



hps | PayMedix | TempoPay

Building Financial Resilience into Plan Design

To help employees manage out-of-pocket costs—without delaying necessary care

OUR PRESENTERS

We're excited to be with you today



Brian Marsella

President



Paul Mueller

VP of Business Development
& Account Management

COMPANY OVERVIEW

Simplifying healthcare payments and lowering costs for employees and employers



Broad WI provider 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 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

COSTS CONTINUE TO GO UP

Bold action is needed to address rising healthcare costs for employers and employees

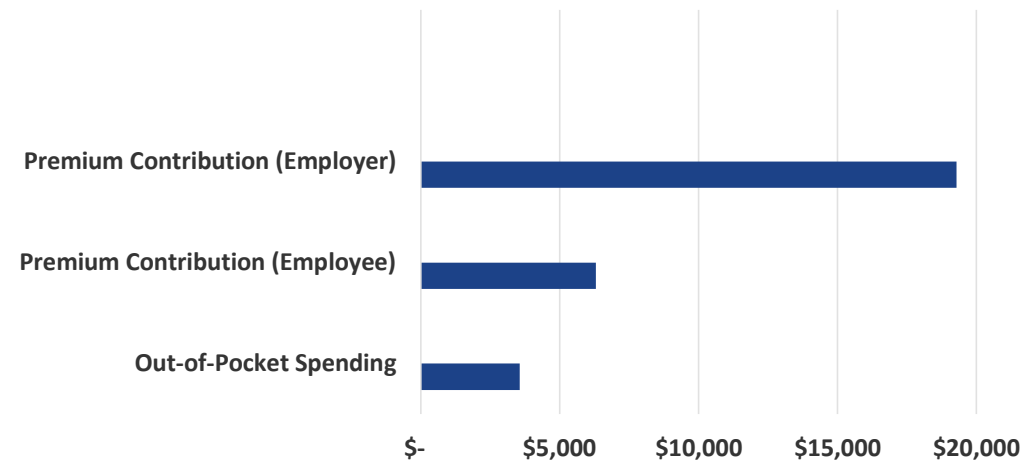
Estimated employer cost trend increases around 9% offset to 7.6% with plan design changes

Employers' top priorities in 2026:

- 1 Healthcare costs overall
- 2 Affordability for their organization
- 3 Affordability for employees

As reported in the Business Group on Health's 2026 Employer Health Care Strategy Survey.

Total annual healthcare spending for a family of 4 (2024)



CARE DECISIONS = FINANCIAL DECISIONS

Financial barriers to care are driving up overall costs and holding your organization back



4 in 10

delay or skip necessary care due to cost¹



25%

of prescriptions are abandoned monthly due to cost²



92%

say medical bill stress impacts their health³



59%

of Americans can't cover an unexpected \$1,000 bill⁴



\$1,100

the average yearly out-of-pocket healthcare cost for an individual⁵



43%

of hospitals now require some payment upfront⁶

Healthcare costs hit underserved groups the hardest

Who is more likely to avoid or delay care due to cost?

67%

of people making **less than \$90K** a year¹

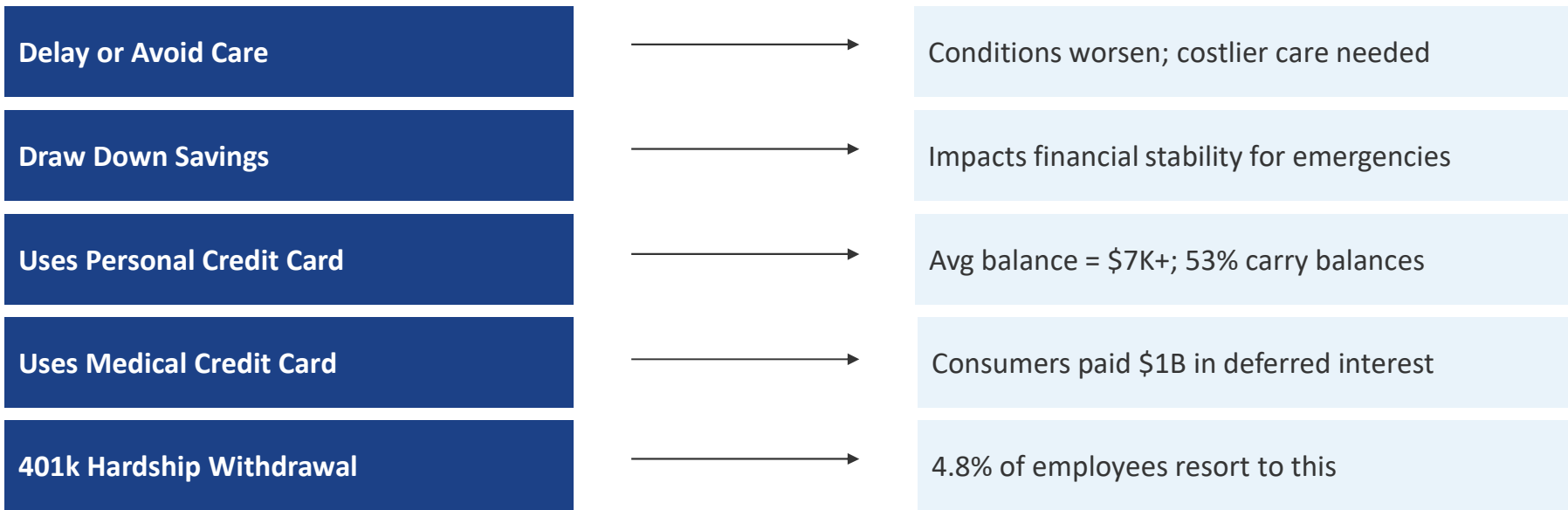
73%

of **Black and Hispanic adults** compared to 25% white adults¹

50%

of **women** compared to 37% of men¹

When employees can't manage out-of-pocket costs, the alternatives can be harmful



Health benefit needs vary across generations

Gen Z & Younger Millennials (1997-Early 2000s)

Earlier in career, lower salaries, higher financial stress

- 75% prefer digital health
- 65% prioritize mental health
- 60% postponed care due to costs

Wants: Convenience/Ease via digital solutions; mental health and wellness

Older Millennials & Gen X (1965-1996)

Rising family expenses, bridge generation: childcare + eldercare

- 60% have OOP costs for chronic conditions
- Regular screenings needed
- Co-morbidities emerging

Wants: Comprehensive financial support; help with chronic conditions

Boomers & Near-Retirees (1946-1964)

High healthcare utilization, retirement concerns

- 80% managing chronic illness
- 70% prefer face-to-face care
- Significant OOP concerns

Wants: Traditional care/in-person; protect retirement savings

Four ways healthcare costs show up for employees

DELAYING CARE

“I can’t afford this right now. I’ll wait and hope it gets better.”

More likely to need ER care or face more serious conditions later.

MANAGING ONGOING

“This isn’t one bill, it’s ongoing. I need help managing it.”

Repeated costs stack up quickly before the deductible is met.

BUDGET-CONSTRAINED

“I can afford it, just not all at once.”

Needs predictable monthly payments to access care when needed.

PLANNING AND OPTIMIZING

“I can pay, but I want more convenience and control.”

Looks for smarter ways to manage cash flow and simplify payments.

Understanding the consumer healthcare financing landscape

	Medical Credit Cards	Hybrid Options	Equity-focused
Access	Through provider's office	Employer offered with employee fees	Employer fee, no employee cost
Credit checks	Required	May require "soft" credit checks	None
Interest charges	Yes, often deferred (springing) interest at 22%+	Mix of 0% and interest-bearing	None
Consumer Fees	Late fees	Some charge fees based on balance or origination	None
Spending Limit	Determined by financial history	Determined by financial history	Set by health plan or employer

The next generation of health benefits



Simple admin

Connect to benefits plan/ payroll – easy to administer



No credit checks

All can participate/access



Interest-free

Fits care costs into budget



Timely utilization

Barriers to care reduced, access right care at the right time



Financial security

Reduces financial stress, contributes to overall well-being, presenteeism



Better health

Improve adherence, earlier treatment/ later-stage disease prevention

TempoPay






Capped, interest-free healthcare financing card

SIMPLE TO LAUNCH

TempoPay is for a variety of healthcare expenses and can be added to any employer group

The individual credit limit is set at the company level, and all employees get the same amount. Employees have up to 12 months to repay balances based on their payroll schedule.

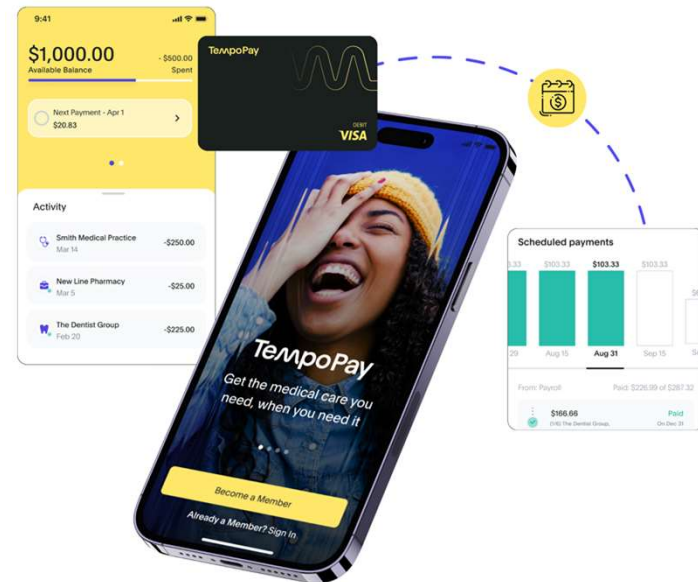
Spending categories that TempoPay can be used for:

-  Doctor appointments, medical services, physical therapy, wellness services, holistic care
-  Dental care, oral surgery, orthodontics, braces, and cosmetics
-  Annual exams, contacts fittings, contacts lenses, glasses, LASIK
-  Pharmacy, prescription drugs, and medical supplies
-  Veterinary care can be added to cover care for the whole family



Modern financial experience that quickly adds value to any benefits program

- 1 Sign up for an account anytime
- 2 Receive access to funds immediately
- 3 Pay for healthcare upfront or bills in full
- 4 Repay via post-tax payroll deduction
- 5 Add a bank account or reimburse from a pre-tax healthcare account

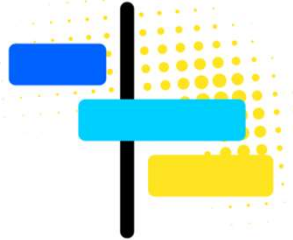


Interest-free, no fees or credit check for employees

Employers are not responsible for employee balances

Carrier agnostic national solution

We do all the work, you get all the credit



1 Kickoff

We work at your pace to align on organizational goals and ensure your team is ready to launch.

Connect Payroll

Using our secure connection, link TempoPay to your payroll to provide access to census and benefits data. We take care of the rest!

How it works?

- Census upload**
We access census data to confirm eligibility and onboarding
- Repayments scheduling**
Your employees will schedule their repayments via the TempoPay mobile app
- Deductions**
We will submit payroll deductions/ repayments for your employees according to your regular schedule
- Approve Payroll**
Review and approve payroll as you normally do

2 Connect

Our technology ensures a seamless integration with payroll and HR systems. In most cases, it's simple as clicking a button!

Healthcare at your rhythm, payment at your pace.

TempoPay

3 Kickstart

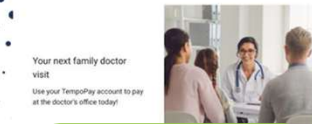
We provide templates and graphics for your internal teams and launch a full-service digital marketing campaign to ensure everyone learns about their exciting new benefit.



Bring TempoPay with you wherever you need healthcare

Did you know? With a TempoPay VISA card, your healthcare financing is accepted at qualified merchants, wherever major credit cards are accepted. Let's take a look at some options for you!

Let's take a look at some options for you!



Your next family doctor visit
Use your TempoPay account to pay at the doctor's office today!

4 Engage

Ongoing employee engagement provided at no added cost. Enrolled members receive account updates, support, and education from our team.

TempoPay expands employees' financial safety net

- TempoPay utilization mirrors consumer demand for flexible, interest-free financing for healthcare expenses
- Entry-level financial account helps set employees up to become better consumers of healthcare and can begin maximizing other financial benefits
- For those saving in HSA, TempoPay becomes daily spending account and HSA balances can invest/grow tax-free

35–40%
registration at maturity
(6 months post-launch)

50–60%
of users who register
transact

4–6
number of transactions per
user per year

\$131
average
transaction size

WHO DO WE SERVE?

TempoPay delivers inclusive, flexible financial support for all employees

Ideal employers for TempoPay:

- Employer groups nationally with \$50–100K average employee salaries
- Ideal for companies with deductible plans, HSA-eligible plans, or considering cost-shifting strategies or alternative plan designs such as Dynamic Copay
- Benefits-forward organizations focused on building financial resilience and health equity among employees

Value Derived:

- ✓ Build affordability into plan changes for renewal savings
- ✓ Differentiated benefits attract and retain employees
- ✓ One benefit to address financial wellness for diverse employee groups

HPS/PayMedix

Complete financial network

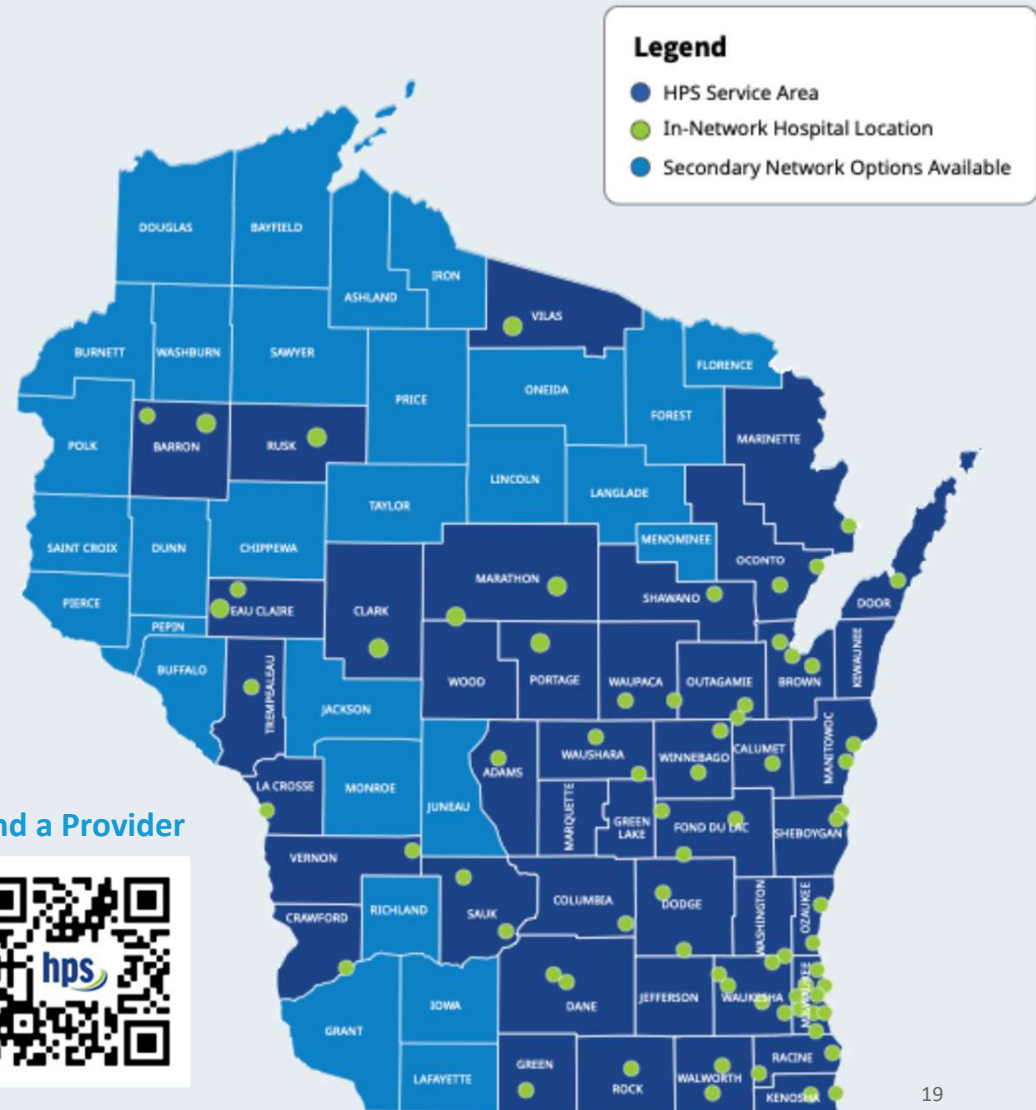
THE HPS NETWORK

Competitive, comprehensive independent provider network

110+
Hospitals

35,000+
Physicians

Find a Provider



Embedded bundles with Holista for all HPS customers



Learn more about bundled procedures

Benefits of bundled procedures:

- Single payment for all care to treat a specific illness, condition, or medical event with member concierge services driving better outcomes
- Most come with warranties that cover follow-up care
- Consistent, transparent, and low cost for employer compared to fee-for-service
- All bundles reviewed for savings, can range from 5%-50+% depending on service

Common bundled procedures:

- Orthopedic procedures
- Imaging (MRI, CT scans)
- Maternity/birth center services
- Colonoscopies
- Mental health services
- General surgery and more

Common Services	Typical Cost	Bundle Cost	Total Savings*
Achilles Repair	\$18,927	\$8,349	\$10,578
Carpal Tunnel Release (in office)	\$7,488	\$4,400	\$3,088

* Savings Examples – Prices can vary by location

HPS Independent TPA profiles

Level Funded

Turnkey solutions, all vendors packaged

Good fit for: Smaller FI seeking exit from carrier renewal cycle

25–300 EEs



New to HPS

New to WI Market with unique value

Good fit for: Larger FI or ASO, for brokers seeking carrier & TPA alternatives

100–3,000 EEs



Growing Presence

WI market presence with a proven track record

Good fit for: Larger FI or ASO seeking additional customer service, support, flexibility

100–3,000 EEs



Established

TPAs heavily invested in WI market

Good fit for: Larger FI, ASO or SF ready to engage employees and target risk

100–3,000 EEs



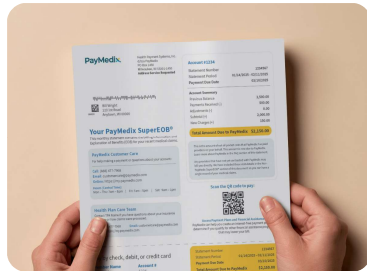
Consolidated EOBs and interest-free financing up to the plan's out-of-pocket max

Our member experience is centered on:



Access

Get necessary care without financial barriers – no upfront payment at in-network providers



Simplicity

The SuperEOB® is a consolidated family-based EOB and billing statement sent post-claim adjudication



Support

Flexible, interest-free financing for member cost share; secondary insurance and financial assistance



Confidence

Members stay focused on getting care at the right place at the right time, not on managing paperwork.

Heidi R.

My husband is currently on dialysis and waiting for a kidney transplant...We have a lot of medical debt.

He's been unable to work for over a year, so that's been accumulating because we were trying to survive on one income.

[HPS/PayMedix] has been wonderful handling all the paperwork and contacting the providers for us. I don't have the time or energy to handle that and nor does my husband, so it's very much appreciated.

It's been easy to communicate, and [HPS/PayMedix] is willing to do whatever it takes to help. I am happy that we were contacted!



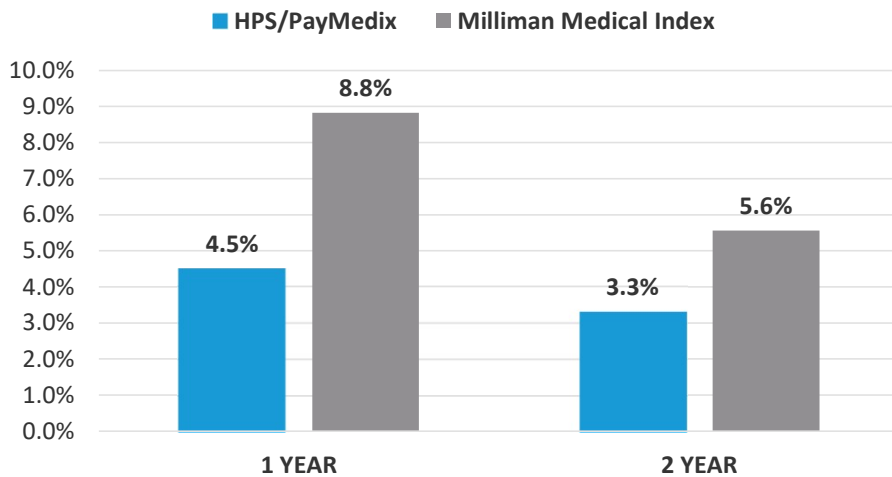
The results

LOWER OVERALL HEALTHCARE COSTS

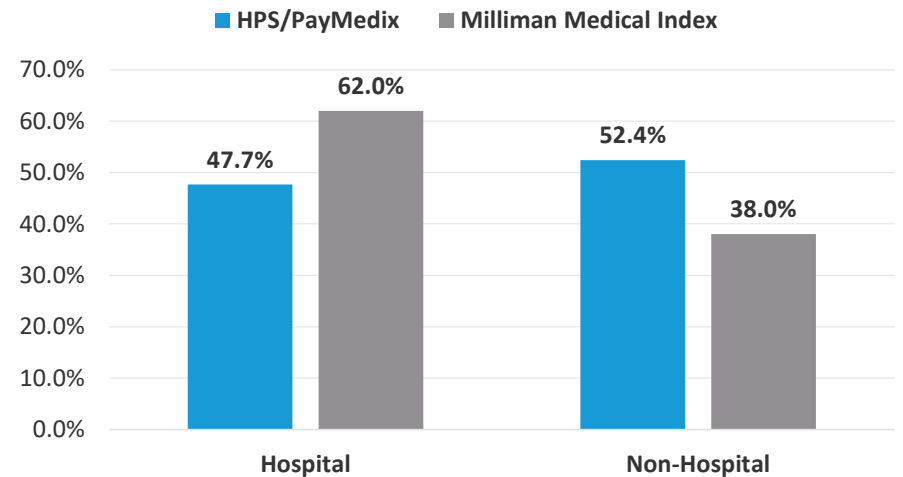
Members get care in lower cost settings which drives significant, sustained savings for employers

PayMedix results with HPS provider network in Wisconsin

Employer Annualized Medical Trend



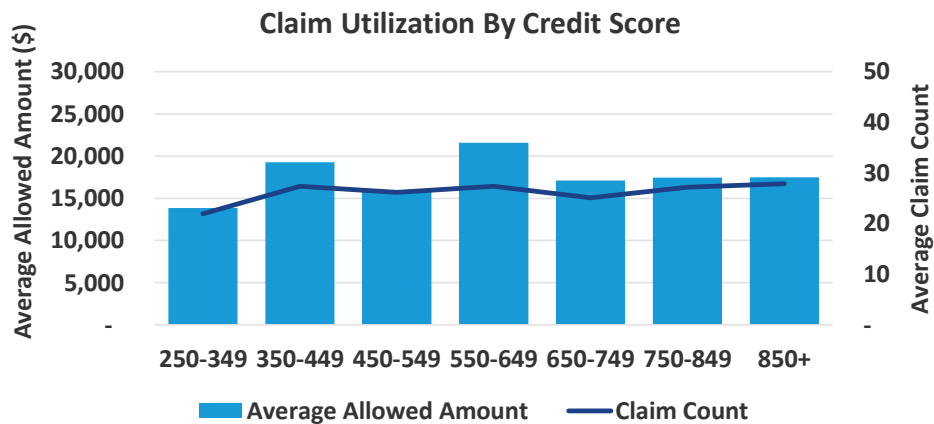
Member Place of Service



Trend is based on 2025 Milliman Medical Index and excludes pharmacy. HPS member counts included in analysis average: 18,352 in 2024 | 16,676 in 2023 | 14,011 in 2022. HPS Trend is not adjusted for high claims and is calculated with Average Annual Medical PEPM using September through August for each year to ensure 97%+ claims completion for all months used.

Financial navigation helps members of all financial situations maximize their benefits

Members across credit scores can access care at a similar rate



We proactively identify additional financial resources to help lower OOP costs

- Secondary insurance, financial assistance, incentives
- Flexible, interest-free payments plans are built to suit individual needs
- 1/4 members on a payment plan have credit scores under 650

\$3,900
average current
payment plan

22 months
average starting
plan duration

90%
member
satisfaction

Next steps

What to look for when evaluating your health benefits compared to employees' financial need

Identifying need:

- Analyze claims data for OOP burden – review based on salary
- Look at 401K withdrawals, pre-tax account usage
- Employee survey and needs assessment

Vetting solutions:

- Does it serve all employees or only financially stable/credit-worthy ones?
- Are terms clear to employees upfront? Any hidden fees?
- Does it work with your payroll, HSA, FSA, insurance design?
- Can employees control/adjust terms? Can you adjust employer parameters?

Key takeaways

Financial barriers to care are a systemic issue that directly affects your organization

- Increased health plan costs and productivity lost
- Retention challenges and absenteeism/presenteeism

Solutions exist

- Traditional financial benefits do not serve all employees
- Interest-free, employer-based programs, layered with education and support can transform outcomes

Engagement starts with access

- Avoidance of care limits visibility into population health, making it harder to identify and effectively support at-risk members
- By removing financial friction, employers unlock the full value of their broader health and wellness investments



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Thank you!

Brian Marsella

President

bmarsella@hps.md

312-543-4032

Paul Mueller

VP of Business Development & Account Management

pmueller@hps.md

262-751-3744