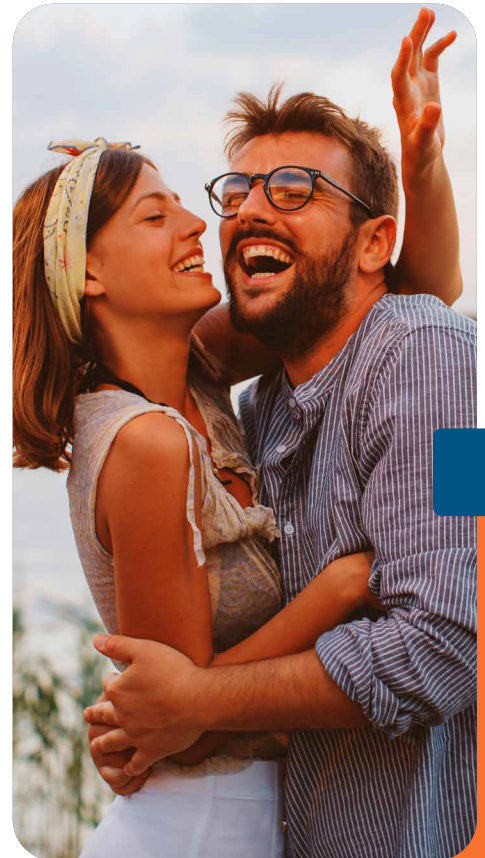




 trinity™





About us

Mission

Guided by Christian principles of compassion and integrity, our mission is to serve our clients by reducing healthcare costs through innovative strategies, fostering a healthier community, and reflecting Christ's love in all our interactions.

Vision

We envision a healthcare landscape where access to affordable healthcare is a reality for all, achieved through Spirit-led innovation and a steadfast dedication to serving others with the compassion and wisdom of Christ.

Values

At Trinity Marketing Services, our foundation is built on a commitment to honor God by serving our clients with integrity. We strive to revolutionize the healthcare industry through benefit plans that prioritize the well-being of members while ensuring financial sustainability for employers.



Innovation



Compassion



Stewardship



Transparency

Our Leadership Team

Led by clinical experts and industry veterans dedicated to reshaping healthcare benefits.



McCain Ashurst, MD

*Partner and Chief
Executive Officer*



Don Anderson, PharmD

*Partner and Chief
Pharmacy Officer*



Patrice Gerard

*Partner and Chief
Strategy Officer*



Abmael da Silva

Chief Technology Officer



Trevor Ashurst

Chief Financial Officer



Brenda Allerton

Chief Operations Officer

Table of Contents



06 Trinity: Your Total Healthcare Partner

11 Level-Funded Health Plan

22 TPA Services

29 Pharmacy Benefits Manager

34 Rx Optimization Program

39 MediFit (GLP-1 Access)



Trinity Ecosystem

Your ***total healthcare partner***, empowering employers with ***integrated benefit solutions***

From complete solutions to stand-alone support, our services flex to fit the unique needs of your self-funded plan.



Why do you need an *ecosystem*?

Fragmented benefits drive up costs and create headaches for employers.

Trinity changes the status quo by bringing every part of your health benefits ecosystem under one roof.

Our Completely Integrated Ecosystem elevates access to care, plan administration, finance, and the member experience while improving cost containment — delivering real savings, smoother operations, better experiences, and healthier outcomes.



The Result

- Faster response times
- Better service
- Direct accountability
- Tighter integration across teams and solutions

A Complete Suite of *In-House Solutions* designed for employers who demand more.

Our suite of services:

01.

Level-funded Health Plan

Your fully integrated, level-funded health plan – powered by innovation.

02.

TPA Services

Seamless administration backed by elevated in-house power.

03.

Pharmacy Benefits Manager

Affordable, high-quality pharmacy benefits management

04.

Rx Optimization Program

Immediate savings on high-cost medications for employers and members.

05.

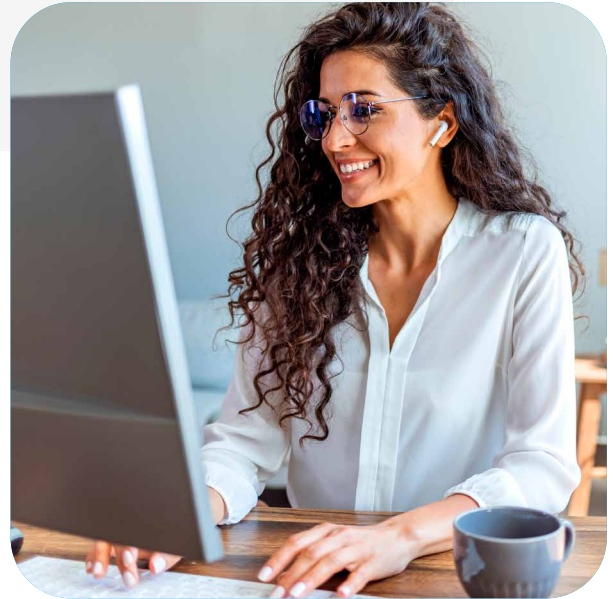
MediFit

Access to affordable GLP-1s for weight-loss.



Scan the QR Code or visit
trinitymarketing.services/contact
to learn more.





Our *Ecosystem* in Action

"You don't know the impact you are having through your work on our employees lives. They have the best customer service around. Where did you hire your people from because your service is excellent."

Emma S.

CEO of Nonprofit Organization

"In this day and age, where a lot of payers are pushing to use AI chat, I valued the human interaction that Ana provided. There are not enough words to express how much I appreciated the wonderful customer service."

Amy E.

Senior Billing Representative

"My member advocate went over and beyond to make sure I got my prescription before it was needed. They answer any question I may have very timely. They definitely make getting my prescriptions worry free. I highly recommend!"

Nancy B.

Intercept Rx Member





Level-funded Health Plan



Your fully integrated, level-funded, health plan,
powered by innovation

A health plan with a pulse!



The Problem

Fully insured health plans are costing employers more than necessary.

If left unchanged, healthcare costs are estimated to continue to rise 10% yearly, leaving companies with rising premiums, limited control, and unpredictable expenses that are both frustrating and unsustainable.

**EMPLOYERS AND EMPLOYEES
DESERVE BETTER.**



The Solution

Fully-insured

100%
Non-Refundable
Premium

Level-funding

A

Potential Savings

B

Actual Claims

Stop Loss
Premiums

Administrative
Expenses

A LEVEL-FUNDED PLAN

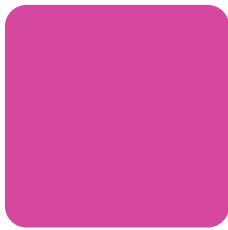
can provide annual savings on
health benefit costs.

Level-funded health plans give employers the confidence of steady, predictable monthly payments paired with the upside of self-funding (transparency/control).

Unlike fully-insured plans, where unused premiums vanish into the carrier's pocket, level-funded plans put those dollars back where they belong: **reinvested in your business.**



Why Trinity?



	Trinity	Competitors
Everything Under One Roof	✓	✗
Seamless Plan Administration	✓	✗
Flexible Network Options	✓	✗
Analytics and Clinical Oversight	✓	✗
Proven Cost-Containment	✓	✗
Integrated Pharmacy Solutions	✓	✗
In-House Tech Team	✓	✗
Concierge-Level Member Support	✓	✗

Here's your blueprint for a better health plan:



In-House Services for Seamless Administration

that sets the standard for care advocacy, claims management, financial oversight, and innovative tech.



We're built on five pillars that redefine what employers and members should expect:

- **Elevated member experience** that puts people first
- **Stress-free claims processing** that's fast and reliable
- **Transparent financial oversight** that brings clarity and peace of mind
- **Integrated tech team** that keeps you ahead of the curve
- **Better access to care** through national, regional, and local, high-performance networks.



INTERCEPT^{rx} SOLUTIONS



Complete pharmacy benefits solution offering pricing transparency, member-centric services, advanced analytics, and an innovative Rx Optimization Program.

Complete pharmacy benefits management

Fully transform your pharmacy benefits to what you and your employees actually deserve.

- ✓ Pricing transparency
- ✓ Shared goals
- ✓ Lowest possible price

Rx Optimization Program

Make a huge impact with seamless integration into a ready established benefits.

- ✓ **\$0 copay** + free delivery for members
- ✓ **U.S. Based dedicated** member advocacy
- ✓ **Risk-free** program with no disruption to existing plans
- ✓ Average savings of **30%** of company's total pharmacy spend



MediFit

Access GLP-1s without breaking the bank: **MediFit offers real savings**, personalized coaching, and hassle-free home delivery.



Trinity CARES: Value added benefits that control cost while delivering exactly what members need when they need it.

1. Integrated Telehealth Care

The future is here! Integrated telehealth that delivers primary, urgent, and mental health care anytime, anywhere.

2. MSK Virtual Support

Pain treatment made simple: fast answers, expert coaching, and virtual orthopedic help, tailored to your needs.

3. Expert Cancer Support

Get cancer expertise with NCI specialists, personalized treatment insights, and compassionate nurse guidance close to home.

4. Pharmacogenomics & Precision Medicine

Lower healthcare costs and improve workforce well-being by using genetic insights to optimize medications and treatment decisions.

5. Virtual Weight Loss & Wellness

Your sustainable **weight loss journey** powered by healthy habits, personalized tools, and medical support if you need it.





Next Steps

1

Talk to an Expert

2

Guided Implementation

3

Open Enrollment and Support

The future of benefits **isn't** fragmented.

It is **integrated, transparent, and designed around people**. With Trinity, you gain **clarity, control, and a healthier path forward**.

Request your free quote today and start building the level-funded solution your company deserves. **Access trinitymarketing.services/contact** and talk to an expert.



CASE STUDY

Savings of almost \$500K made possible

The group has a member receiving infusions every 6-8 weeks.

By sourcing the medication directly and coordinating home nursing for infusion administration, instead of utilizing a facility setting, we can reduce the estimated cost from **\$573,279.84 to \$76,000**, resulting in a projected **savings of \$497,279.84** for the plan.

This outcome underscores the importance of collaborative partnerships, and the strategic value FBC brings as a TPA to the relationship.

Through **proactive engagement and aligned goals**, we're not only delivering financial value but also **improving the member experience with more convenient, patient-centered care**.





FAQ

How do I get a quote?

Email sales@trinitymarketing.services, call **(888) 430-5859** or visit trinitymarketing.services

Please reference the Request for Information (RFI). Keep in mind the following items are mandatory:

- Census of potential enrolled employees and their dependents
- Current plan designs
- Copy of most recent carrier renewal or invoice
- Claims reporting needed if previously level or self-funded.

What type of plan is this?

A level-funded plan is a group health plan offered to all eligible employees in which your company pays a fixed monthly amount that covers expected medical claims, stop-loss protection (a safety net if claims run unusually high), and plan administration. The payment stays level throughout the plan year unless your enrollment changes. At year-end, we reconcile what was paid versus what was used: if claims were lower than expected, your company may receive a refund; if they were higher, the stop-loss premium may increase at renewal. Members' day-to-day experience doesn't change. We also protect member privacy and follow HIPAA guidelines.

What plan designs are offered?

Trinity offers a number of plan designs beginning with a \$0 deductible & HSA compatible plans beginning at \$1,750. Please reference the health benefit plan comparison for details on all offered plans.

How many employees have to be on the plan to participate?

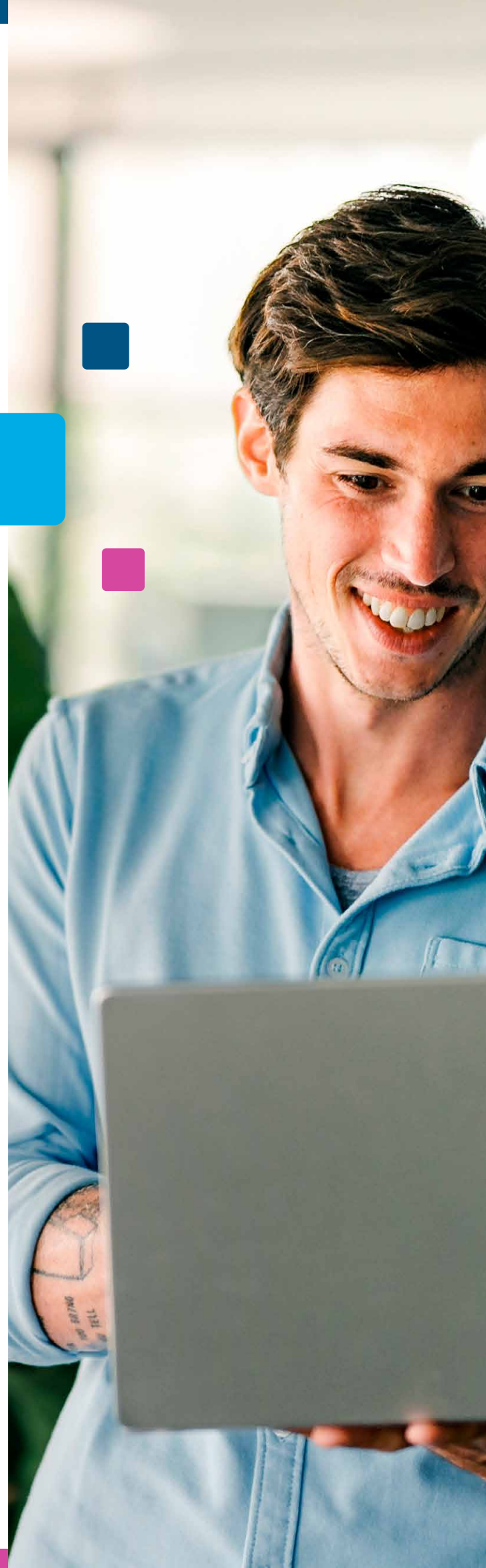
A minimum of 10 employees is required for the group to offer the plan. At least 50% of eligible employees must enroll to qualify.

Who is considered an eligible employee?

An eligible employee is a full-time, W-2 employee. Full-time employees work at least 30 hours a week.

Is there medical underwriting required?

Yes. Medical underwriting is required.



Are there any pre-existing conditions exclusions?

There are no exclusions for pre-existing conditions; however, final rates may be affected.

What are the rates?

Contribution rates are determined on a group-by-group basis. Age, gender, location and the overall health of your group are all factored into the final rate that is provided.

How long does it take to receive a quote?

Quote turnaround time is 3-5 business days.

How many days prior to our medical plan renewal can a quote be requested?

You may request a quote 90 days prior to renewal and no later than 30 days before renewal.

When can we start?

Your group can start on the first of any month.

When will our deductibles start over?

Your deductibles will either **1)** reset on your plan year effective date or **2)** on a calendar year basis, January 1st.

How are we billed for the group medical options offered?

Your office will receive an invoice directly from Fringe Benefit Coordinators on a monthly basis.

How does Trinity Marketing Services come up with the renewal rates?

The group's claims history and participation in health initiatives factor into the renewal rates.

What happens if we enroll in the plan and my employee enrolled count drops below 10 during the plan year?

Nothing. At renewal, if employees enrolled are under 10, Trinity Marketing Services will evaluate the existing group for renewal to see if they still qualify.



 Fringe Benefit Coordinators, Inc.

Our TPA Services

Seamless administration that sets the standard

Finally, a TPA that gets it right.

98.3%

**Claim
Accuracy**

6.5 days

**Average time for
claim processing**

99%

**of claims processed
& paid within 30 days**



The Problem

The truth: most TPAs can't even get the basics right. They fail employers. They frustrate brokers. They let members down. And it's costing everyone.

Our Solution

Our TPA not only gets the basics right (*a rarity in today's market*) but goes far beyond.

We're built on four pillars that redefine what employers and members should expect:

- Elevated member experience that puts people first
- Stress-free claims processing that's fast and reliable
- Transparent financial oversight that brings clarity and peace of mind
- Integrated tech team that keeps you ahead of the curve

Together, these pillars create a benefits administration that's smarter, simpler, and truly member centric.

Key Features

TRUSTED SUPPORT

- Concierge Member Care Advocacy
- Dedicated Account Management for personalized service and tailored support to meet clients' unique needs
- Hassle-free ID Card solution with easy online portal access and in-house printing for fast, reliable delivery.
- Enrollment and Eligibility: Streamlined tools and expert support to manage eligibility, new hires, life changes, and terminations ensuring timely access to benefits.

**ROBUST
FINANCIAL OVERSIGHT**

- Coordination with stop-loss carriers
- In-house provider payment processing
- Streamlined and accurate claims processing

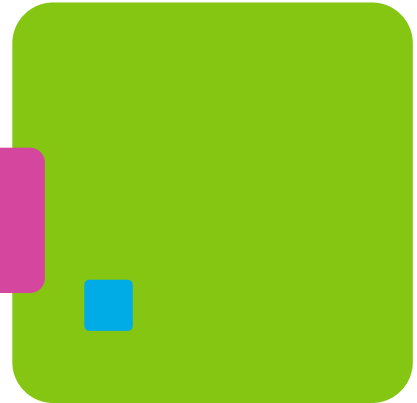
**TRANSPARENT
CLAIMS DATA**

- Complete claim data visibility
- Data analytics and performance tracking to measure and optimize outcomes via comprehensive reporting

**IN-HOUSE TECH
TEAM ADVANTAGE**

- User-friendly Member Portal for easy access to benefit and claims status, EOBs, enrollment details, and plan documents.
- HRIS Integrations (already integrated with ADP and Employee Navigator + ability to integrate with others – 3-4 weeks)





Networks/Provider Access

We offer national PPO networks or direct-to-employer community-based programs to balance broad access, cost control, and provider partnership.

Network Examples



Success Stories

TRINITY BOOKLET

Recently, we received a testimonial from Amy E., Senior Billing Representative, who shared **her experience with our representative** Ana Carvalho:

"I had the pleasure of speaking with Ana on two occasions, and both times she was extremely friendly, professional, and knowledgeable. I speak daily with insurance representatives, and I must say Ana is one of the few representatives that brightened up my day.

Here's an example of Ana's exemplary service: I was following up on an account where I submitted authorization information. Ana informed me the information had not been received and advised me to send it to her so she could forward it to the appropriate department. Not only did Ana confirm she received the email, but she also called me the next day to let me know the claim was being reprocessed. Who does that nowadays? I'll tell you who: Ana Carvalho does.

*In this day and age, **when many payers are pushing AI chat systems, I truly valued the human interaction Ana provided.** There are not enough words to express how much I appreciated the **wonderful customer service** she gave me."*

Stand Alone TPA Services



Need stand alone TPA services?

Get the TPA support you need, without the extras you don't. **Visit myfringebenefits.com** or go to **trinitymarketing.services/contact** to request a quote.

FAQ

What is a TPA?

A Third-Party Administrator (TPA) manages self-funded benefit plans on behalf of employers handling claims, eligibility, compliance, and member support under the employer's plan rules.

How long does implementation take?

Most new group implementations are completed in **30-45 days**, depending on plan complexity and data integration needs.

How do new enrollments and changes get submitted?

We accept eligibility via secure file feed (Employee Navigator, Paycom, ADP, etc.) or manual upload through our employer portal. Our Eligibility team verifies accuracy before updates are applied.

What is the timeline for processing enrollment changes?

Standard enrollment files and updates are applied within 24 hours of receipt, ensuring minimal disruption to member access and ID-card generation.

Who should employers contact for enrollment questions?

Each client is assigned a dedicated Account Manager and Eligibility Analyst. Contact information is listed in your onboarding packet and employer portal.

Who handles my benefits and claims?

Your FBC team processes all medical, dental, and vision claims, ensuring plan rules are applied consistently and fairly.

Who do I call with questions?

Our Care Advocacy team is your go-to for benefit questions, provider help, and pre-certifications. We believe in live, informed support, not call center runarounds.

How does invoicing work?

Monthly invoices are generated on the 21st of each month, reflecting current enrollment and plan funding requirements. Invoices are due on the 1st of the month via ACH draft unless otherwise outlined in your service agreement.

Is Trinity/FBC HIPAA compliant?

Yes. Trinity/FBC follows all HIPAA rules and safeguards to ensure your protected health information remains secure and confidential.

Do you integrate with payroll and enrollment systems?

We support direct feeds with platforms such as Employee Navigator, Paycom, ADP, to ensure seamless eligibility and payroll synchronization. If you're using a different system, our **Integrations team can align with a new vendor and stand up a secure feed in ~30-45 days** (scope-dependent).





Pharmacy Benefit Manager _____

 **INTERCEPT^{rx}**
SOLUTIONS

Your trusted partner for affordable, high-quality pharmacy benefits

- ✓ Cost-savings solutions
- ✓ Broad medication access
- ✓ Elevated member experience



Are you tired of: _____

Lack of Transparency?

We prioritize transparency with clear pricing and straightforward terms, so you always know exactly what to expect, without any hidden surprises.



Confusing Benefits?

We simplify your benefits, providing clear guidance to help you confidently choose the best option for your needs, without any confusion or complexity.



Poor Customer Service?

Our dedicated team delivers fast, reliable support, ensuring your questions are answered and your needs are met, without any hassle or delays.





*Your path to **cost savings** and **quality care***

Unlike traditional PBMs, **Intercept Rx Solutions** manages pharmacy costs and enhances care quality by utilizing innovative approaches to make a positive impact on member's lives and wallets.

We empower our clients to manage their own pharmacy benefit programs by acquiring drugs at the lowest possible cost.

How it Works

Our process is simple and effective, designed to deliver quick and measurable results. With each step, **we ensure you're in control, with full support along the way.**



01.

Free in-depth analysis of potential savings

Find out how much your business could be saving with each solution.

02.

Guided implementation

Made easy by your dedicated account manager (including tailored plan and formulary design for complete pharmacy management solution).

03.

Spread the word

Tell members about their new benefits and how to take full life-changing advantage. (Don't worry, we provide all materials necessary for this).

Plan Highlights

- Full Pharmacy Benefits Administration
- Pharmacists and Physicians on staff
- 100% of rebates returned
- Over 67,000 pharmacies in network
- Rx Optimization Program included
- Clinical and cost driven formulary strategy
- Cost plus pricing
- White-glove Care Concierge Team

CASE STUDY

Driving **long-term savings** through transparent **pharmacy benefits**.

A mid-sized employer in the finance industry made the switch from a traditional PBM to Intercept Rx to gain control over rising pharmacy costs without sacrificing care.

The Challenge

The previous PBM model lacked transparency, limited cost control, and offered no clear strategy to manage spend. Costs kept climbing with little visibility into why.

The Solution

Intercept Rx replaced the status quo with a transparent, clinically driven strategy:

- Real-time prescription interventions
- High-cost drug optimization program
- 100% rebate pass-through
- Continuous utilization management

Most PBMs manage costs. Intercept Rx actively reduces them year after year. Employers that switch do not just save. They continue saving more over time.

Results

Savings did not just happen. They accelerated.

Year 1:
Immediate
Impact

21.1% savings driven by targeted interventions and full cost visibility.

Year 2:
Momentum
Builds

Savings climbed to **26.9%** as optimization and rebate capture increased.

Year 3:
Full
Optimization

Savings surged to **38.9%**, nearly **2x the impact of year one**, with over **300 high-cost prescriptions intercepted** and the lowest net plan cost achieved.



 **INTERCEPT^{rx}**

Rx Optimization Program

\$0 Copay Program for High-Cost Medications

Immediate Savings on High-Cost Medications for Employers and Members!

Lower your pharmacy spend with a **risk-free, no upfront cost** solution providing members **\$0 copay** medications and a dedicated member advocate.

What is the problem?



Pharmacy benefit cost typically account for **25-30%** of a company's total claims.



Within a few years, it is anticipated that this percentage will **increase to 50%**.



1-2% of employees constitute **40-60% of the entire pharmacy expenses**.



It has **never** been this easy to **lower your company's healthcare costs**



ENROLL FOR FREE

Enjoy a risk-free program, savings always outweigh the cost.

BOLT-ON PROGRAM

No disruption to existing plans. Works with any pharmacy benefit manager (PBM) already in place.

\$0 COPAY FOR MEMBERS

Members' exclusive benefits include \$0 copay, free delivery and direct contact with their member advocate.

Why Intercept Health?

With immediate savings to both employers and employees, **participating members have direct contact with their Member Advocate.**

Member Advocates steer members to lower costs, while providing a white glove service.

- Works alongside any PBM
- No upfront costs
- Marketing materials provided
- Average savings greater than 20%



CASE STUDY

In 2025, a current client realized **\$1.1 million in pharmacy cost savings** through the InterceptRx Program.

By encouraging enrollment in the program, employees gained access to **\$0 copays, free home delivery, and a dedicated member advocate**, driving higher utilization and better medication management.

The result was a streamlined experience for members and meaningful, measurable savings for the employer.

InterceptRx helps you catch and control high-cost claims early, reducing spend and improving outcomes. Visit **intercept.health** or **trinitymarketing.services/contact** to request a free savings analysis.





MediFit
(GLP-1 Access)



Support a Healthier Workforce, Without the Guesswork

MediFit is a comprehensive weight management and metabolic health program designed to help your employees achieve sustainable results while giving your organization control over cost, outcomes, and engagement.

Access to GLP-1 medications is increasingly influencing how employees choose where to work and whether they stay. According to *NFP's 2026 U.S. Benefits Trend Report*, **nearly one-third of employees say they would switch employers to gain access to GLP-1 coverage.**

What is MediFit?

MediFit combines wellness guidance, behavioral coaching, and smart medication access and management to support employees using GLP-1 therapies as part of a long-term health strategy.

This is not just access to medication — it's a structured program that helps employees start, manage, and sustain meaningful health improvements with a dedicated coach.

How MediFit Benefits Your Organization

- **Provide structured oversight instead of unmanaged GLP-1 utilization**
- Reduce long-term healthcare costs through improved weight and metabolic health
- Increase employee productivity and energy levels
- Support retention and satisfaction with a high-value, modern health benefit

Key Program Features

1. Navigation to Lowest-Cost GLP-1 Options

We help employees access GLP-1 medications at the most affordable available price.

- Guidance on sourcing through their prescribing provider
- Navigation to cost-saving options such as manufacturer programs and pharmacy discounts
- Typical costs may be as low as \$149/month depending on medication and eligibility

MediFit does not prescribe medication but supports employees in accessing and managing it effectively.

2. Flexible Cost-Sharing Options

You decide how the program is structured for your workforce:

- Employer-paid, employee-paid, or shared-cost models
- Ability to define eligibility criteria for participation
- Optional performance-based or structured reimbursement models

This flexibility allows you to balance cost control with meaningful employee support.

3. Ongoing Management Through Coaching

Behavior change is the key to long-term success.

- 1-on-1 coaching focused on sustainable habits
- Nutrition and lifestyle guidance tailored to each participant
- Exercise recommendations that are realistic and maintainable
- Accountability and progress tracking to improve outcomes

This ensures employees don't just start GLP-1 therapy — they stay on track and see results.

What Employees Receive

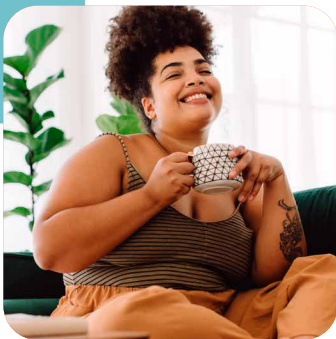
- Personalized coaching and support
- Nutrition and exercise guidance
- Tools for accountability and progress tracking
- Support navigating GLP-1 medication access and cost

Simple Implementation

Getting started is straightforward:

- 1. Define your program structure**
(cost-share, eligibility, coaching inclusion)
- 2. Launch employee communication**
(customized materials provided)
- 3. Enroll eligible employees**
- 4. Track engagement and outcomes**
with ongoing support from our team

We work alongside you to ensure a smooth rollout and ongoing success.



Why MediFit?

- Combines medication navigation with behavior change support
- Focused on long-term outcomes, not short-term use
- Designed specifically for employer-sponsored programs
- Flexible to fit your population and budget

Let's Build a Healthier Workforce

Email sales@trinitymarketing.services or call
(888) 430-5859.

Contact us to design a MediFit program tailored to your organization.
Scan the QR Code or visit trinitymarketing.services/contact to
learn more.



A Complete Suite of *In-House Solutions* designed for employers who demand more.

Our suite of services:

01.

Level-funded Health Plan

Your fully integrated, level-funded health plan – powered by innovation.

02.

TPA Services

Seamless administration backed by elevated in-house power.

03.

Pharmacy Benefits Manager

Affordable, high-quality pharmacy benefits management

04.

Rx Optimization Program

Immediate savings on high-cost medications for employers and members.

05.

MediFit

Access to affordable GLP-1s for weight-loss.



Scan the QR Code or visit
trinitymarketing.services/contact
to learn more.

