

meditation

for the busy-minded

virtual workshop with Lyn Tally

date: August 13, 2024

time: 12:00 - 12:40pm

GET OUTSIDE NATURE CHALLENGE

JULY 8th - 28th

DID YOU KNOW?

Time in nature has been linked to health and wellness. Time spent outside can:

- Reduce stress
- Improve mood
- Increase energy
- Reduce blood pressure
- Lower rates of heart disease and diabetes
- Improve immune health

THE CHALLENGE

For this 3-week challenge, the goal will be to spend 120 minutes each week outside. This equates to approximately 20 minutes per day. This could be on a walk in a park, in your garden, fishing, hiking, etc. Track your time outside each day on the calendar provided.

BONUS NATURE BINGO

During the challenge, you have the option to also participate in a game of Nature Bingo! Use the provided Nature Bingo sheet to mark each outdoor activity you complete. Get 3 in a row and submit at least one picture of your activities to the Atlantic Wellness Wellness group chat to earn one additional entry into the prize raffle.

PRIZES

Participants who complete the challenge will be entered to win one of the following prizes: a tent, a day hiking backpack, a gardening tool set, or a gift certificate to a local outdoor store. Prizes will be awarded to those who participate in and complete the Nature Bingo bonus challenge.

MINDFULNESS CHALLENGE

Register and participate at any time during the Healthy You Project.

*Final registration deadline: August 2nd

get outside NATURE CHALLENGE

APRIL 1st - 30th, 2025

Spent a total of 100 minutes outside (approx. 10 min per day) over the course of the 30-day challenge for one entry into a raffle for one of the following prizes: a tent, a day hiking backpack, a gardening tool set, or a gift certificate to a local outdoor store. Prizes will be awarded to those who participate in and complete the Nature Bingo bonus challenge.

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Celebrating **11** Years



THANK YOU!

BECCA SCHUSLER



704.909.5731



beccas@atlanticpkg.com



@atlanticpkg

Culture of Wellness Award 2024 Winner

Large Employer

Congratulations to

Reynolds American, Inc.

*Debbie Allison
Senior Manager, Wellbeing*





3rd

time certified as a Top Employer in the U.S. by the Top Employers Institute in January 2025

Our purpose

Create A Better Tomorrow™ by Building a Smokeless World. Our strategic aim is to migrate adult smokers from cigarettes to smokeless alternatives and become a predominantly smokeless business by 2035.

**our people are at the
core of our purpose.**



LiveWell

A Better Tomorrow™ starts with you

Vendor Partners



Recent Successes



Digital Benefits Platform

- Program Savings with Health Concierge ROI = 1.8x
- 90% Program Satisfaction



Onsite Fitness Centers

- Utilization up 15%
- Group exercise class participation up 46%



Onsite Health Centers

- Visits up 23%
- 2023: ROI = 1.2x



Physical Therapy Program

- 2024: 592 PT visits
- 237 Early Intervention services



FINANCIAL

KEEPING \$ IN YOUR WALLET



- Smart investing (401(k) & HSA)
- Financial coaching & support
- Understanding the financial benefits of your benefits



SOCIAL

YOU & YOUR WORLD



- Nutrition services
- On-site fitness centers & gym discounts
- Ongoing programming throughout 2025
- Employee connections & events
- Connected community engagement
- ERG collaborations
- Awareness & use of Behavioral Health resources
- Mental Health month campaign

PHYSICAL

CARING FOR YOU



EMOTIONAL

HOW YOU FEEL MATTERS



Key drivers of our Wellbeing Program

- Leadership support
- Multiple offerings and programs
- Year-long cycle plan to drive awareness and utilization
- Partnerships across the organization – support for all initiatives where connections make sense
- Continuous evaluation of existing and new programs for best fit with our people and culture



Women's Health Strategies for Employers

*Women's Health is an
Even Bigger and Broader Problem Than You Realize*



Carla L. Eckhardt Taracena, MSc

**Senior Vice President Clinical Operations
Visana Health**



The Complexity of Women’s Health:

Women-Specific Conditions	Conditions Impacting Women Disproportionately	Conditions that Impact Women Differently
Maternity	Migraine	Cardiovascular Disease
Menopause	Autoimmune	Alzheimer’s Disease
Endometriosis	Behavioral Health (anxiety & depression)	Chronic Pain
Fibroids	Hypothyroidism	Sexual Health
Women’s Cancer (breast, ovarian, cervical, etc.)	Osteoporosis	Behavioral Health
PCOS	Anemia	Diabetes
Contraception	Urinary Tract Infections	...
...	...	

The Women's Journey to Care



Melly – Truck Driver

Why Women Avoid Care

Women spend 25% more of their lives in poor health compared to men, and they also face higher out-of-pocket healthcare expenses, contributing to a significant "health cost gap".

Many women avoid care due to barriers like long wait times, feeling dismissed, or not being able to find a provider they trust.



Sue – On the Go Millennial



Sandra – Mother & Caregiver



Monica – Cancer Patient

What do **women** want?

Innovative Care & Payment Models That Include:

Increased Access

Attract & Retain Talent

Patients to Feel Heard

Improved Symptoms

Easy, Fast Appointments

Convenience

Reduced Costs

Whole Person Care

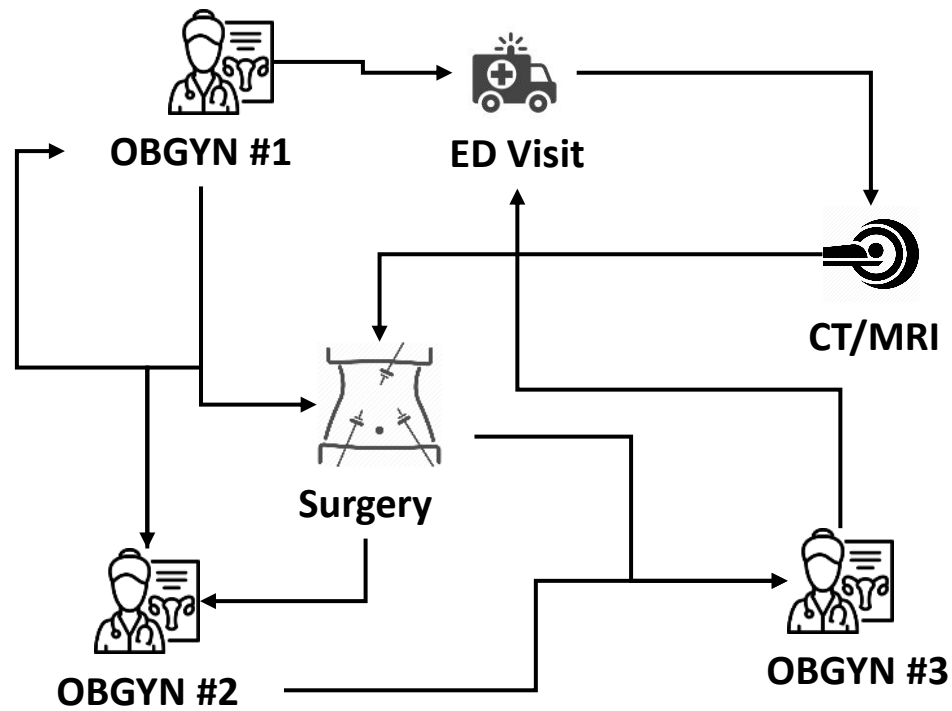


Audience Question:

By a show of hands, how many of you or someone close to you have waited more than 3 months to get an appointment with a health specialist?

Innovative care models – A Medical Home for Women

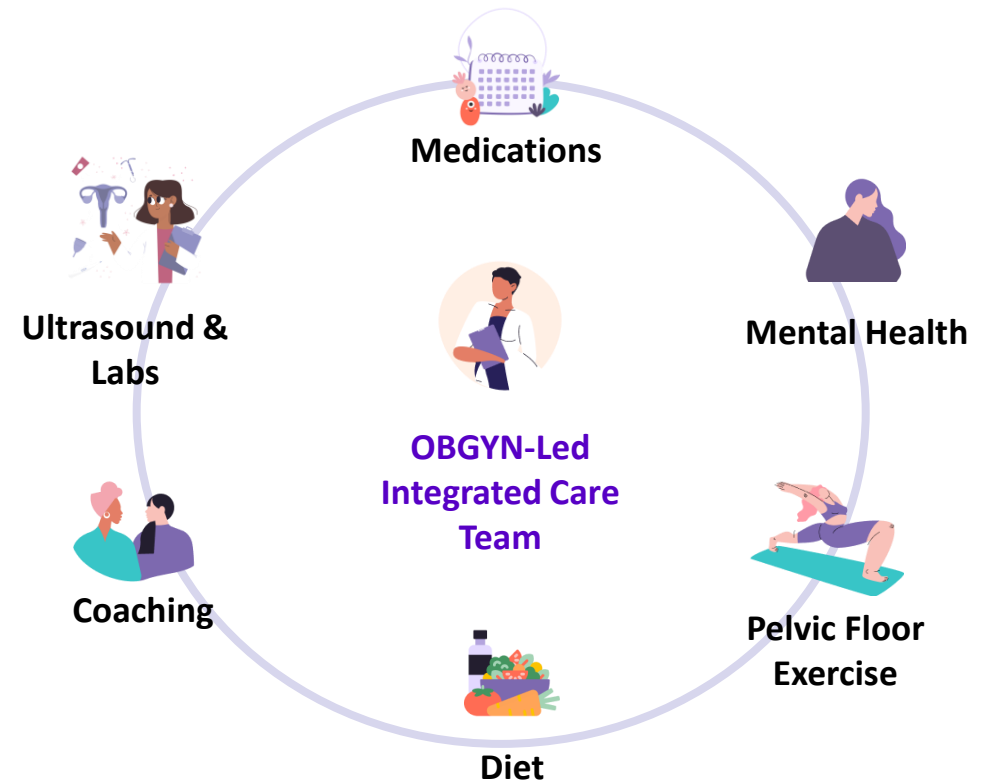
Typical Care



3-10 Years
Time to Treatment

60% Surgery Rate
1-year post-diagnosis

Innovative Care



<1 Months
Time to Treatment

10% Surgery Rate
1-year post-diagnosis

How Virtual Care Can Address Women's Health

Pelvic Exams

Self-collection for pap smears is on the horizon, reducing the need for in-person visits

Breast Exams

Many screenings can be **coordinated virtually**, with in-person follow-ups as needed

Listening & Shared Decision Making

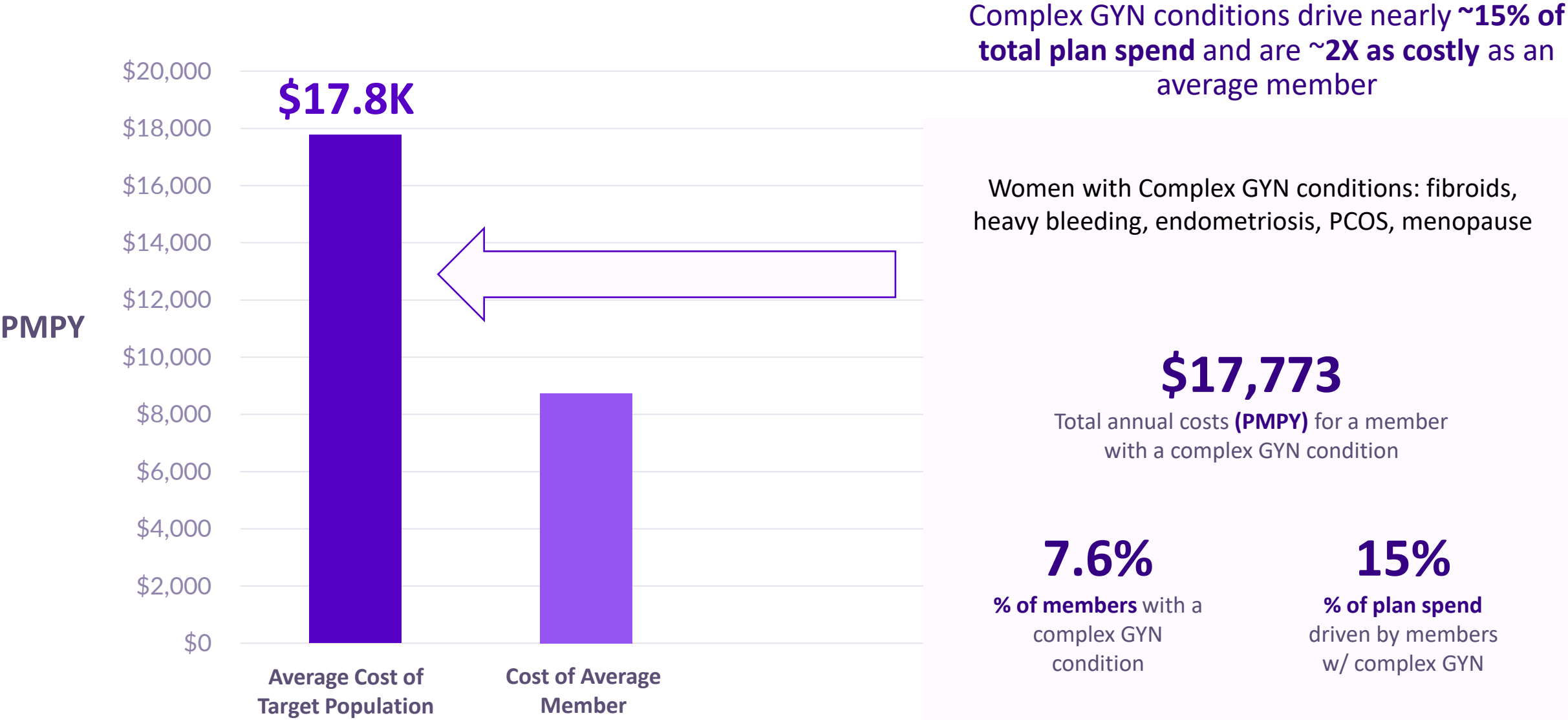
Virtual care allows for more **frequent, valuable touchpoints and longer appointment times**, ensuring women feel heard and supported

Barriers to Care: >30 day wait times, feeling dismissed, dissatisfied with treatment options.

Differences in Costs: Planning for what is convenient and covered by the health plan.

Augment In-Person OBGYN: Enhances traditional care while providing timely support.

The Hidden Costs of Women's Health



Women's health care is wide ranging, from menstruation to menopause and beyond

Menopause & midlife

Perimenopause
Menopause
Sexual dysfunction
Pelvic floor dysfunction

Sexual & reproductive

Fertility & preconception
Postpartum depression
Birth control
STIs & UTIs

Complex gynecology

Endometriosis
Fibroids
Heavy bleeding
PCOS
Painful periods

Preventive care

Well woman visits
Breast health
Mammograms
Cancer screenings

Providing health equity to employees who need it most

53% of our patients don't have a PCP

3.6 conditions per patient

The most *comprehensive* virtual women's health clinic



For more information please contact:

Matt Hodes
matt@visanahealth.com

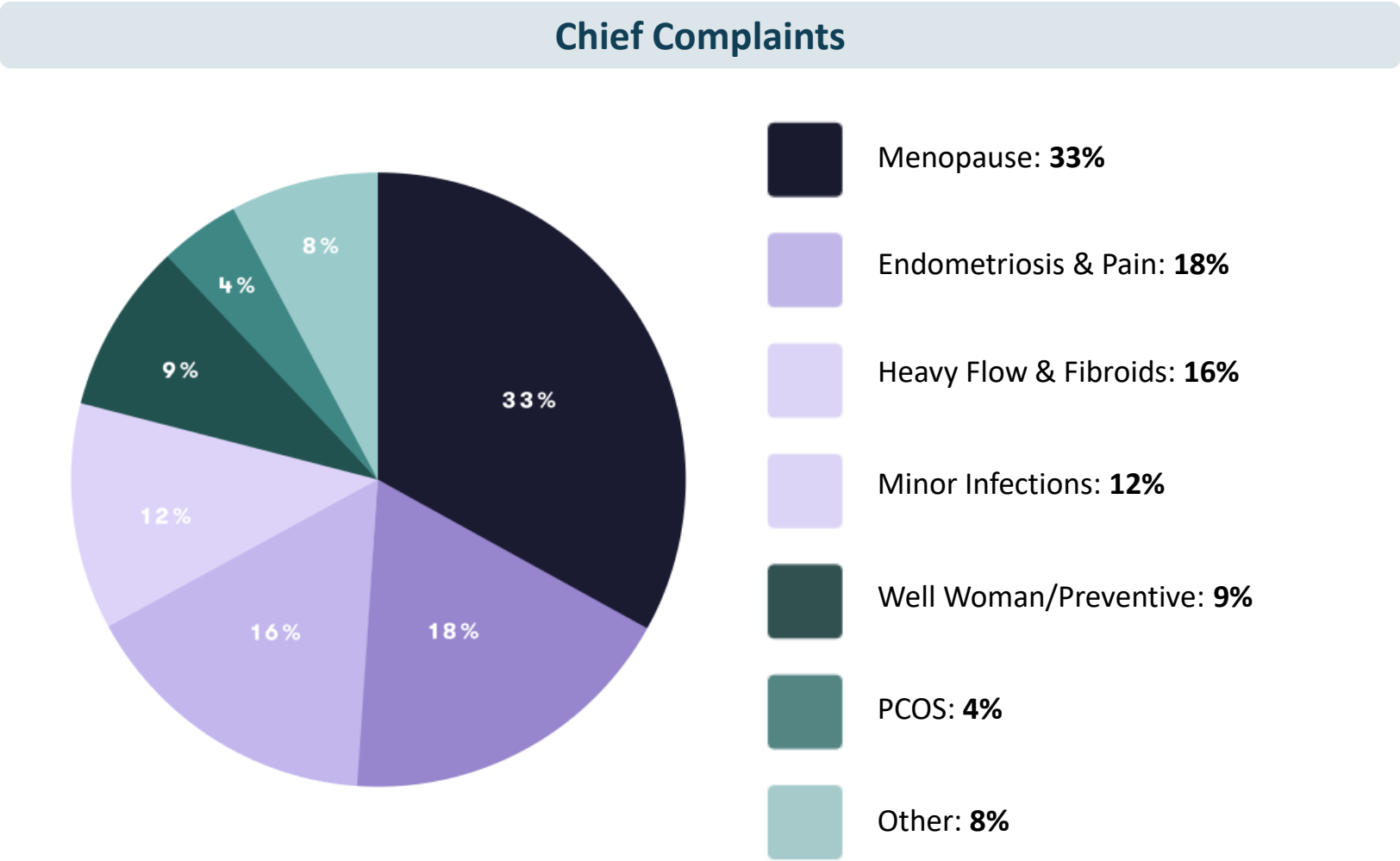


ASO Case Study: Creating a Medical Home for Women

542
Women enrolled

3.4
Average # of comorbidities

53%
Of members without an OBGYN or PCP



Matched based on complex GYN diagnosis (the key driver of GYN-related spend), & were well-matched on age & comorbidities

Age

Age	Control	Visana
18-29	20%	14%
30-39	23%	23%
40-49	25%	23%
50-59	23%	30%
60-64	9%	10%
Average Age	42	44

Geography

Single State (Florida)



Comorbidities

Comorbidity	Control	Visana
Anxiety	22%	27%
Depression	12%	13%
Hypertension	21%	19%
Obesity	18%	21%
Thyroid	15%	13%
Diabetes	8%	6%

Excluded Conditions

Pregnancy, cancer, sepsis, ESRD/dialysis, MSK procedures (TKA, etc.), significant heart disease (HF, AMI, etc.), etc.

*We were studying **gynecology-related costs**, we **excluded members with high-cost conditions & procedures from the control group** to avoid outlier costs in the control (Visana had 0% prevalence of these comorbidities in our population).*

In the complex GYN cohort, Visana delivered outstanding clinical & experience outcomes & an **actuarially-proven 1 year reduction in total cost of care**

Clinical & Patient Experience Outcomes

100

Net Promoter Score
(NPS)

93%

achieve **clinically meaningful improvement** in symptoms

93%

“very satisfied”
with care

GYN & Total Cost of Care

Health plan’s actuaries conducted **case match-controlled claims analysis** studying Visana vs. non-Visana controls for our complex GYN patients.

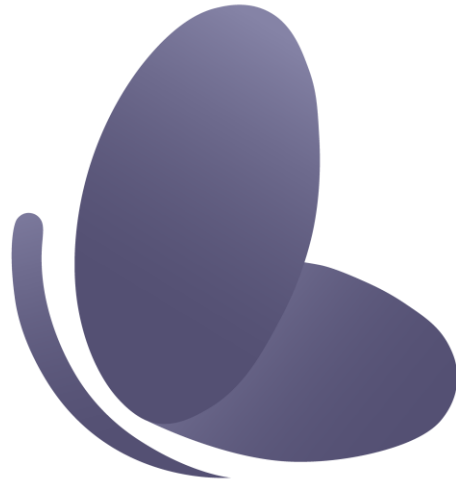
\$2,593

GYN-related cost savings per enrollee in 1 year

\$2,434

Total cost of care savings per enrollee in 1 year

Innovator #1: ciba health



ciba health



What is Ciba Health?

A Timely Story

www.cibahealth.com

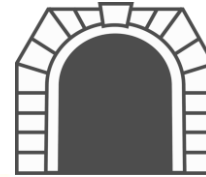


 **ciba health**
Arena Experience

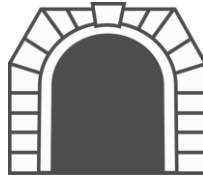
**Cardiometabolic
Conditions**



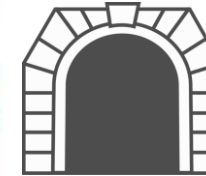
**Autoimmune
Disorders**



**GLP-1
Step
Therapy**



**Digestive Health
Conditions**



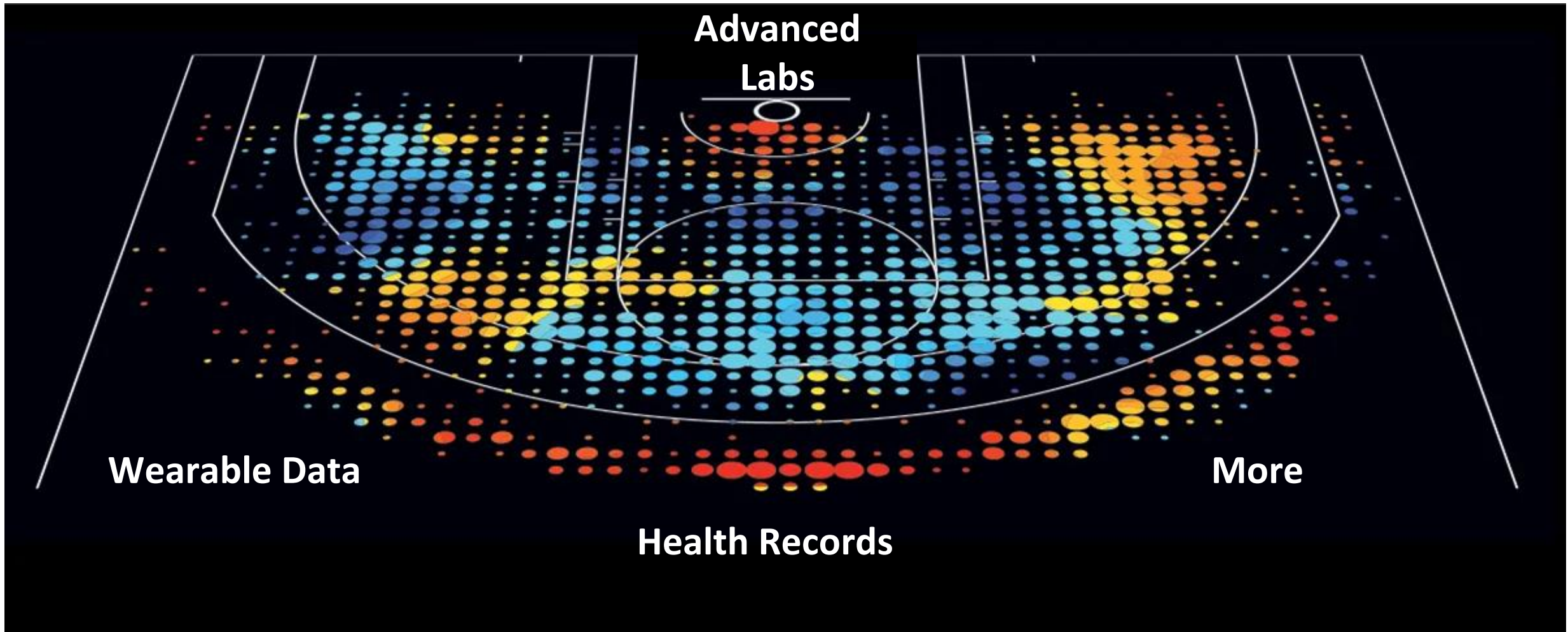
Preventative Care





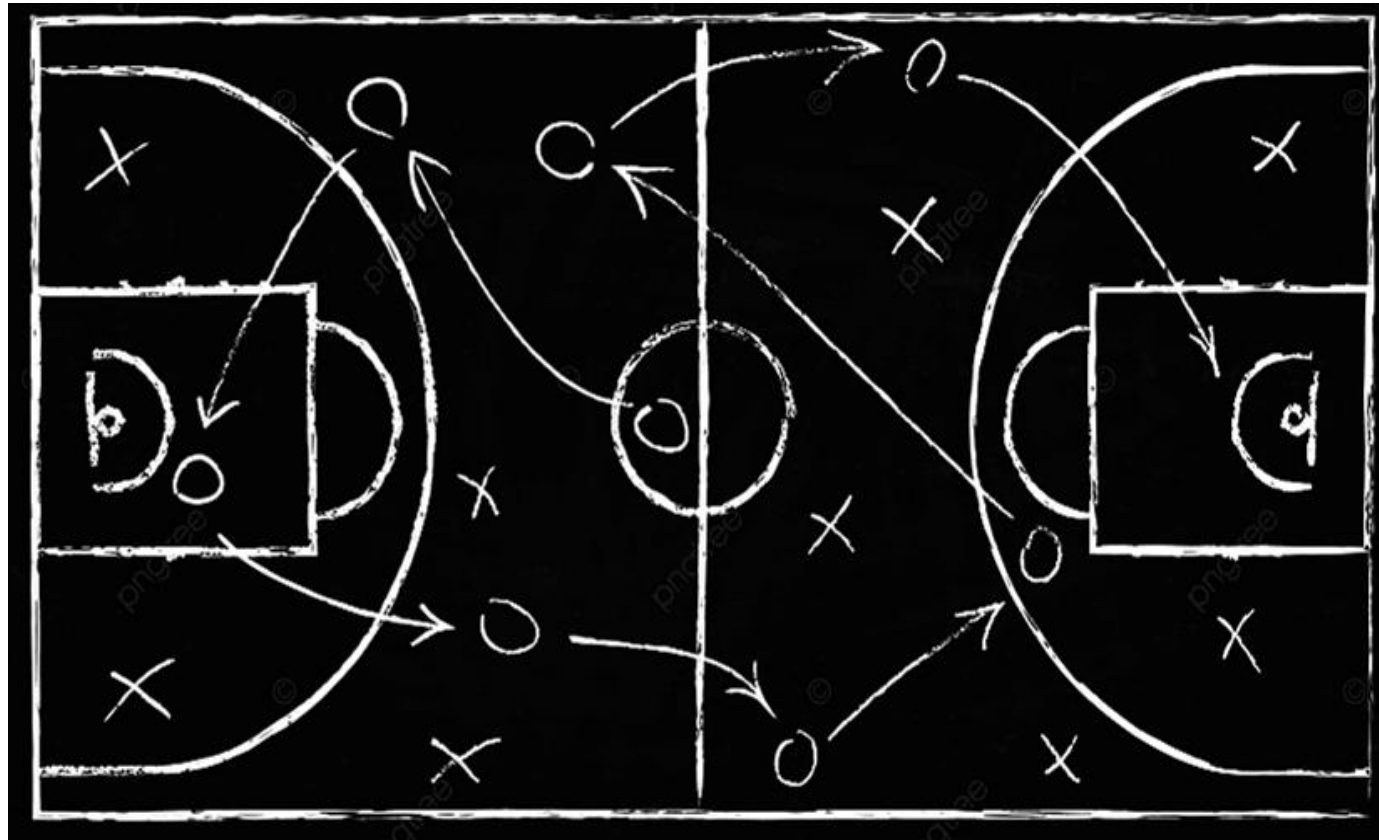
Arena Experience:

Data Intake



Arena Experience:
Understand & Plan

Engagement



Outcomes

Physician



Arena Experience:

The Team

Member



Health Coach



Nurse Care Manager



Dietician





Arena Experience:

The Results

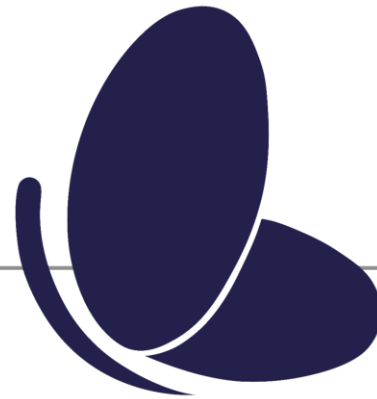
Engagement

80

NPS
Score

75%

Program
Completion



ciba health

Outcomes

90%

Symptom
Elimination

85%

Medication
Reduction

**Come back at
2:00 PM!**



Weight Management Strategies for Employers

**BEYOND GLP-1S: ADDRESSING THE
ROOT CAUSES OF METABOLIC
DYSFUNCTION**

**Markyia Nichols, MD
Chief Medical Officer
Ciba Health**



Innovator #2: finHealth




Is Your Carrier Spending Your Dollars Wisely?

March 2025



Chris Chan
Chief Value Officer
cchan@finhealth.com

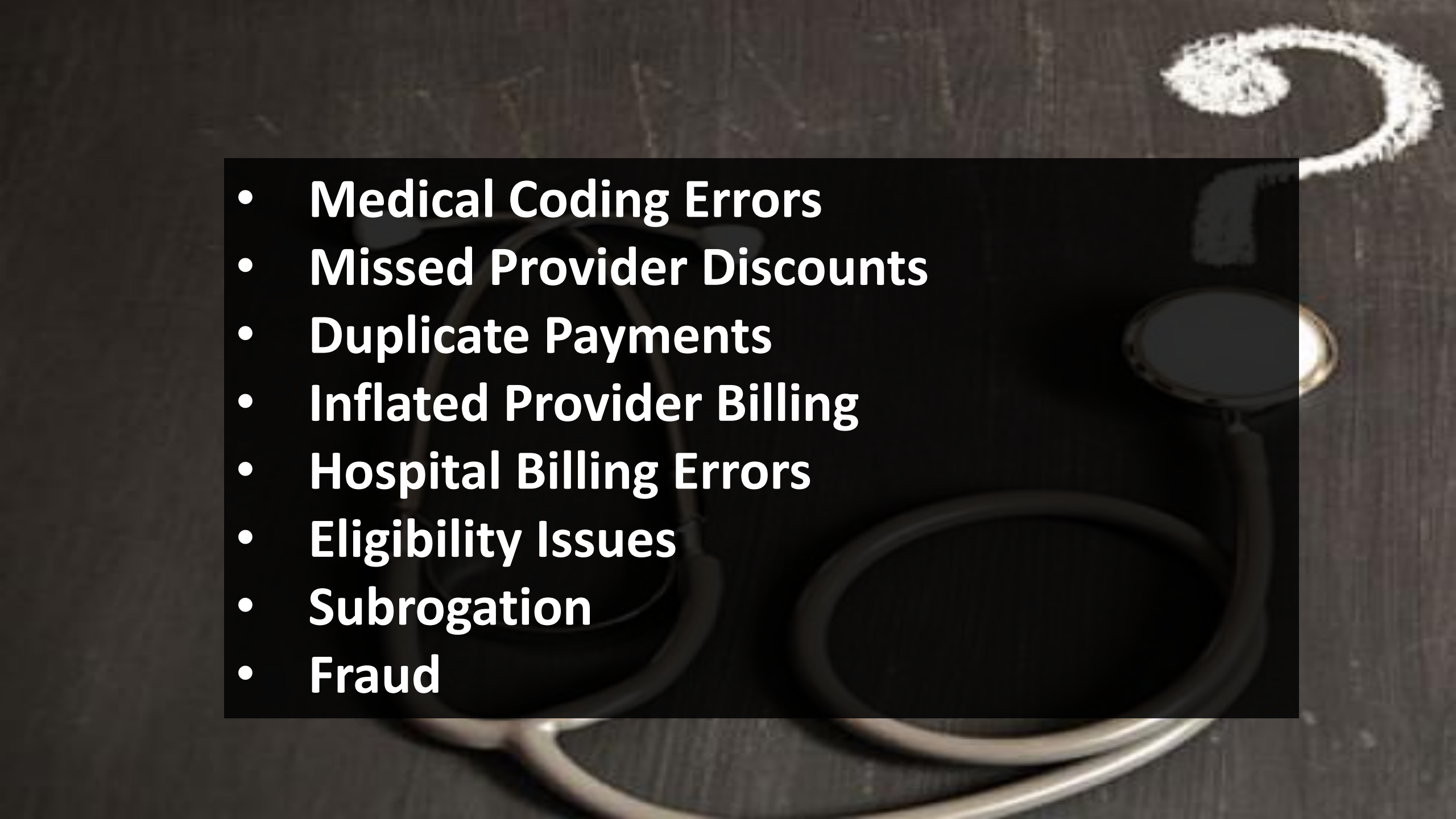
Credit Card Services 

Saturday, July 8

Fraud Detection: Did you
just try to charge 95.70
USD on Card #29005 at
ALAMEDA COUNTY
FAIRGROUN? 1 if yes, or 2
to call. STOP to opt out.

5:01 PM



- 
- **Medical Coding Errors**
 - **Missed Provider Discounts**
 - **Duplicate Payments**
 - **Inflated Provider Billing**
 - **Hospital Billing Errors**
 - **Eligibility Issues**
 - **Subrogation**
 - **Fraud**



**Prepayment review
of large claims over \$100K and
post-payment review
of all other claims**



ORIGINAL CLAIM RECEIVED ELECTRONICALLY

MERITAIN HEALTH

Provider

Date of Service

No CPT, HCPCS
or Drug codes
provided

Allowed
Amount (33%
discount off of
billed charges.

Carrier

1696794.42

Billed Charges

ICD-10
Diagnosis
Codes

DRG Code

ICD-10 Procedure Codes

Pt#: [REDACTED] MRN: [REDACTED]
 Patient Name: [REDACTED]
 Fin Class: AETNA
 Insurance Name: AE1- AETNA PPO/EC/MS/POS

Admit Date: [REDACTED] Disch Date: [REDACTED]
 Total Charges: 1,696,794.42
 Total Pymts: 0.00
 Total Adj: 0.00
 Balance Due: 1,696,794.42

Post DT	Pay/Adj Description	Trans	Pmt Date	Pmt Amt
---------	---------------------	-------	----------	---------

Chrg Date	Chrg Description	Qty	Rev	CPT	Charge Amt
-----------	------------------	-----	-----	-----	------------

[REDACTED]	ROOM CHARGE MS TELE	1.0000			14,395.00
[REDACTED]	URINALYSIS RT, AUTO	1.0000	301	81001	352.00
[REDACTED]	TROPONIN	1.0000	301	84484	1,366.00
[REDACTED]	Procalcitonin Level	1.0000	301	84145	104.00
[REDACTED]	CBC WITH AUTO DIFF	1.0000	305	85025	259.00
[REDACTED]	VENIPUNCTURE	1.0000	300	36415	83.00
[REDACTED]	N/C ROUTINE SUPPLY	1.0000	279		0.00
[REDACTED]	N/C ROUTINE SUPPLY	1.0000	279		0.00
[REDACTED]	COMPREHENSIVE METABO	1.0000	301	80053	529.00
[REDACTED]	BRAIN NATRIURETIC PE	1.0000	301	83880	533.00
[REDACTED]	COVID/FLU/RSV PANEL	1.0000	306	87637	499.21
[REDACTED]	PIPERACILLIN-TAZOBAC	1.0000	636	J2543	1,236.65
[REDACTED]	CHEST 1 VIEW	1.0000	324	71045	575.00
[REDACTED]	ACETAMINOPHEN 10MG/M	1.0000	636	J0131	1,715.10
[REDACTED]	BLOOD GAS ANALYS	1.0000	300	82803	1,192.00
[REDACTED]	ARTERIAL PUNCTURE	1.0000	410	36600	247.00
[REDACTED]	RT LACTIC ACID	1.0000	301	83605	333.00
[REDACTED]	BLOOD GAS ANALYS	1.0000	300	82803	1,192.00
[REDACTED]	EKG TRACING ONLY	1.0000	730	93005	658.00
[REDACTED]	ROOM CHARGE MS TELE	1.0000			14,395.00
[REDACTED]	PARTIAL THROMBOPLAST	1.0000	305	85730	297.00
[REDACTED]	PROTHROMBIN TIME	1.0000	305	85610	190.00
[REDACTED]	CULTURE BLOOD	1.0000	306	87040	675.00
[REDACTED]	CULTURE BLOOD	1.0000	306	87040	675.00
[REDACTED]	CBC WITH AUTO DIFF	1.0000	305	85025	259.00
[REDACTED]	VENIPUNCTURE	1.0000	300	36415	83.00
[REDACTED]	BASIC METABOLIC PANE	1.0000	301	80048	480.00
[REDACTED]	MAGNESIUM	1.0000	301	83735	295.00
[REDACTED]	VANCOMYCIN	1.0000	301	80202	579.00
[REDACTED]	BASIC METABOLIC PANE	1.0000	301		0.00
[REDACTED]	BASIC METABOLIC PANE	1.0000	301	80048	480.00
[REDACTED]	MAGNESIUM	1.0000	301	83735	295.00
[REDACTED]	CBC WITH AUTO DIFF	1.0000	305	85025	259.00
[REDACTED]	VENIPUNCTURE	1.0000	300	36415	83.00
[REDACTED]	INSULIN GLARGINE 100	1.0000	636	J1815	2,535.25
[REDACTED]	VANCOMYCIN 1.25GM/NS	1.0000	250		1,283.10
[REDACTED]	INSULIN LISPRO 100 U	1.0000	637	J1815	1,136.70
[REDACTED]	ATORVASTATIN CALCIUM	1.0000	250		96.30
[REDACTED]	ATORVASTATIN CALCIUM	1.0000	250		96.30
[REDACTED]	AMLODIPINE 5MG	1.0000	250		240.55
[REDACTED]	HEPARIN 5000 U/ML V	1.0000	636	J1644	381.55
[REDACTED]	GABAPENTIN 100MG CAP	1.0000	250		35.25

Prepayment Example

Key Takeaways

- Based on an unfavorable initial valuation, finHealth asks the carrier to send an itemized bill (IB).
- The IB details by day all the charges for services.
- It includes a description, revenue code, HCPCS / CPT / Drug code and the billed charges from the hospital.
- The IB is uploaded into finHealth's application and reprices the bill compared to what is paid to peer hospitals for the same services.
- The example provided is 1 of 39 pages.

Claim #: [REDACTED]

Billed Charges: \$1,696,794.00 | **Allowed Amount:** \$1,136,852.00 | **Medicare:** \$85,130.32 | **%age of Medicare:** 1,335%

Top Medical Codes

Medical Code		Billed	Medical	Benchmark	Units	Benchmark	Market	Cost
Code	Description	Charges	Spend	Type	Billed (Adjusted)	Value	Value	Variance
R210	Coronary care-g...	\$505,742	\$338,847	Median (12 Data Points)	19.00 (19.00)	\$2,965.00	\$56,335	(\$282,512)
R250	Pharmacy-genera...	\$170,518	\$114,247	Median (2,626 Data Points)	364.00 (364.00)	\$22.68	\$8,256	(\$105,991)
R214	Coronary care-p...	\$129,555	\$86,802	Median (27 Data Points)	9.00 (9.00)	\$2,160.44	\$19,444	(\$67,358)
94003	Ventilation ass...	\$119,568	\$80,111	94003 Ventilation Asst and Mgmt Ea Subsequent Day (FHCB)	12.00 (12.00)	\$167.00	\$2,004	(\$78,107)
R121	Room & Board; S...	\$57,519	\$38,538	Median (129 Data Points)	7.00 (7.00)	\$2,802.84	\$19,620	(\$18,918)
J2543	Piperacillin/ta...	\$54,413	\$36,456	Drug ASP (11 Drug Prices)	31.00 (31.00)	\$1.52	\$47	(\$36,409)
P9047	Albumin (human)...	\$51,616	\$34,583	Drug ASP (11 Drug Prices)	9.00 (9.00)	\$53.08	\$478	(\$34,105)
J2020	Linezolid injec...	\$42,595	\$28,539	Drug ASP (11 Drug Prices)	10.00 (10.00)	\$4.86	\$49	(\$28,490)
J3490	Drugs unclassif...	\$31,719	\$21,252	Accepted Provider Rate(s)	35.00 (35.00)		\$21,252	\$0
R801	Inpatient renal...	\$26,130	\$17,507	Median (3 Data Points)	10.00 (10.00)	\$203.38	\$2,034	(\$15,473)
Q5105	Inj retacrit es...	\$25,810	\$17,292	Drug ASP (11 Drug Prices)	5.00 (5.00)	\$0.84	\$4	(\$17,288)
95716	Measurement of ...	\$23,358	\$15,650	Median (2 Data Points)	3.00 (3.00)	\$4,971.03	\$14,913	(\$737)
70450	CT scan head or...	\$23,229	\$15,563	Median (246 Data Points)	6.00 (6.00)	\$972.40	\$5,834	(\$9,729)
94660	Initiation and ...	\$21,363	\$14,313	Median (19 Data Points)	7.00 (7.00)	\$323.40	\$2,264	(\$12,049)
36558	Insertion of ce...	\$20,652	\$13,837	Average Market Price (ZIP 94533)	1.00 (1.00)	\$7,013.00	\$7,013	(\$6,824)
Subtotal		\$1,303,786	\$873,537				\$159,546	(\$713,991)
All Other Medical Codes		\$293,049	\$196,343				\$56,351	(\$139,992)
All Denied Codes		\$99,960	\$66,973				\$0	(\$66,973)
Totals		\$1,696,794	\$1,136,852				\$215,897	(\$920,956)

Northbay Medical Center charged excessively for R210 – Coronary care-general, R250 – Pharmacy – general, R214 – Coronary Care-post CCU, and R121 – Room & Board; semi-private.

Prepayment Example

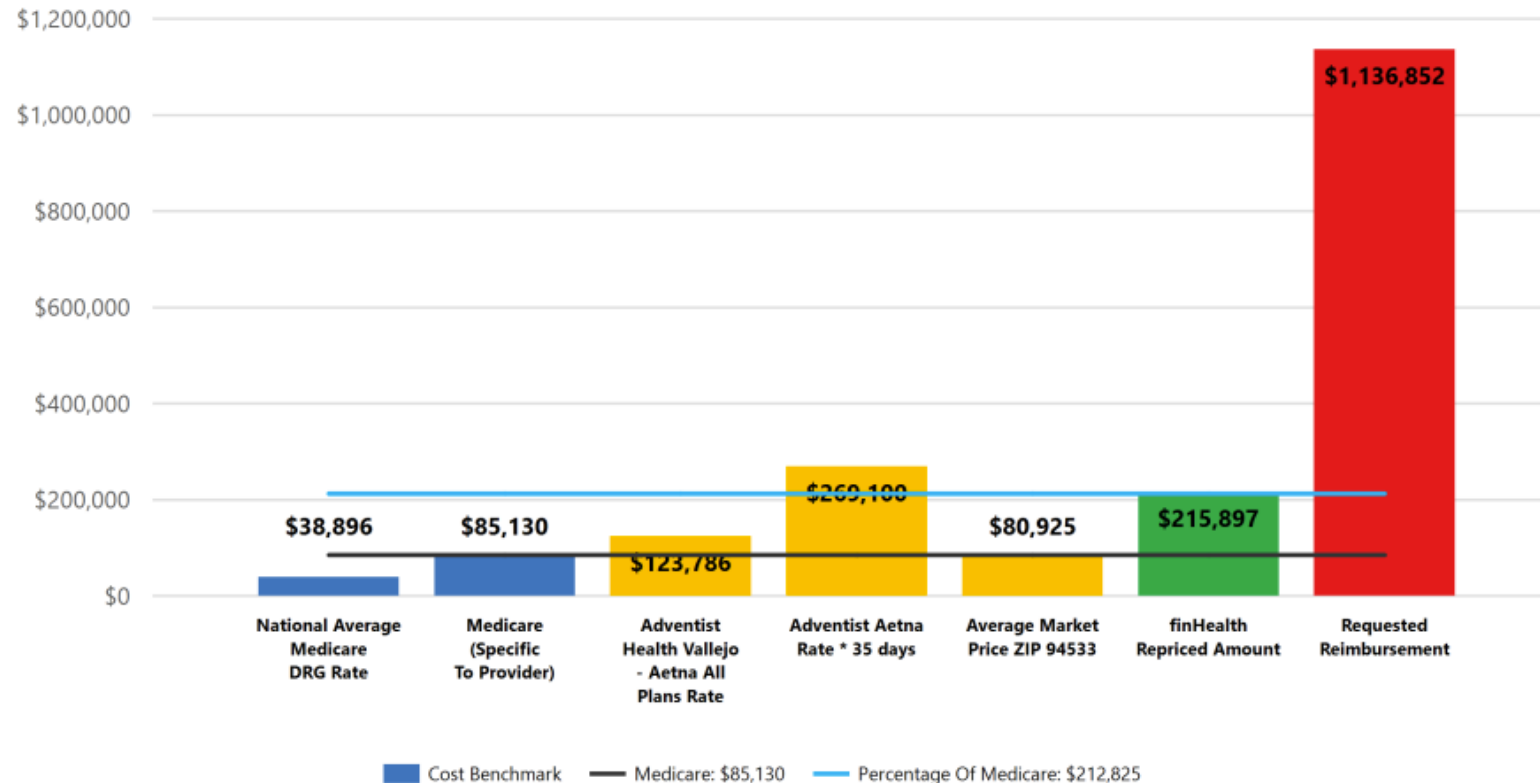
Key Takeaways

- Northbay excessively charged for the majority of services.
- There were \$67K of charges in error.
- Northbay was overpaid \$921K compared to what is paid to peer hospitals.

Prepayment Example

Claim #: [REDACTED]

Billed Charges: \$1,696,794.00 | **Allowed Amount:** \$1,136,852.00 | **Medicare:** \$85,130.32 | **%age of Medicare:** 1,335%



This is a 68-year-old female with Septicemia or Severe Sepsis with MV > 96 Hours (DRG Code 870). The AMLOS for DRG 870 is 16.1; this was a 35-day stay. Northbay Medical Center does not publish DRG chargemaster rates. Adventist Health Vallejo's, a nearby hospital, published Aetna rate is \$123,786. Adventist Health Vallejo's maximum published charge for DRG 870 is \$144,584, while their Cash Price is \$75,392. The Average Market Price in Fairfield, CA (ZIP 94533) is \$80,925. We recommend a single case rate "Fair Price" of \$212,826, not to exceed \$269,100 (Adventist Aetna rate * 35 days).

Key Takeaways

- This graph compares the price being requested to industry benchmarks including:
 - Medicare
 - Provider's chargemaster
 - Average market price in Fairfield, CA, ZIP 94533
 - Peer hospitals (finHealth repriced amount)
- Northbay excessively charged for the majority of services.
- Even if we extrapolate the Aetna (Meritain) chargemaster rate to 35 days, this claim was overpaid by \$868K.
- finHealth would have recommended a "Fair Pay" of \$213K not to exceed \$269K.

finHealth's Value to Innovators and Disruptors

- **Overview**

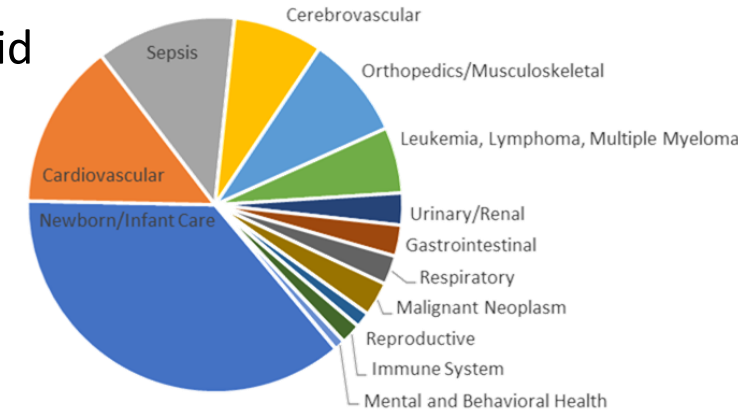
- Implement real-time capture of healthcare claims from all sources
- Prepayment review of large claims over \$100K and post-payment review of all other claims
- Conduct “weekly funding calls” to establish a recurring point of accountability for partners
- Determine types of errors / opportunities to act upon
- Free Pilot programs for prepayment and post-payment analysis
- \$1 PMPM pricing (\$5,000 monthly minimum), with 100% of fees at risk
 - 2:1 Hard Dollar ROI Guaranteed: Our performance guarantee ensures that finHealth will recover / save at least 2X our monthly subscription fees or we will reimburse the difference

- **Results**

- Book-of-Business average 7.8:1 Hard Dollar ROI Achieved
- Highest level of validation achieved with the Validation Institute – validation of hard dollar savings (additional \$100,000 performance guarantee)
- 15 million claims analyzed annually, representing \$5.0B+ across 700,000+ lives on platform

Case Study #1: 27:1 ROI

- Fortune 100 financial services, with 34,000 lives
- Implemented prepayment review of all high-dollar hospital bills (>\$100,000) for accuracy and reasonableness / post-payment review of 100% of claims paid
- After 12 months, \$8.7M actual savings achieved on 100 claims, preventing and/or recovering overpayments and inappropriate charges
 - 27:1 hard dollar ROI
 - \$809 savings per enrolled employee; shareholder value: 2.4 cents per share
 - Little to no hospital / provider pushback, no adverse member impact
- These savings were achieved by finHealth above and beyond the findings of their carrier's payment integrity program, as well as a separate carve-out FWA vendor



"What attracted us to finHealth was the ability to do large claim review on a prepaid basis, before the money goes out the door on large hospital claims. The data has shown a light on how bad some of the hospital pricing is on our region. finHealth takes to another level compared to our TPA with the level of detail and analysis they are able to do. We have data that we can present to the carrier compared to what we are being billed and its hard to argue that we are paying a reasonable price."

- Director, Corporate Employee Benefits

No Cost, No Risk 30-Day “Test Drive”

- finHealth offers a “shield of financial protection” for our self-funded employer clients to safeguard their health plan expenditures
- At no cost to you, you can sign up for our 30-day test drive:
 - Option 1: Pre-payment analysis and intervention on 3-5 high dollar claims, before you authorize payment to your carrier
 - Option 2: Post-payment review of one year of paid claims data
 - finHealth will request the paid claims data from your carrier / TPA / PBM under your authorization
 - Within 5 to 10 business days, we will deliver back to you a sample of the highest dollar findings, showing errors & excessive charges paid out of your self-funded health plan
 - We will then share the results with your carrier and gain their alignment to pursue for recovery

"For the record, I am very impressed that your team came up with all of those opportunities and ideas based on only your preliminary data review. Your analysis is very thorough and covered a lot of ground – quite impressive."
- Senior Director, Benefits and Workforce Insights

Working with finHealth, You Will Find

- Widespread fraud, waste & abuse
- Vast differences and inequities in the quality of care received
- Vulnerable members in need of advocacy by a compassionate employer
- Members suffering financially, saddling many with medical debt
- An unwillingness & inability for your national carrier to fix the problems

What Are You Willing & Able To Do About It?



“America's health care system is neither healthy, caring, nor a system.”

— Walter Cronkite

Thank you!



Chris Chan
Chief Value Officer
cchan@finhealth.com

Innovator #3: Hinge Health





NCBCH
NC BUSINESS COALITION ON HEALTH

A more effective way to manage MSK pain

Improving body, mind, and behavior through movement



We are transforming the way pain is treated — with a single solution.



Prevention

Fall prevention

Acute

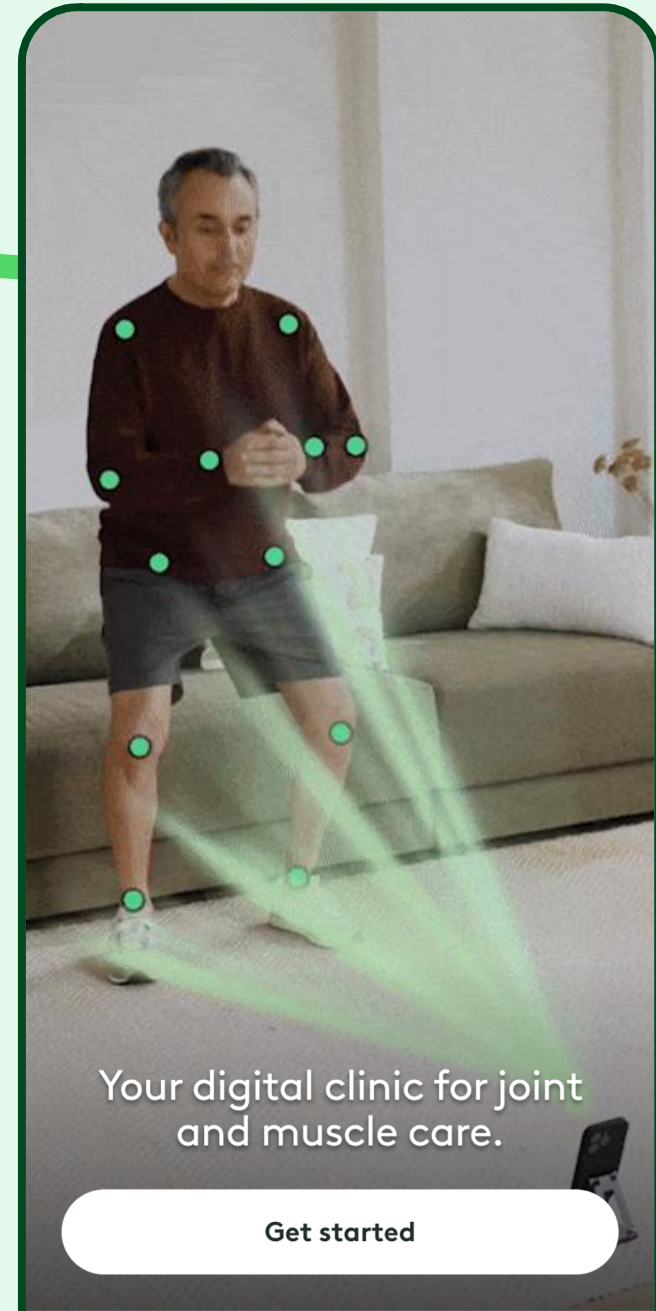
Chronic

Pelvic health

Global access

High-risk

Pre/post surgery rehab



Today's Goals



leadership

Why MSK is so costly

Hinge Health's market

Member experience

Outcomes and ROI

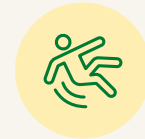
Partnerships

People in pain are
driven towards costly
and invasive procedures

<10%

Of adults use physical therapy
in a given year¹

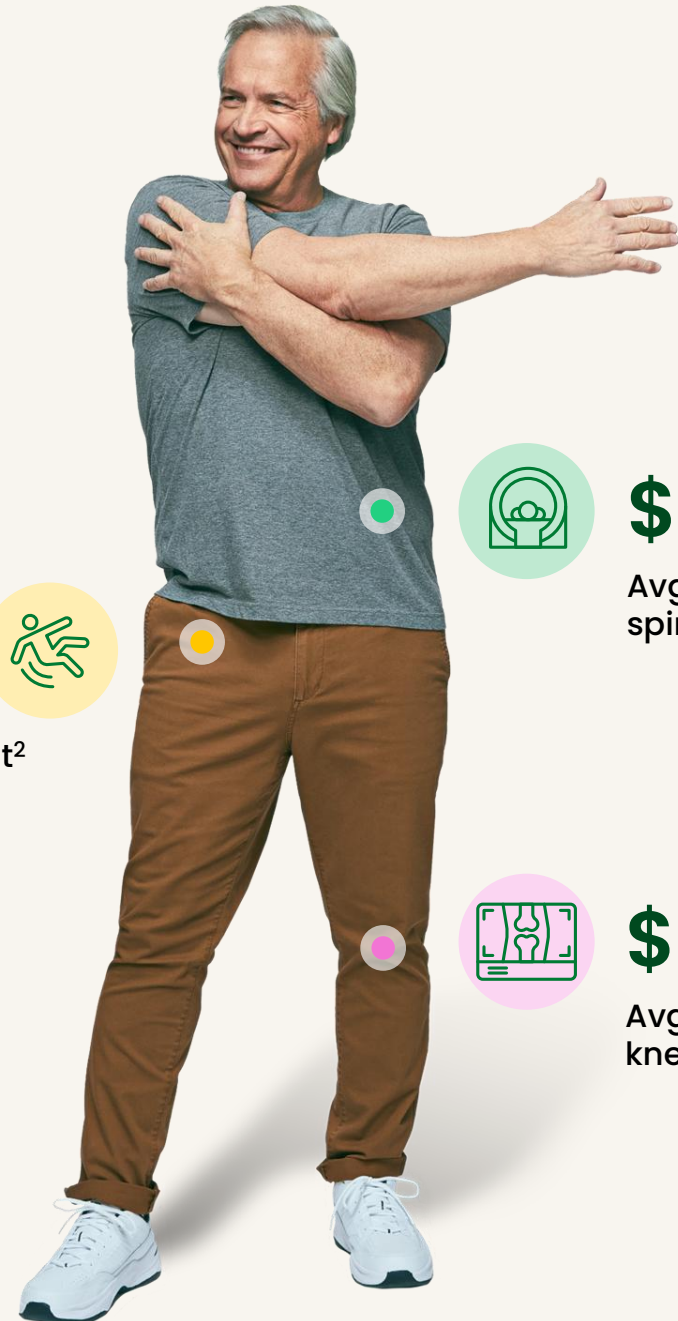
\$39K
Avg cost of a
hip replacement²



\$160K
Avg cost of a
spinal fusion³



\$29K
Avg cost of a
knee replacement⁴



People in pain are driven towards costly and invasive procedures



89%

Of MSK costs are driven by care other than PT⁶



9 in 10

Employers offer or plan to offer an MSK solution⁵

Industry leading partnerships and performance

1 Million members treated⁶

1 in 2 MSK surgeries avoided⁷

50+ health plans and PBMs choose Hinge Health

“MSK was a top 5 medical spend. After seeing the benefits of Hinge Health, it came out of our top 5.”

VP of Benefits

2.4x

ROI validated by multiple 3rd parties⁷



98% member satisfaction⁸

4.9 ★★★★★ — 77K app store reviews

2,200+ customers partner with Hinge Health



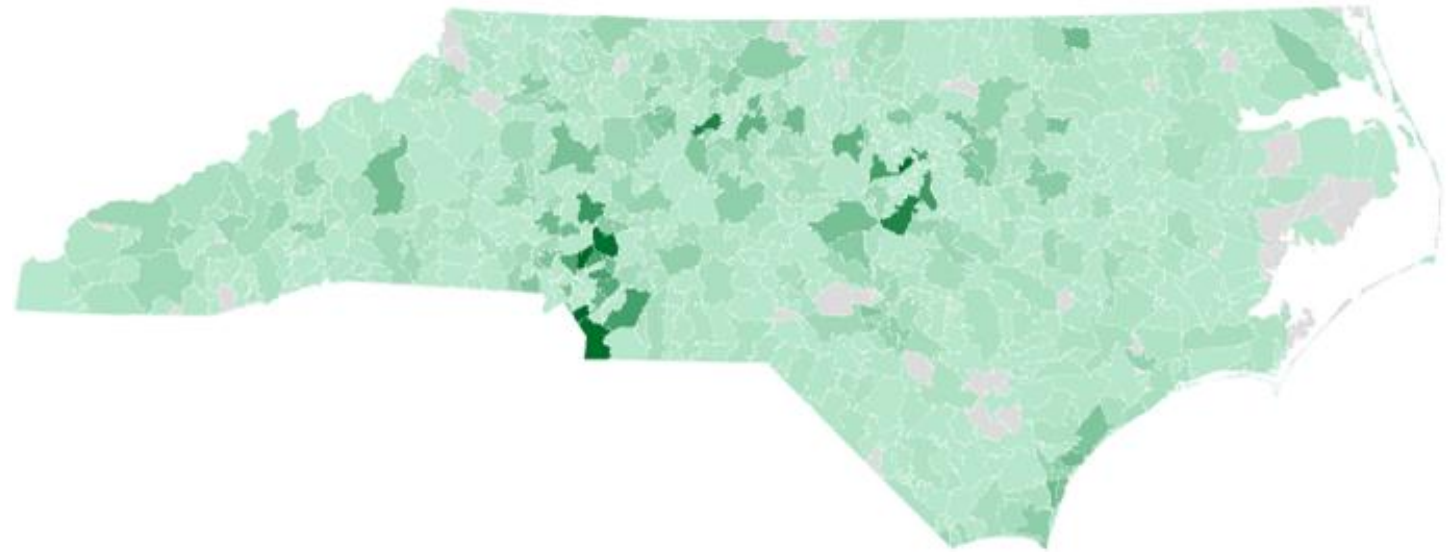
Addressing healthcare access in North Carolina

Engaged members by zip code across North Carolina



The darker the green → the more members enrolled in a zip code

97% of Zip Codes in North Carolina have a member enrolled in Hinge Health

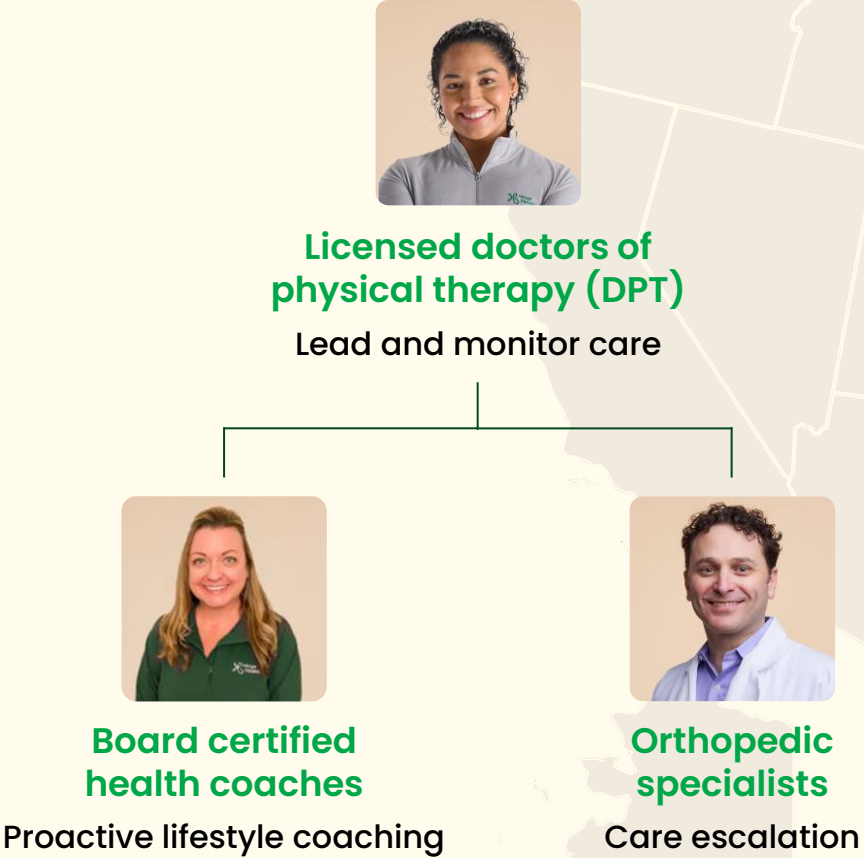


(2024) Onboarded Count by Zip 5 Dashboard, Tableau

Member experience



Personalized, PT-led care that adapts to members' needs



Licen

Level 4

Weekly playlists

Today

Consult an Orthopedic Specialist

Get expert guidance on managing MSK care and treatment options

Schedule a consult

Dismiss

Explore your program

Get to know your Hinge Health knee program and how to make the most of it

>

Home

My Care

Progress

Library

PHYSICIAN

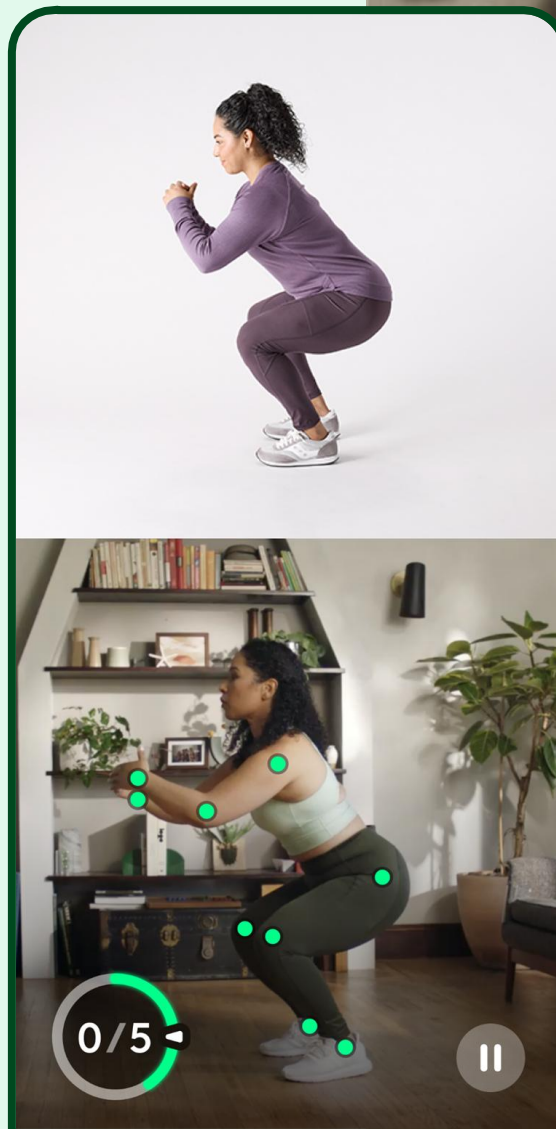
Jeff Krauss

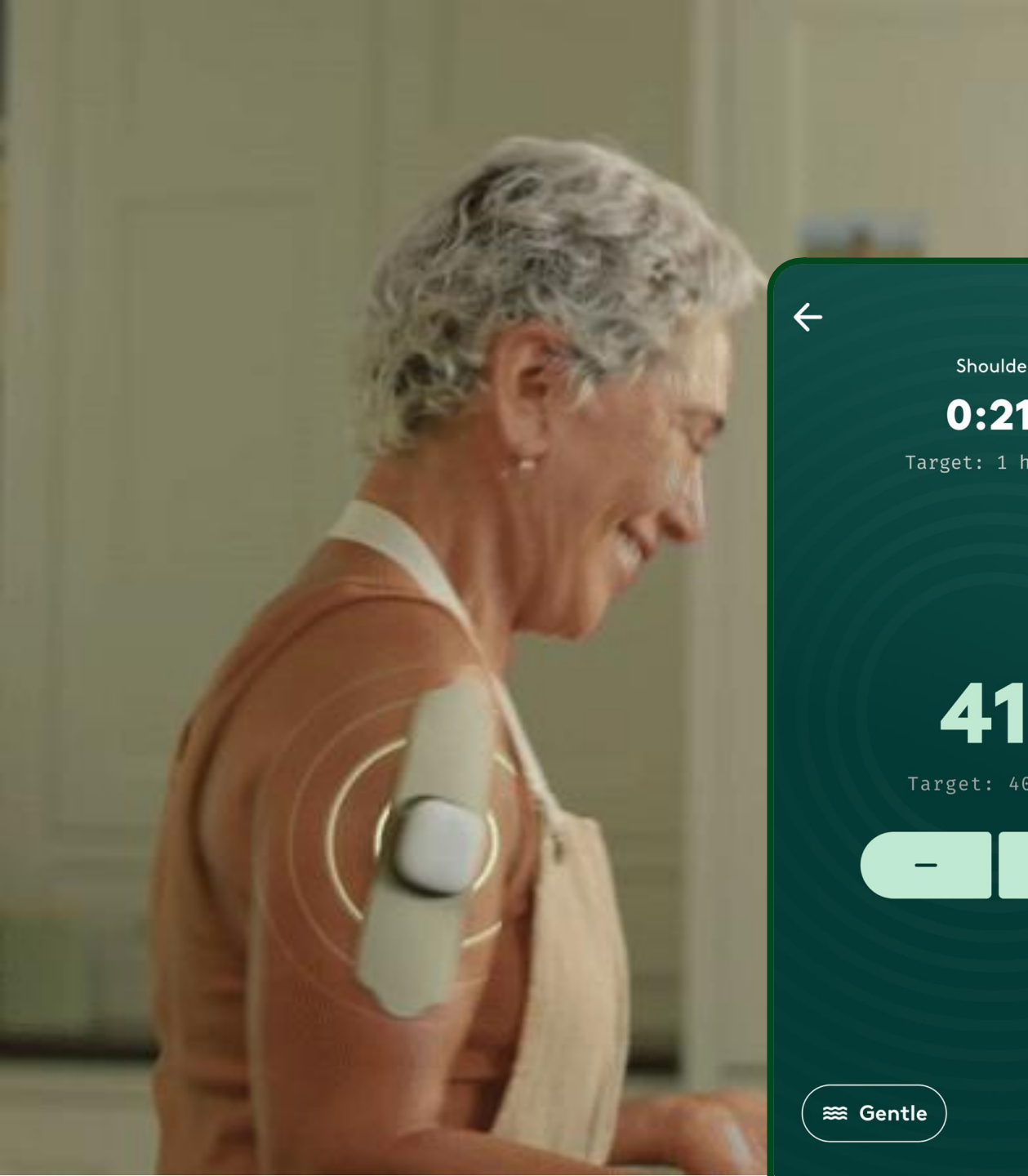
Physical Medicine & Rehabilitation

UC San Francisco School of Medicine

TrueMotion® unlocks exercise guidance at home

- ✓ Tracks over 100 points on the body
- ✓ Real-time personalized feedback





Enso® — pain relief without drugs or surgery

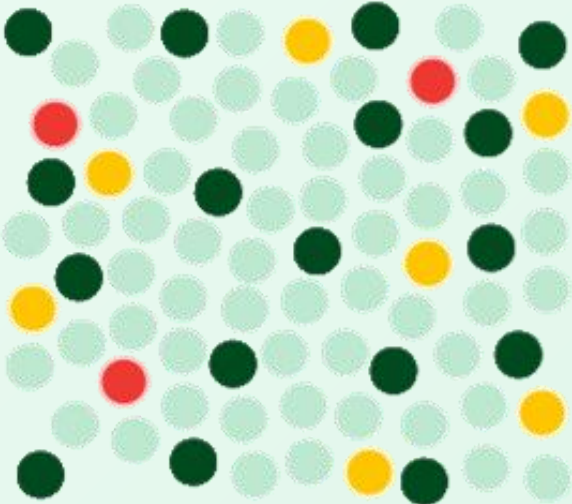
- ✓ Provides pain relief in minutes
- ✓ Safe, non-invasive, non-addictive

FDA-cleared device

Engaging members, at the right time

1 Target

Predict costs and care



● Low-risk ● Medium-risk ● Rising-risk ● High-risk

2 Awareness

Multi-channel program

YOUR LOGO HERE

Hinge Health

Personalized pain care that gets you n...

Relieve joint and muscle pain with pe
at no cost to you. On average, parti

- Virtual sessions anytime, anywh
- Unlimited 1-on-1 health coaching
- Motion-tracking technology for

Your family may be eligible, too!

To learn more and apply, see
hinge.health/xxxxx
Questions? Call (855) 902-2777

Hinge Health está disponible en español
Alivia los dolores articulares y musculares y previen
Employees and dependents 18+ enrolled in a [BENE
*After 12 weeks, in a study of chronic knee and bad
10,000 Participant Longitudinal Cohort Study. J Ma

Hinge Health offers
digital physical therapy

Get access to a physical therapist and
personalized exercise sessions.

Join Hinge Health

\$0
cost to you

Pain relief, plain and simple

Start your digital exercise therapy program today. No commutes. No waiting rooms. Just pain relief.

3 Enrollment

Online clinical screener

What would you like to focus on?

Select up to three areas

- ☒ Neck/Upper back
- ☐ Shoulder
- ☒ Lower back
- ☒ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Hip

Clinical and financial outcomes



Claims reductions lead to savings for your MSK budget

42%

Fewer participants starting opioids¹¹

60%

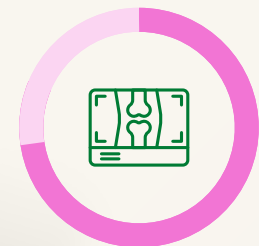
Reduction in imaging at 3 months¹²



50% Fewer hip replacements¹³



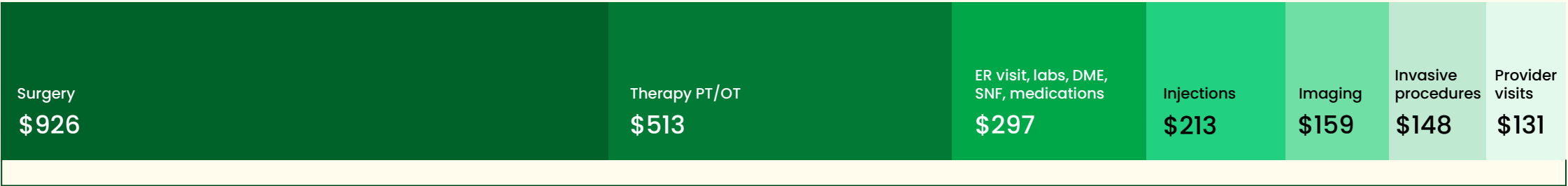
56% Fewer spinal fusions¹⁴



73% Fewer knee replacements¹³



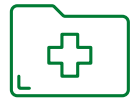
Hinge Health members save \$2,387 each in MSK claims in Y1



\$2,387 savings
per member per year⁷

136 employers, 46 industries | Third party validated methodology

Preferred MSK Partner of BCNC 90% of implementation is already complete



Contract and bill through BCNC



Reporting, eligibility file transfers, data exchange — integrations in place



Enrollment communications and strategy at zero extra cost, and no lift for clients



Minimal time commitment from BCNC and the client

“I wish all vendors could make implementation as easy as Hinge Health.”

Director of Benefits
Fortune 200 Energy Company

1.5x ROI

Guaranteed with up to 100% of fees at risk

- \$0 out-of-pocket member cost
- No additional cost for **multiple conditions** or **Surgery Decision Support**
- Enso and pelvic trainer included

Getting members back
to work — and back to
their lives

98%

Member satisfaction⁸

4.9 ★★★★★

77K app store reviews



**“My perception of pain
has totally changed
and I no longer need
cortisone injections.
Hinge Health is now
an integral part of
my life.”**

Jenn, shoulder program

[Read Jenn's story](#)

Next steps

MSK care is important. Choose any of the deep-dive discussions available below.

- ✔ **Come see us at the Hinge Health table!**
- + **Validate – business case analysis and demo**
- + **Experience – complimentary trial program!**



Thank you

Get in touch to get moving:

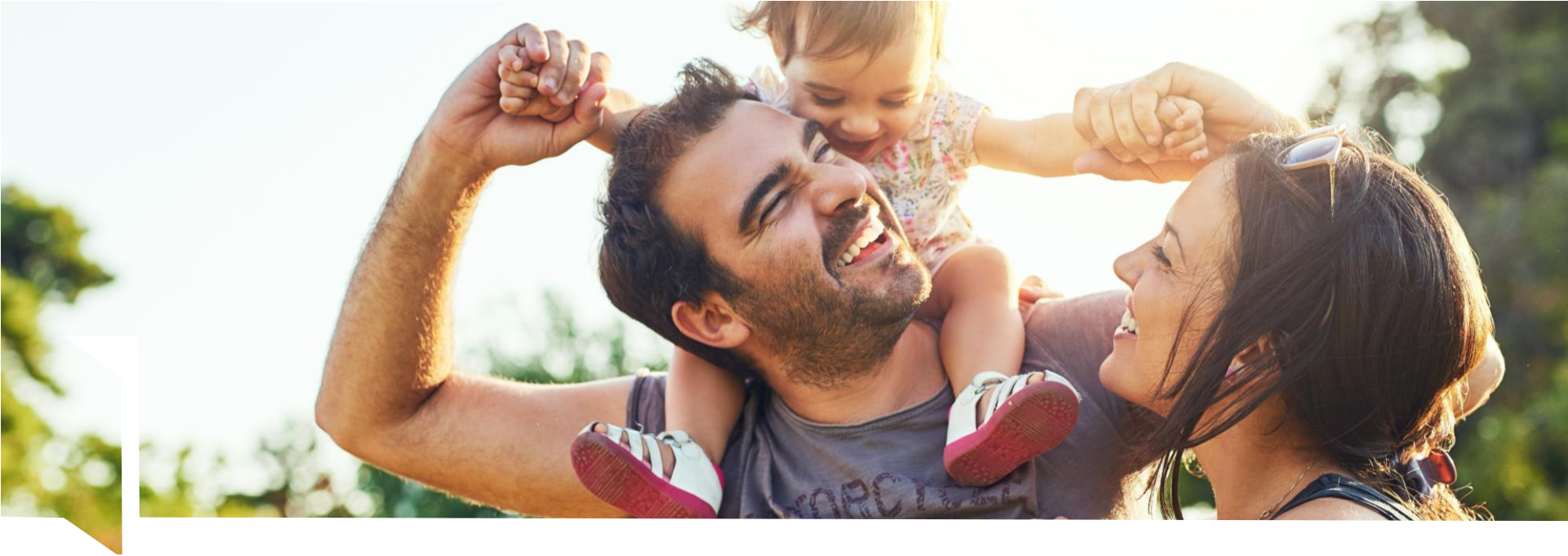
chanel.sovine@hingehealth.com

derek.birkley@hingehealth.com

Innovator #4: Summus Global



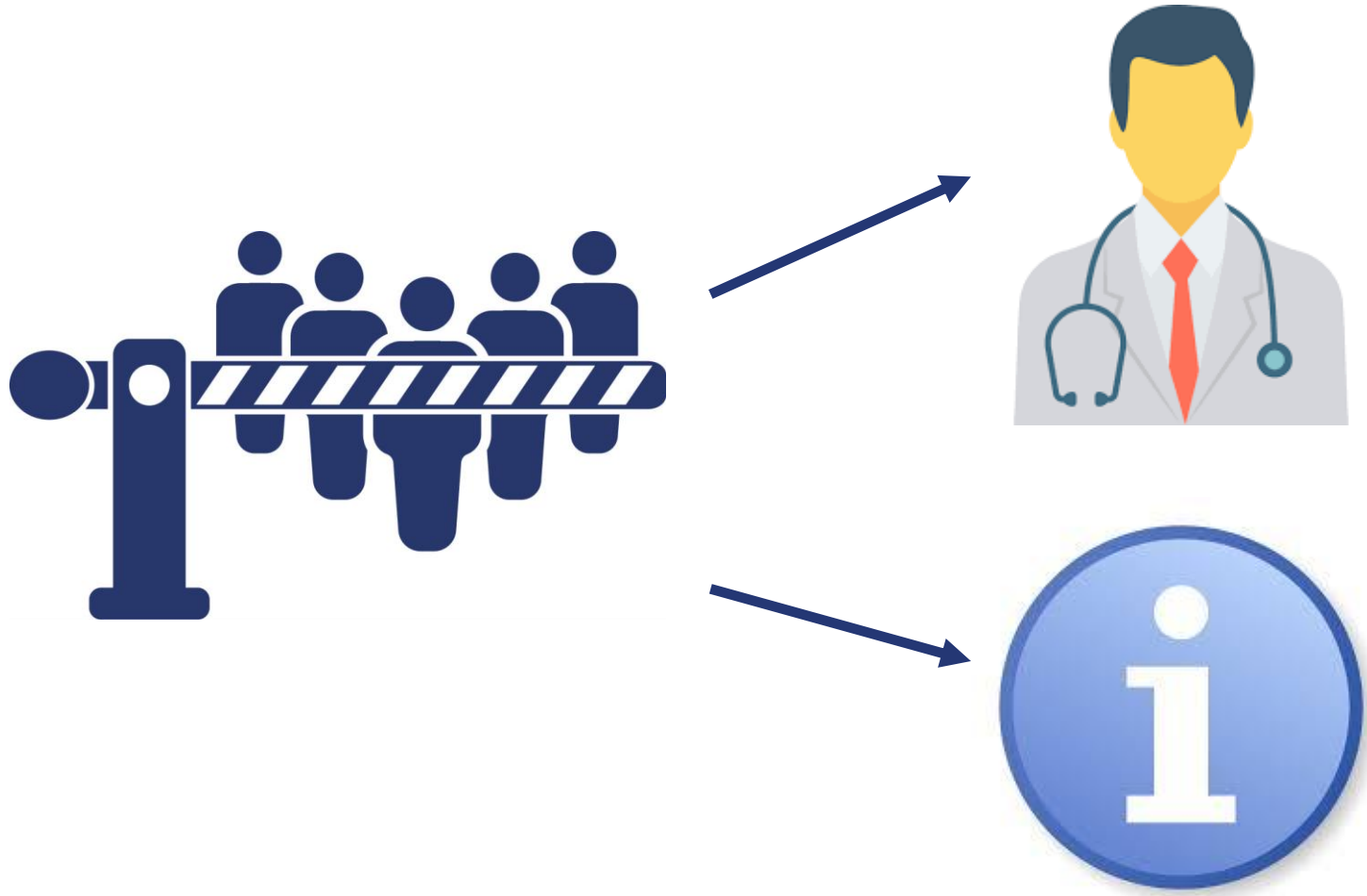
S U M M U S



Better access. Better decisions.
Better outcomes.

Innovating in Clinical Navigation and Specialty Care

What we do: Removing barriers to access



A Typical Healthcare Journey



Member challenges – in their words

“I am struggling with migraines.
I don’t know what to do.”

“Which doctor is right for me?
What tests do I need? What
questions do I ask? **I don’t
know where to go.**”

“I wish I had a doctor in the
family. **I have nobody I can turn
to for help or guidance.**”

“I feel like **everything is on
my shoulders.**”

“**Healthcare is so
complicated.** I don’t know
which specialist I should see.”

“**I wish I had more than 10
minutes** with my specialist. I
have so many questions.”

Expertise across the continuum of care

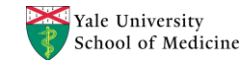
A platform that puts high quality doctors at the center of questions big and small. We support employees at any point in their journey.



Our marketplace model
accelerates access to
leading physicians
across the country

➤ **National network of Summus MDs**
support all health journeys

➤ **5,100+ curated network of highly
trained specialists from
50+ leading US hospitals**



A Powerful Platform to Drive Better Outcomes

9.4 Member feedback
on Summus (1-10)

9.3 Physician feedback
on Summus (1-10)



98%

Better understood
health concerns

53%

Changed
treatment paths

51%

Modified
diagnosis

270%

First Year ROI
Book of Business Average

Our Solutions

1 Clinical Navigation + Specialty Care

Integrated clinical navigation with access to 120+ specialties

- Doctor-led clinical navigation and specialty care platform providing quick access to high-quality physicians across the continuum of care, driving better, more cost-efficient health outcomes.
- Access the world's best physicians across 120+ specialties and put doctors – the most trusted party in healthcare – at the center of all health journeys.
- Personalized physician referrals tied to quality and cost metrics with clinical overlay.
- A trusted guide to our members across any health journey.

2 End-to-end Condition Support Programs

Summus Oncology

Comprehensive, personalized support across prevention and screening, diagnosis and treatment, and ongoing monitoring and testing phases of a cancer journey.

Summus Musculoskeletal

Best-in-class MSK program to support surgical, non-surgical, and physical therapy needs for members.

Summus Women's Health

Supporting women's health across stages of life, from adolescence to child-bearing to midlife, menopause and senior adults.

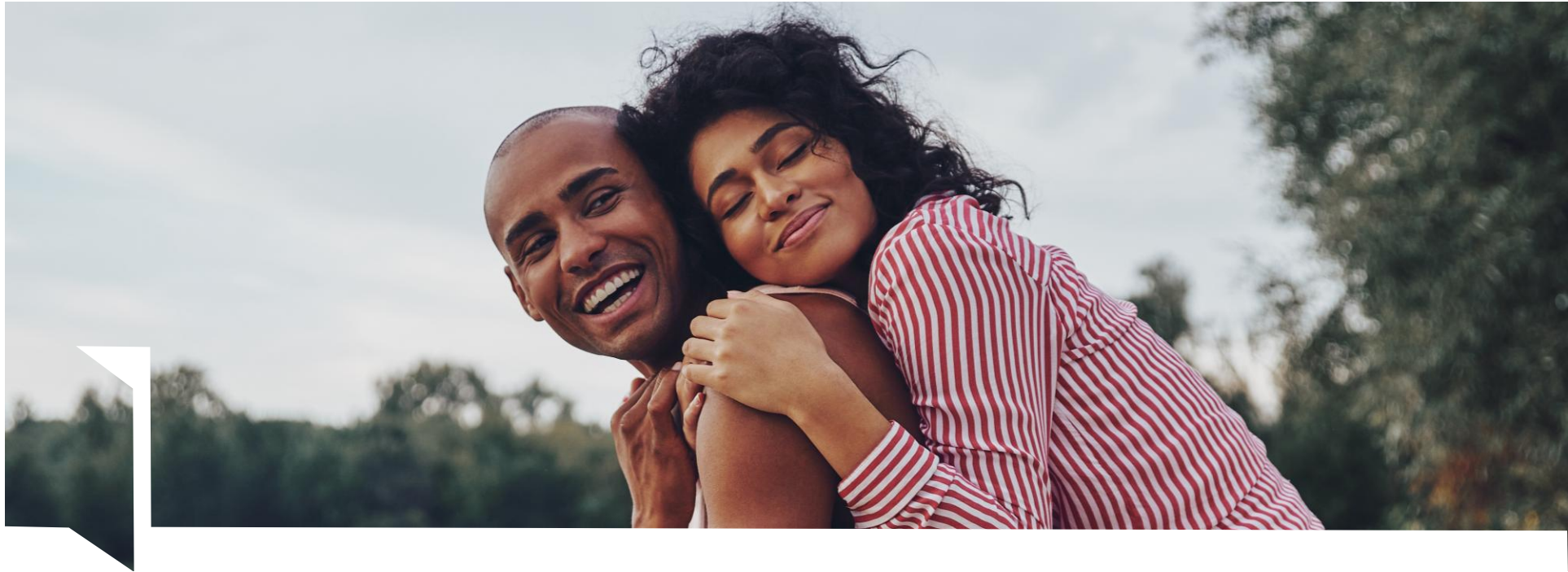
Summus Heart Health

Cardiovascular program with focused expert driven education, navigation and advocacy for cardiovascular disease prevention and diagnoses with a national specialist network

3 Benefits and Plan Navigation

Navigation and support for families

- Support families to navigate insurance plan and benefits offering.
- Questions surrounding plan design, co-pays, co-insurance, deductibles, and procedure coverage.
- Point solution integration and referrals
- Guiding to other ecosystem vendors to drive engagement and utilization with existing solutions.
- Pre-admit, post discharge planning
- Billing questions and support
- Guiding members and their families around EOB's and invoices.
- Helping to understand what to do next and steps for billing resolution.



Thank you

Innovator #5: TempoPay

PayMedixSM | TempoPay



TempoPay

Helping employees
access the right care
at the right time



1 in 4 adults avoid getting care when they need it, driving medical trend up year-over-year



23%

Of hospitals collect the patient portion before care



49%

Of adults can't pay a \$500 medical bill in full



25%

Abandon their prescriptions each month due to the cost

31 million Americans borrowed money for health care last year: Poll

BY LAUREN IRWIN - 03/05/25 11:30 AM ET

\$74 billion borrowed

despite most borrowers having some form of health insurance

Ages 18–49

most borrowers are working age, only 2% were >65

Black (23%) and Hispanic (16%) Americans more likely to borrow funds for healthcare compared to White adults (9%)

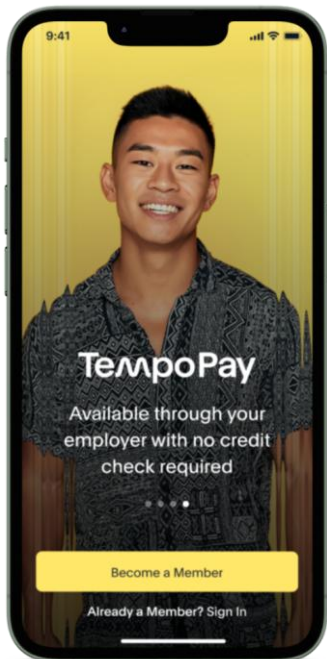
“Too many Americans are racking up medical debt whether they have health insurance or not...A high-priced healthcare system that requires Americans to take out loans or make painful tradeoffs just to stay healthy is in desperate need of policy reform or things will get even worse.” –Tim Lash, West Health Policy Center president

“It is clear that high healthcare costs continue to burden the American people, and financial insecurity around care is not limited to any one demographic” –Dan Witters, Director of Wellbeing Research at Gallup,

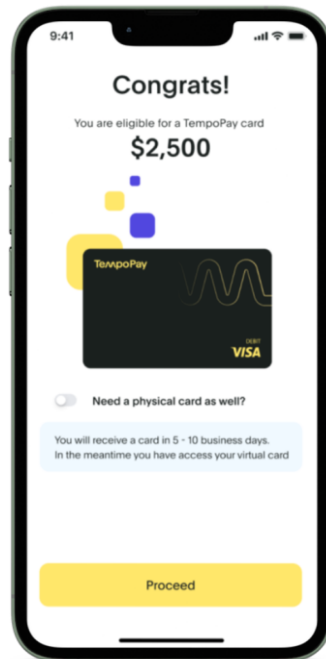
Helping employees access the right care at the right time

Interest and fee-free for employees

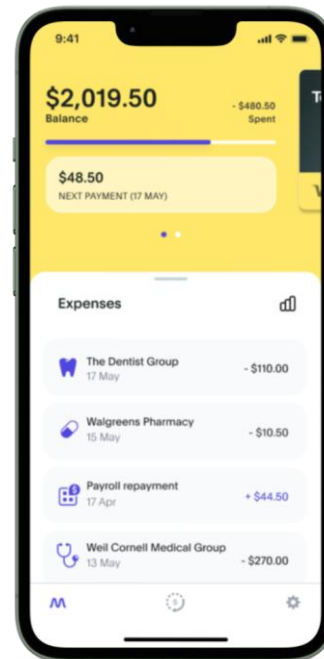
Employers not at risk on balances



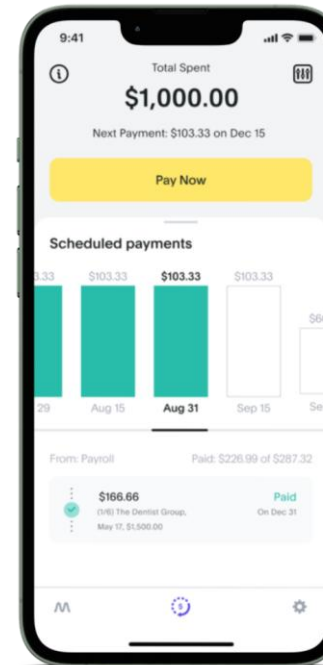
Enroll anytime



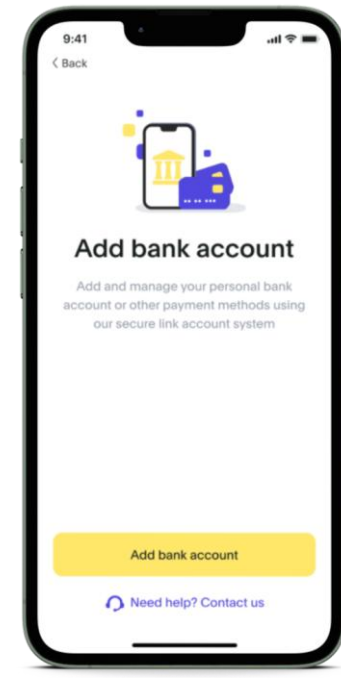
Immediate access to funds in a revolving account



Pay for care upfront when it's needed



Repay via payroll, post-tax deduction



And attach a personal account or reimburse from pre-tax

TempoPay

Healthcare at your rhythm,
payment at your pace

Make a real impact on the financial
well-being of all employees

dkinsey@hps.md



Pharmaceutical Strategies

*Accessing and Using your PBM Claims Data
to Ensure Compliance with Fiduciary Duty*



Bridget Mulvenna

**Vice President of Business Development
Capital Rx**



Accessing and Using PBM Claims Data to Ensure Compliance with Fiduciary Duty





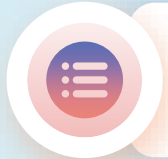
“Pharmacy Data Nerd”



Bridget Mulvenna
Vice President of Business Development
Capital Rx



Agenda



DATA AND FIDUCIARY DUTY



REQUESTING YOUR DATA



USING YOUR DATA



Q&A





DATA AND FIDUCIARY DUTY





Class Action ERISA Lawsuits Emerge



FEBRUARY 2024

Lewandowski v. Johnson & Johnson, et al



JULY 2024

Navarro v. Wells Fargo & Company



MARCH 2025

Stern v. JPMorgan Chase

The lawsuits allege a “failure to exercise prudence” as a fiduciary in:

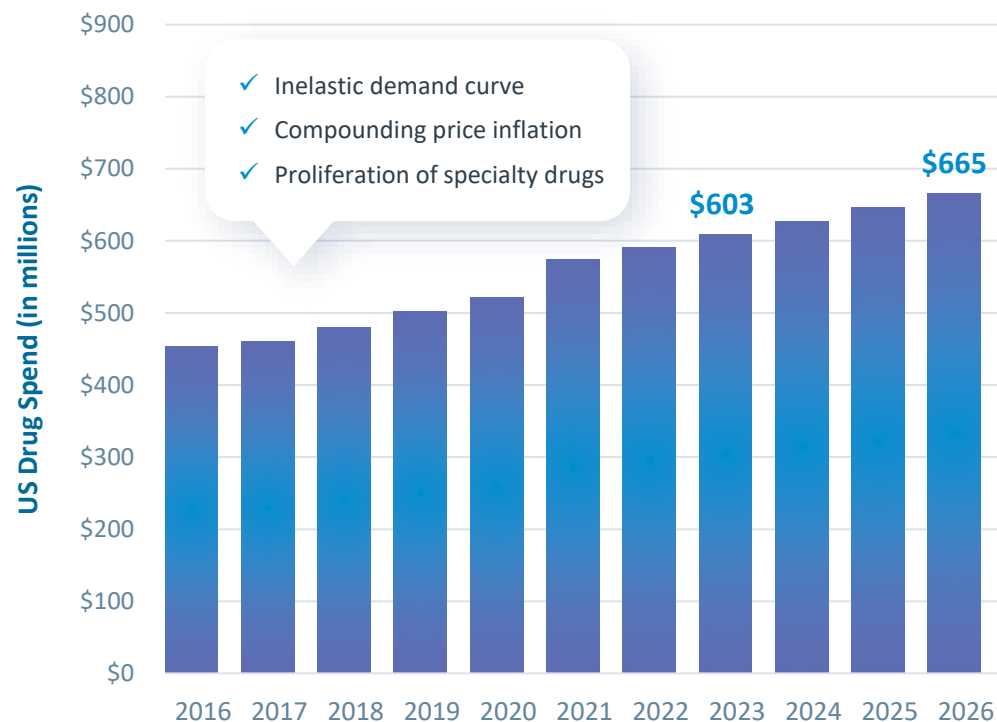
- The selection of a PBM
- Agreeing to contract terms that are detrimental to the plan/members
- Allowing the PBM to charge exorbitant prices for specific drugs
- Allowing steerage to PBM-owned pharmacies where prices were higher





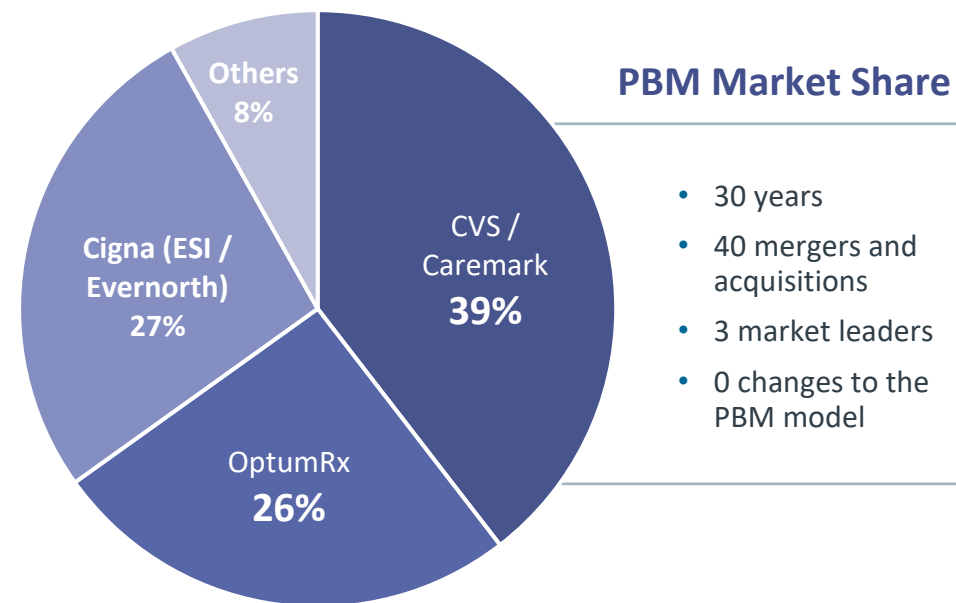
A History of Rising US Drug Spend & Consolidation

QUESTION: Why does nothing change in the PBM industry?



Sources: IQVIA, HIRC, Drug Channels, Capital Rx Estimates

ANSWER: A perfect market led to consolidation, not innovation.



Data Source: HIRC, DrugChannels



Fiduciary Litmus Test (Rebates)

Data may reveal that your rebate-driven agreement costs you and your members **MORE**.



\$1 IN REBATES



\$2.50 OF INGREDIENT COSTS

Allow data to drive your decisions and benefit from lower net costs across the entire plan.

Nephron Research. "Trends in Profitability and compensation of PBMs & PBM Contracting Entities." September 2023.



REQUESTING YOUR DATA





Strategies for Requesting Claims Data



Ask about data ownership and accessibility.



Specify data format and frequency of delivery.



Request detailed claims breakdown, including rebates.

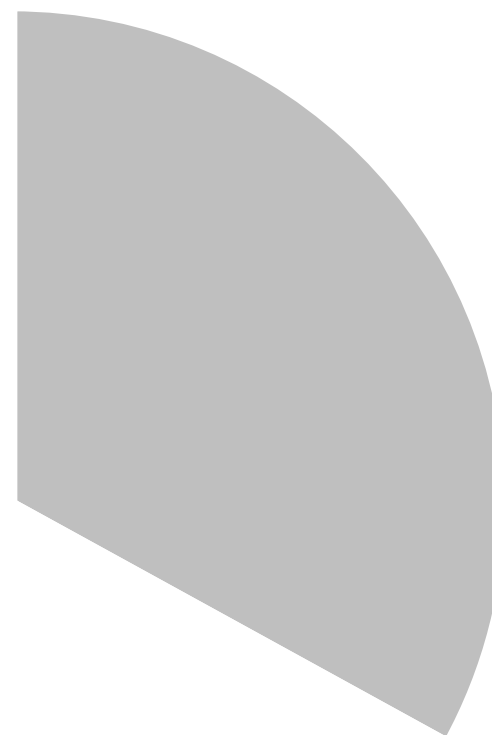


Verify contractual compliance.

If you Only look at Unit Costs...

You are only
Assessing ~30%
of Future Costs

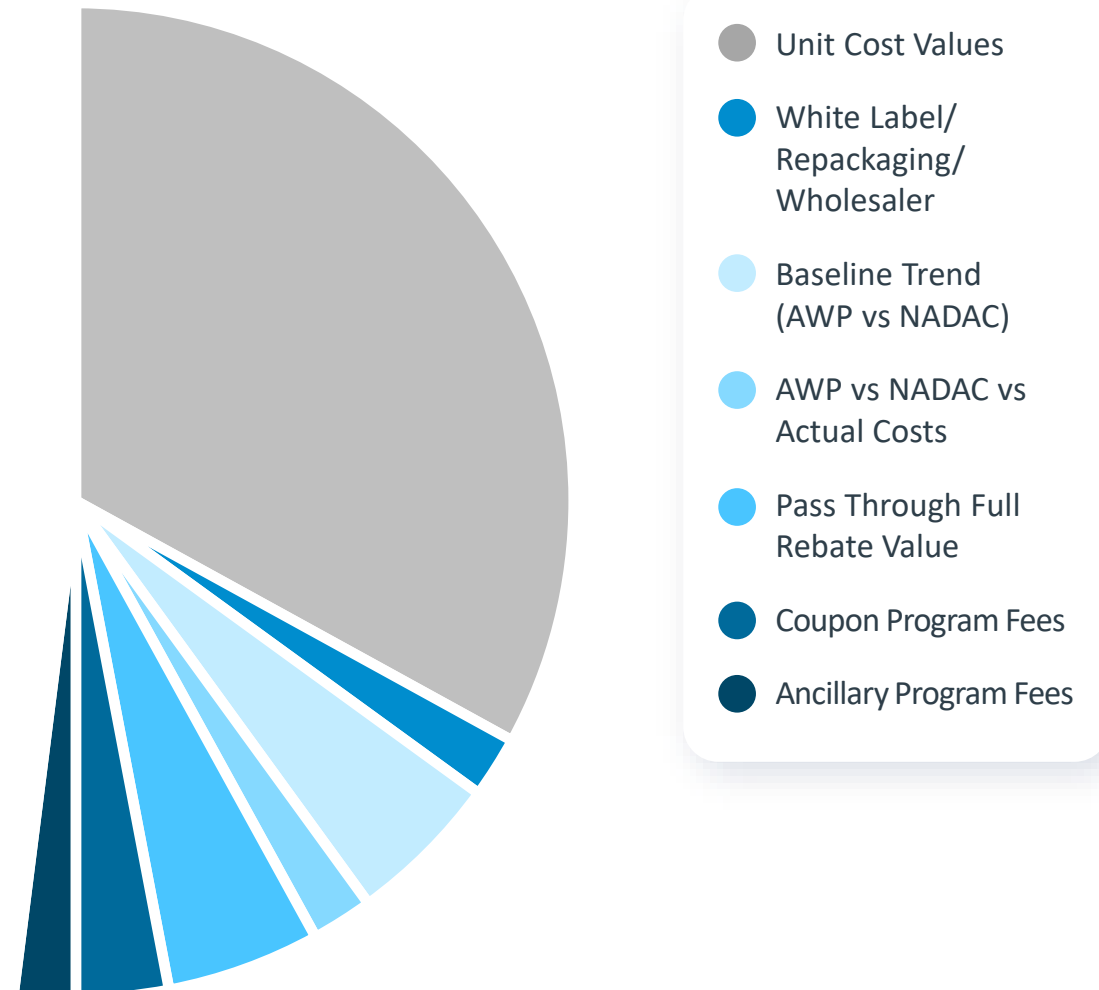
*Spend may be higher or lower based
on legacy contract and existing drug mix.*



● Unit Cost Values

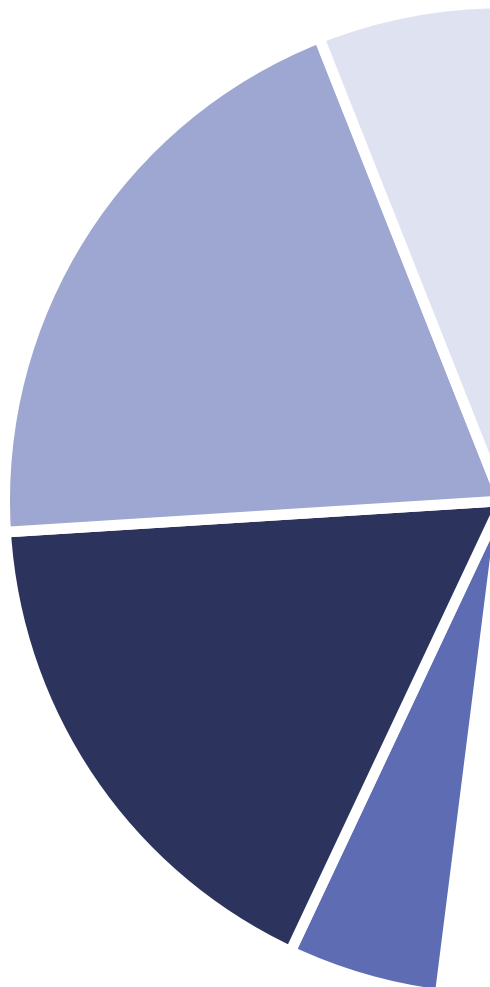
Baseline Cost Differences, Rebate withholding and Other Ancillary Fees can Impact Total Costs by another ~20%

Spend may be higher or lower based on legacy contract and existing drug mix.



Clinical Programs Impacts the other ~50% of the Total Costs

*Spend may be higher or lower based
on legacy contract and existing drug mix.*



Unit Cost Values

White Label/
Repackaging/
Wholesaler

Baseline Trend
(AWP vs NADAC)

AWP vs NADAC vs
Actual Costs

Pass Through Full
Rebate Value

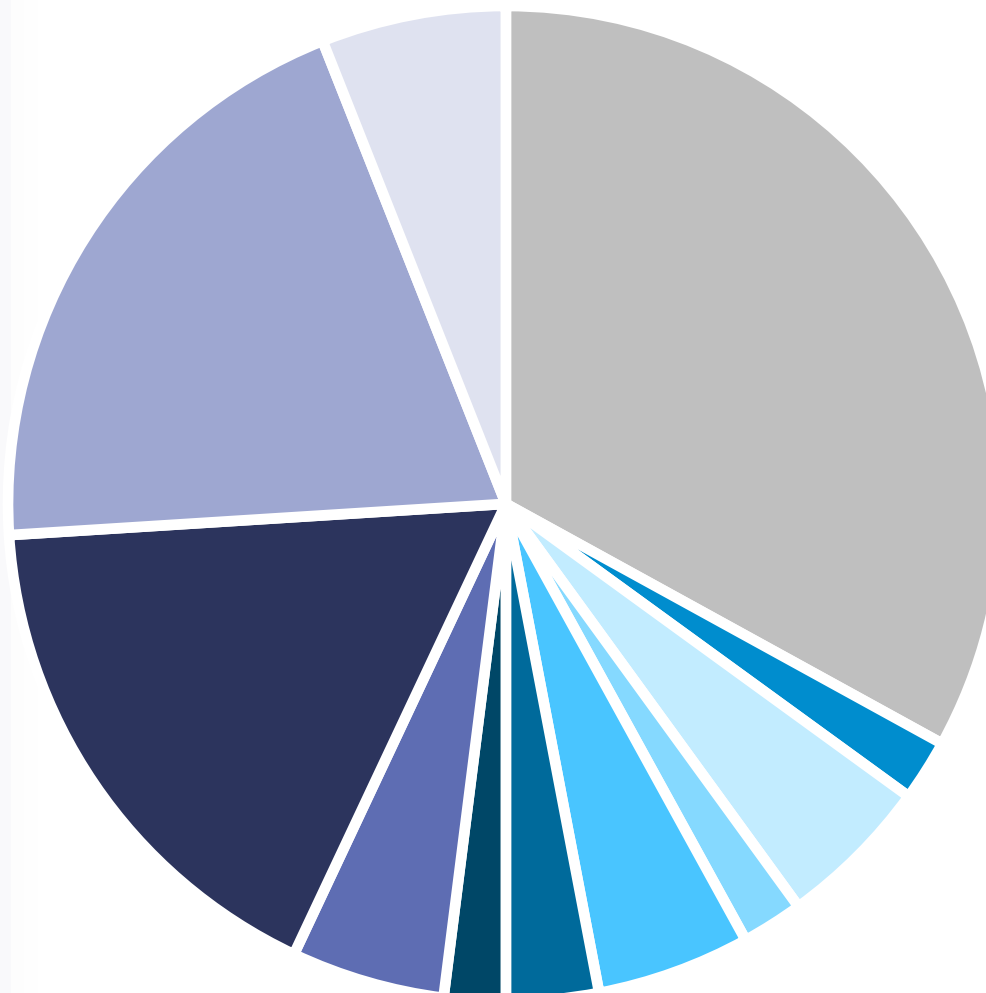
Coupon Program Fees

Ancillary Program Fees

- Refill Logic
- Formulary
- Prior Authorization (PA)
- Clinical Programs Outside of PA

The Full Picture of What Drives Total Costs for Payers

Spend may be higher or lower based on legacy contract and existing drug mix.



- Unit Cost Values
- White Label/ Repackaging/ Wholesaler
- Baseline Trend (AWP vs NADAC)
- AWP vs NADAC vs Actual Costs
- Pass Through Full Rebate Value
- Coupon Program Fees
- Ancillary Program Fees
- Refill Logic
- Formulary
- Prior Authorization (PA)
- Clinical Programs Outside of PA

USING YOUR DATA



The Problem with Understanding Future Drug Costs

Historically Highlighted

UNIT COST

- Discounts
- Rebates
- Admin Fees
- Dispensing Fees
- Drugs Classification
- Effective Rates

×

Historically Underweighted

DRUG MIX

Number of brands, specialty and generics selected by PBM through their formulary and clinical programs such as step therapy, Prior Authorization, and Quantity Limits

=

GROSS DRUG SPEND

Discounted ingredient costs

+

Admin/ancillary fees

+

Dispensing fees

-

Rebates

PMPM can be calculated by dividing the above formula by total annual membership months



Drug Mix is the Highest Predictor of Total Plan Spend

	Legacy PBM	Capital Rx
Specialty Ingredient Cost	\$9,500	\$9,500
Specialty Rebate	\$(4,180)	\$(3,800)
Non-Specialty Ingredient Cost	\$120	\$120
Non-Specialty Rebate	\$(53)	\$(38)
Specialty PA Approval Rate	90%	67%
Total PAs (<i>Assume 3% of drugs PA'd</i>)	3,300	3,300
Total Approvals of Specialty Drugs	2,970	2,211
Total Ingredient Cost	\$27,968,600	\$20,849,180
Total Rebates	\$(12,147,784)	\$(8,185,672)
Total Costs Net of Rebates	\$15,820,816	\$12,642,282

Assumptions used for illustrative purposes: 10K life group with 110,000 claims/year • ~10% advantage given to Legacy PBMs on rebates



Data Tells a Story

USING CLAIMS DATA TO TRACK AND TREND GROSS AND NET SPEND OVER TIME

YEAR	DRUG COSTS	% CHANGE	REBATES	REBATES AS % COST	SPEND NET OF REBATES
2015	\$9.6M	-	\$1.7M	18%	\$7.9M
2016	\$11.2M	12.0%	\$2.2M	20%	\$9M
2017	\$13.3M	16.0%	\$3M	23%	\$10.3M
2018	\$15.2M	12.0%	\$3.7M	24%	\$11.5M
2019	\$18M	16.0%	\$4.7M	26%	\$13.3M
2020	\$22M	18.0%	\$5.9M	27%	\$16.1M
2021	\$16.5M	-25.0%	\$5M	30%	\$11.5M
2022	\$14.2M	-14.0%	\$4.4M	31%	\$9.8M
2023	\$14.3M	0.5%	\$4.4M	31%	\$9.9M

Carved-in with a Big 3 PBM

Carved-out with same Big 3 PBM

Carved-out with Passthrough PBM



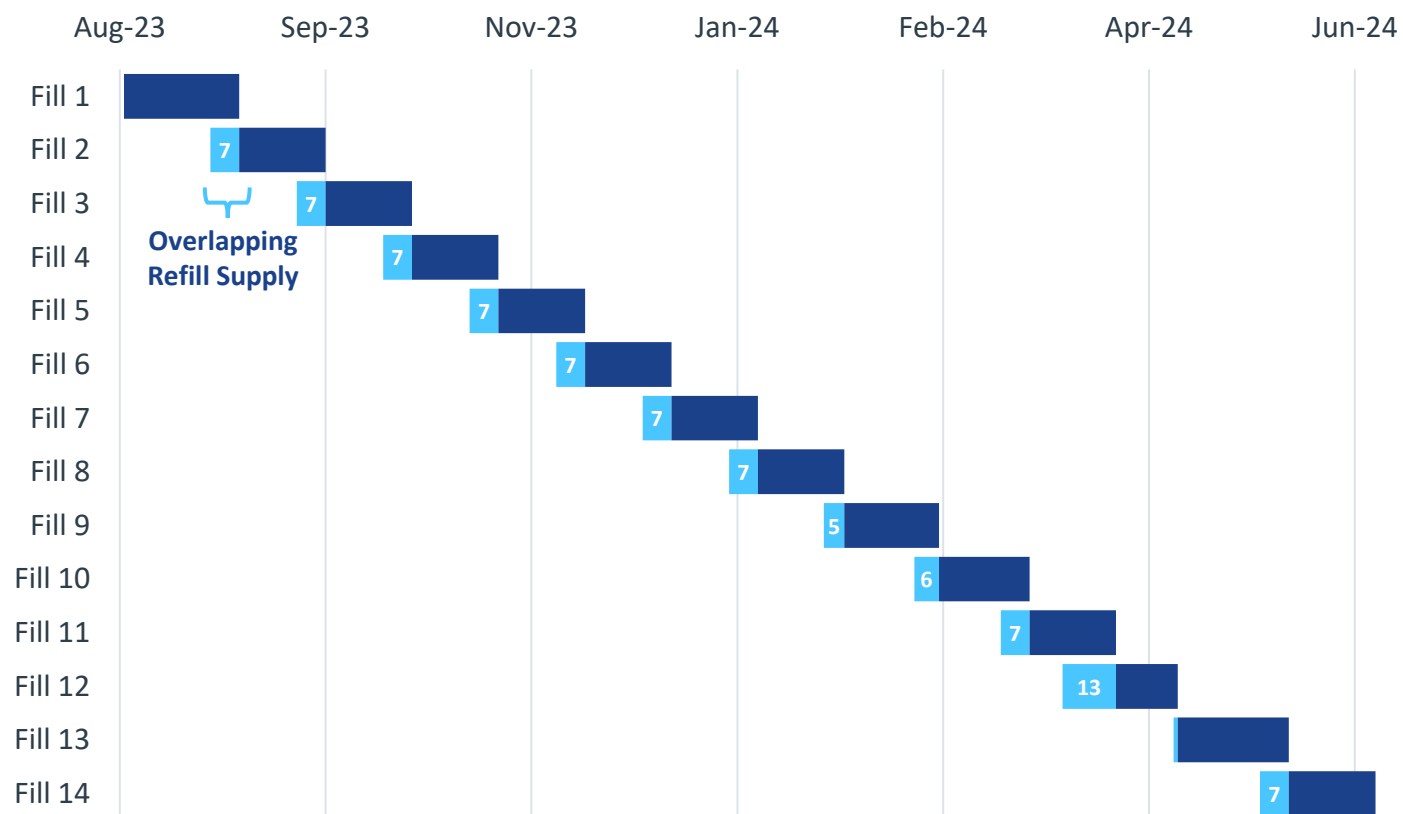
Auto-Refill Example: Specialty

PHARMACIES DISPENSE OVERLAPPING REFILL SUPPLY TO INCREASE REVENUE – AT CUSTOMER’S EXPENSE.

Encrypted Member ID: 480637260711436

Drug Name: HUMIRA PEN INJ 40/0.4ML

Dispensing Pharmacy: BIG 3 PHARMACY



	CUMULATIVE EXCESS DAY SUPPLY	CUMULATIVE EXCESS COST
Fill 1	0	\$0
Fill 2	7	\$3,267
Fill 3	14	\$6,534
Fill 4	21	\$9,800
Fill 5	28	\$13,067
Fill 6	35	\$16,334
Fill 7	42	\$19,601
Fill 8	49	\$22,867
Fill 9	54	\$25,201
Fill 10	60	\$28,001
Fill 11	67	\$31,268
Fill 12	80	\$37,335
Fill 13	81	\$37,427
Fill 14	88	\$38,072



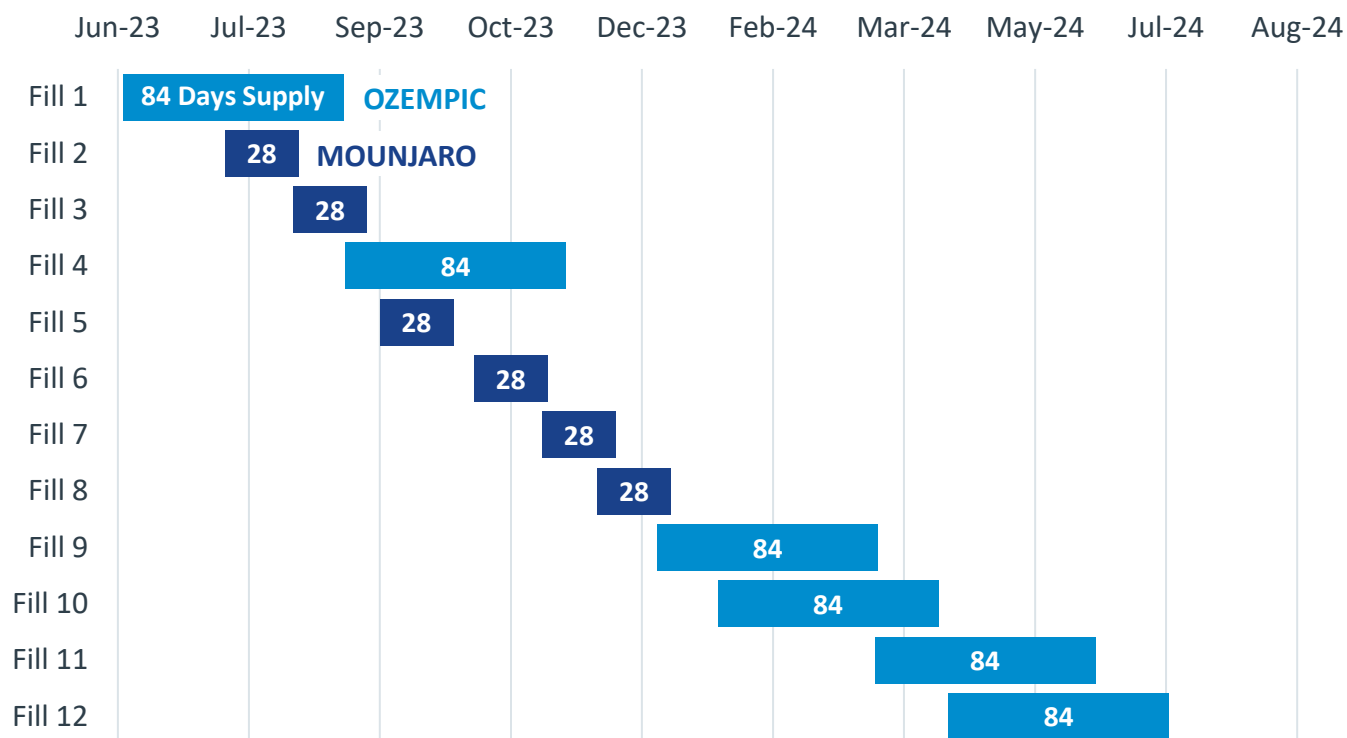
Example: Overlapping GLP-1s

DIGGING INTO YOUR DATA CAN REVEAL COSTLY AND POTENTIALLY DANGEROUS DUPLICATION OF THERAPY.

Encrypted Member ID: 882410882755358

Dispensing Pharmacy: BIG 3 PHARMACY

Drug Names: MOUNJARO, OZEMPIC



	CUMULATIVE GLP-1 DAY SUPPLY	CUMULATIVE GLP-1 COST
Fill 1	84	\$2,750
Fill 2	112	\$3,757
Fill 3	140	\$4,764
Fill 4	224	\$7,514
Fill 5	252	\$8,521
Fill 6	280	\$9,528
Fill 7	308	\$10,536
Fill 8	336	\$11,452
Fill 9	420	\$14,202
Fill 10	504	\$17,224
Fill 11	588	\$19,973
Fill 12	672	\$22,995



THANK YOU FOR YOUR TIME

Capital Rx

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New York, NY 10007

 **Email:** info@cap-rx.com

 **Web:** www.cap-rx.com

 **Phone:** 888.675.1140

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*The Astonishing
Healthcare Podcast*

Weight Management Strategies

*Beyond GLP-1s:
Addressing the Root Causes of Metabolic Dysfunction*



Markyia Nichols, MD

Chief Medical Officer

Ciba Health





ciba health
Empowering healthier tomorrows

Beyond GLP-1s: Addressing the Root Causes of Metabolic Dysfunction

By Dr. Markyia Nichols
Chief Medical Officer
Ciba Health

**NCBCH Spring Forum
March 2025**



The Economic Burden of Obesity



Annual medical costs for obesity in the US:
\$190 billion+

Patients who are obese incur roughly
\$1,800 more in medical expenses
annually compared to patients who are
not obese.

The Cost of GLP-1s

Average monthly cost without insurance: \$900 to \$1,500 for commonly prescribed GLP-1s, such as Ozempic, Wegovy, and Mounjaro.

Note: Some newer formulations exceed \$1,300 per month when paying cash






Total spending on GLP-1 medications: About **\$30 billion in 2023**, Projections suggest market could reach **\$100 billion** due to expanding indications and increased demand.

Spending trends

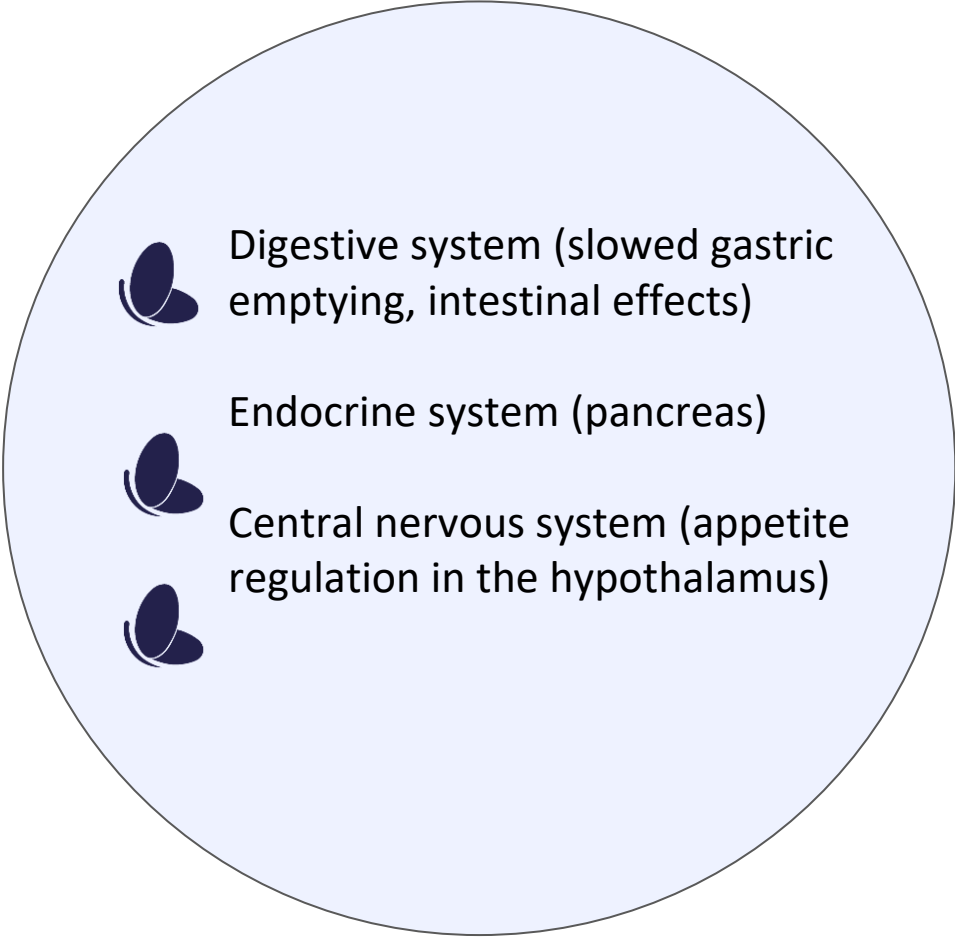



From 2020 to 2023, the total cost of GLP-1 drugs per member per month increased from **\$5.29 to \$18.27**.

In 2023, the average cost per prescription before rebates was over **\$900**.

GLP-1s In Action

-  GLP-1 receptor agonists mimic the incretin hormone glucagon-like peptide-1
-  Stimulates insulin secretion in a glucose-dependent manner
-  Inhibits glucagon release
-  Slows gastric emptying
-  Activates satiety centers in the brain to reduce appetite

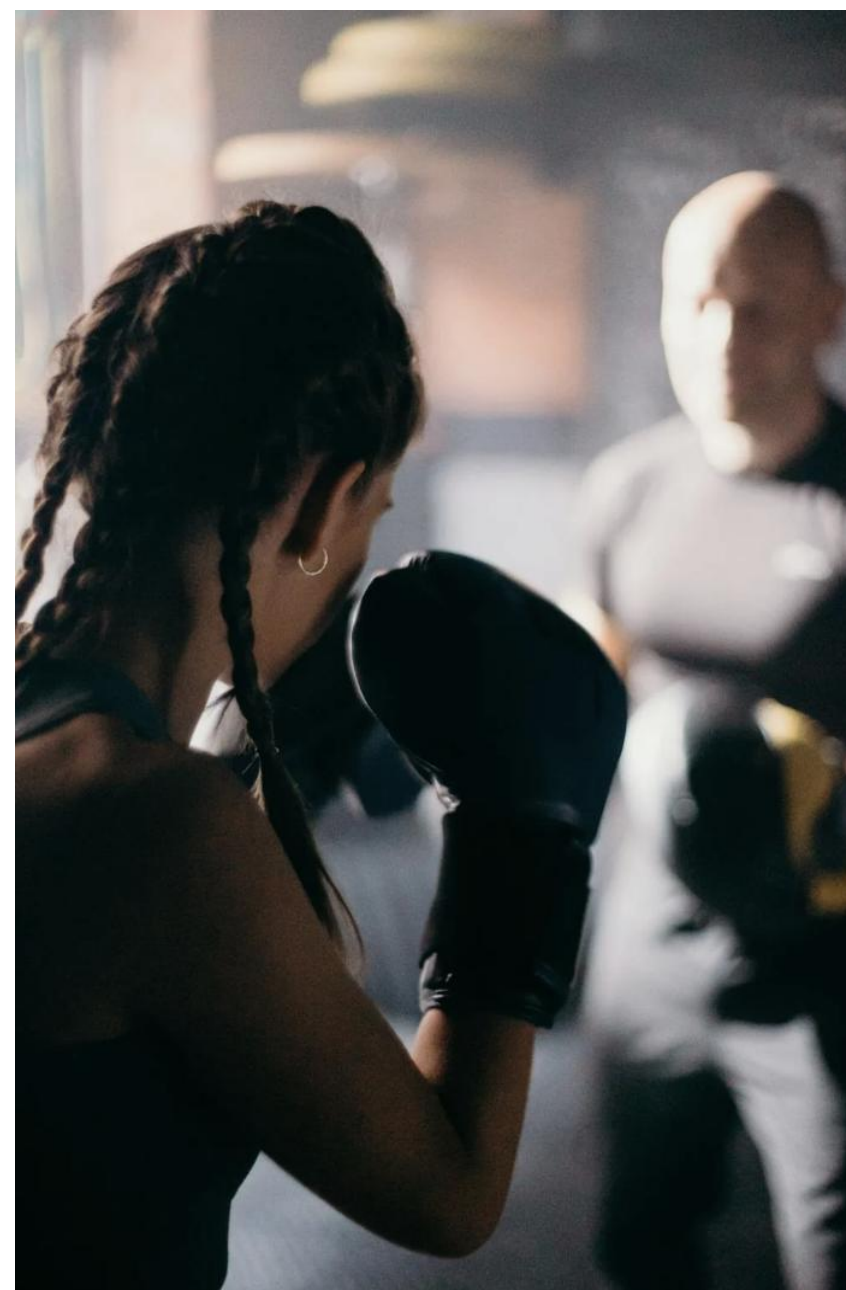
Primary Organ Systems Impacted

- 
-  Digestive system (slowed gastric emptying, intestinal effects)
 -  Endocrine system (pancreas)
 -  Central nervous system (appetite regulation in the hypothalamus)

GLP-1 Results Packing a Punch

- Average weight loss: **15-20%** of body weight over 68 weeks with semaglutide (Wegovy)
- Reduction in major adverse cardiovascular events by **20%** in high-risk populations (indicated in trials).
- Beyond weight loss and glycemic control, GLP-1s have shown improvements in: Blood pressure, lipid profiles, non-alcoholic fatty liver disease, and hold potential neuroprotective effects.

So, what's the problem???



Serious and Common Side Effects

- Muscle mass and bone density loss
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Decreased appetite
- Injection side reactions

*Side effects are often dose dependant and may improve upon discontinuation



More downsides...

- Rebound weight gain after discontinuation- mostly in fat
- Supply shortages
- It doesn't work for all, or many reach a plateau even at the highest dosages
- Not all "diets" and even healthy foods are for everyone
- It doesn't fix the root issue which can lead to more serious inflammation based disease



The Truth About Healthcare

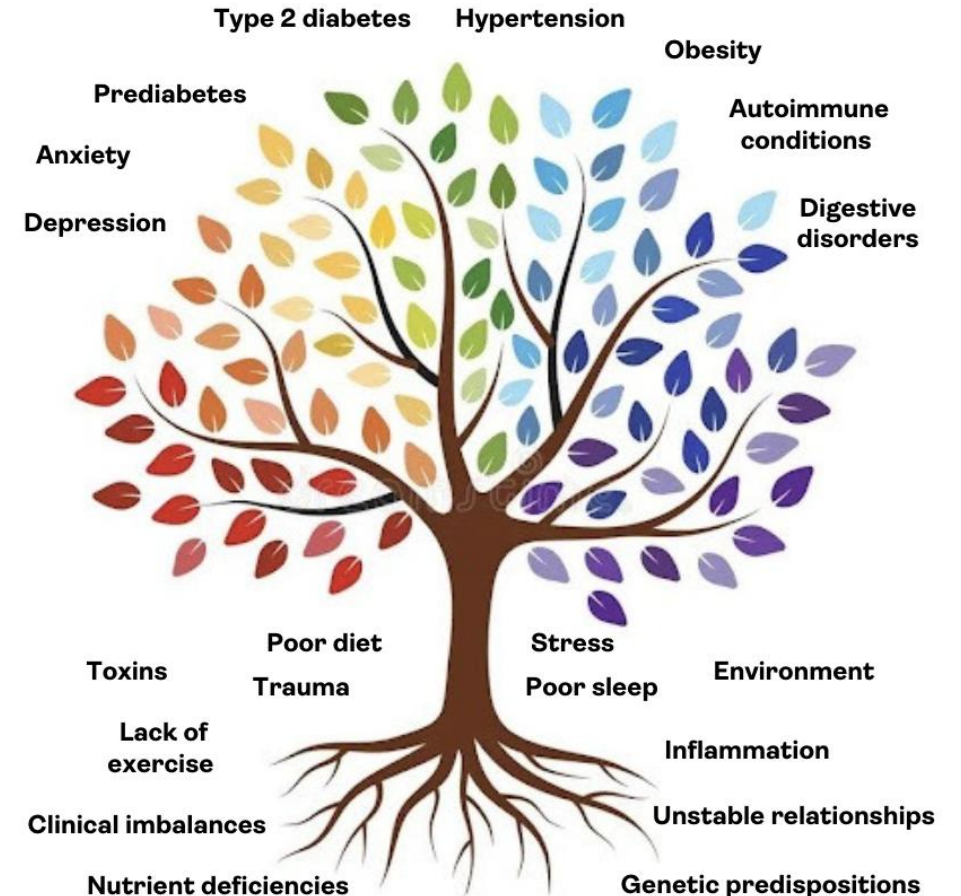
HEALTHCARE: Your body is broken. We need to fix it with medication.

REALITY: Your body is sending you important signals about your genetics, environment, lifestyle, and biochemistry. We need to get to the root cause of the issue.

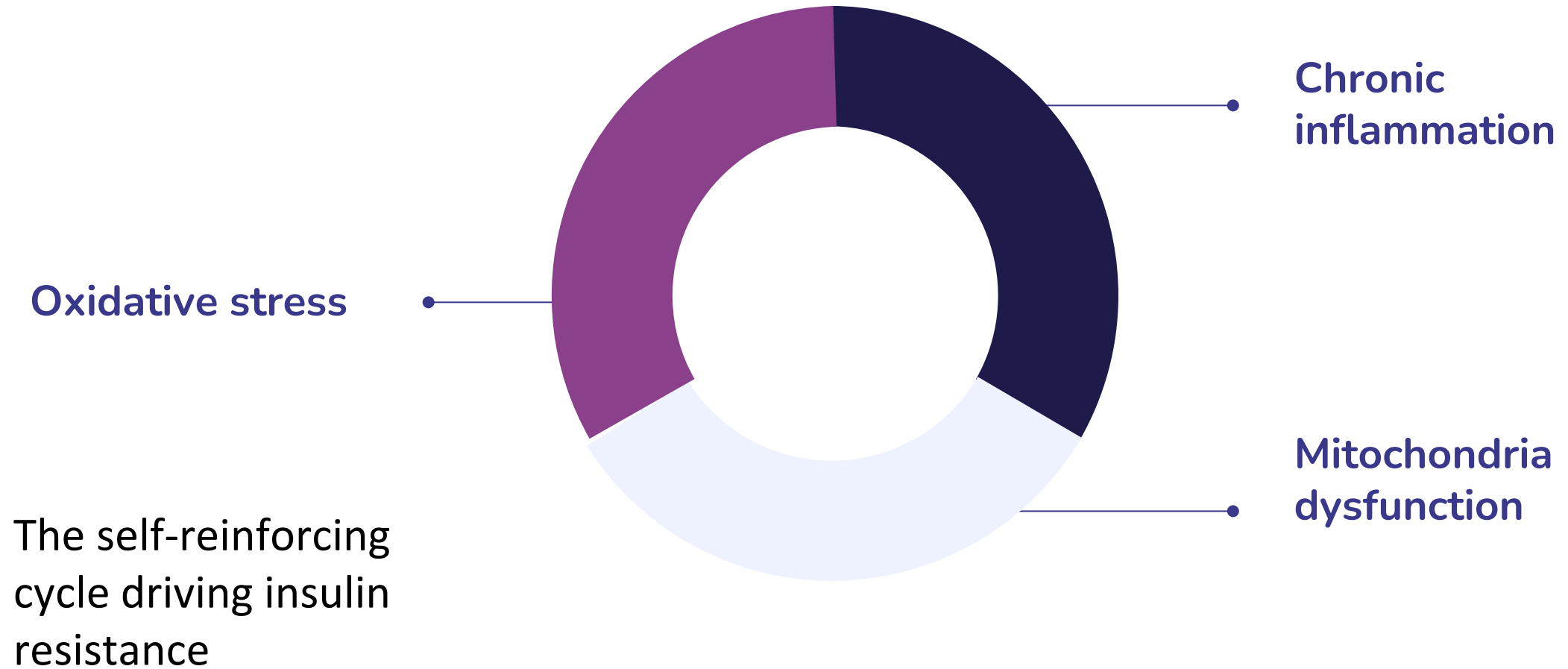
The truth about GLP-1s?

A “window of opportunity”

- Reduced hunger and cravings allow people to establish nutrition and activity routines without fighting constant psychological resistance



What goes into metabolic dysfunction?



What goes into metabolic dysfunction?

Environmental factors beyond diet/exercise



Endocrine disruptors: Hormonal influences that negatively influence metabolic pathways.

Example: PCBs or dioxins can disrupt thyroid function, leading to changes in metabolic rate.



Altered gut microbiome: Imbalances in gut health (dysbiosis) impact the body's ability to metabolize food effectively, and contribute to inflammation, insulin resistance, and obesity.



Chronic stress: High cortisol levels leads to alterations in how the body processes and stores nutrients, and lead to elevated blood glucose levels.



Poor sleep: Lack of sleep increases cortisol levels, decreases insulin sensitivity, and affects leptin (hormone signaling fullness) and ghrelin (stimulates hunger).

A Step Down Approach to Sustaining Metabolic Health:

Moving From Medication Support to Root-Cause Lifestyle Support

Gradual dose reduction

Working with board-certified doctors to slowly reduce medication dosage, allowing the body to adjust gradually.

Root cause analysis

Identifying underlying factors:

- Insulin resistance
- Chronic inflammation
- Hormonal imbalances
- Gut dysbiosis
- Environmental toxins
- Chronic stress patterns
- Sleep disruption

Biomarker monitoring

- Fasting glucose and HbA1c
- Inflammatory markers
- Thyroid function
- Cortisol patterns
- Gut health markers

Lifestyle integration

Sustainable practices, such as:

- Anti-inflammatory dietary patterns
- Regular movement routines
- Stress management techniques
- Sleep hygiene protocols

Optimizing Gut Health While on GLP-1s?

You bet!



Restore gut microbiome

- Diverse, fiber-rich diet
- Prebiotics/probiotics
- Limit processed foods/sugar
- Boost healthy fats



Heal intestinal permeability

- Incorporate gut-healing nutrients
- Prioritize anti-inflammatory diet
- Limit alcohol and environmental toxins



Optimize dietary fiber intake

- Whole, plant-based foods
- Ensure adequate hydration
- Track fiber intake





The Stress-Metabolism Connection

High cortisol levels = HPA axis dysfunction

Impacts everything from energy levels to fat storage.

The Solution?

Pairing targeted lifestyle interventions—based on advanced biomarker testing—alongside medication management to reduce cortisol.

For example, tailoring exercise recommendations (type/intensity based on cortisol levels and medication dosage)

Defining Success: Merging Lifestyle Approaches and GLP-1 Support

Establishing clear metrics for progress beyond weight loss. This includes:

- Inflammatory markers
- Insulin sensitivity
- Energy levels
- Quality of life measures

*Regular labs/tracking is key



Meet Kayla

Registered Nurse

46 years old

History: Overweight for most of her adult life, and lived with type 2 diabetes. PCP prescribed GLP-1 two years ago.



Kayla's experience on a GLP-1

Pros

- Lost 50% of bodyweight
- HbA1c returned to normal

Cons

- Constant nausea and vertigo
- Dizziness
- Fatigue
- Muscle aches
- Abnormal GTT (still insulin resistant)
- Complained of sagging skin

Root-cause analysis demonstrated

- Autoimmune markers
- Gut dysbiosis
- Insulin resistance

The approach

- Repair gut health
- Avoid reactive foods
- Tailored nutrition based on her biochemistry. Plant-based/paleo

Results

- No longer insulin resistant
- Resolution of gut dysbiosis
- Reversal of autoimmune markers
- Weaned off GLP-1 during the process while maintaining weight loss

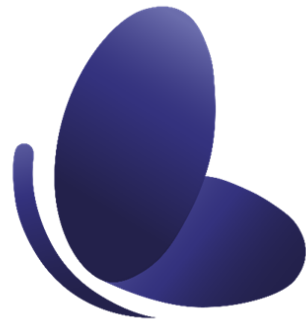
Key Takeaways and/or Suggestions

Implement strategies that...

- Prior Authorization and/or
- Root-cause approach
- Biometric/Biomarker screening
- Lifestyle coaching
- Personalization and tailored treatment plans

...control costs while allowing the potential benefit of a medication for a short period of time.

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