



POWER ON YOUR HEALTH PLAN

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**Health In Tech is
Changing Healthcare
through Digital Innovation**



Transforming healthcare Benefits Through Technology



Complete wellness

Who we are:

An insurance exchange platform revolutionizing the self-funded health care market. Our proprietary platform streamlines complex underwriting, enhances transparency, and empowers every participant in healthcare ecosystem.

What we do:

We connect brokers, employers, and TPAs on a single intelligent platform to deliver affordable, fully customized self-funded plans. Powered by AI-driven underwriting, rapid quoting technology, national provider networks, and tailored plan design tools, we enable clients to offer cost-effective, transparent, and scalable healthcare solutions in just minutes.

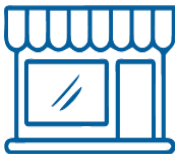
HIT By The Numbers



As of Q2, 2025



41
States



942
Business
Clients



778
Brokers, Third-party
Administrator
("TPAs")
and Additional
Third-party Agencies



+86% YoY
1H 2025 revenue (\$17.3M) reached
89% of FY 2024 total (\$19.5M)

\$9.3M

Q2'25 Revenue



+134% YoY
1H 2025 Adjusted EBITDA (\$2.8M)
exceeds FY 2024 total (\$2.3M)

\$1.6M

Q2'25
Adjusted EBITDA



24,839

Enrolled Employees

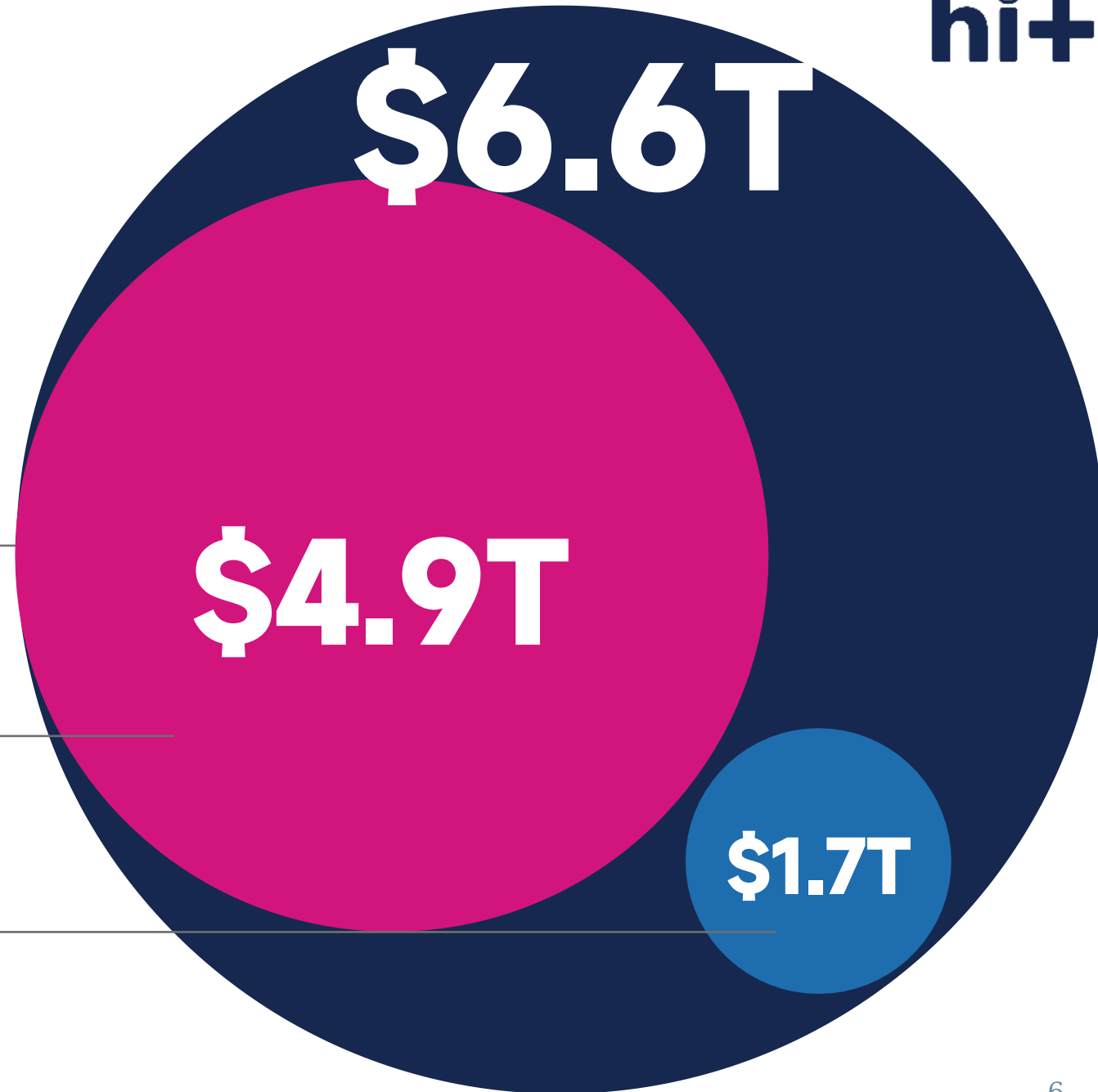
The Market is Unimaginably Large

A \$6.6 Trillion Market Primed for Disruption

Total Addressable Market

U.S. Healthcare Industry¹

U.S Health Insurance²



1. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>
2. <https://www.statista.com/outlook/fmo/insurances/non-life-insurances/health-insurance/united-states>

59 Million People are Employed by Small Businesses Contributing 43.5% of GDP

All figures refer to small businesses

Number

(as of 2024)

34.8 million

99.9%

of all U.S. firms

Total Employees

(as of 2024)

59 million

45.9%

of private sector employees

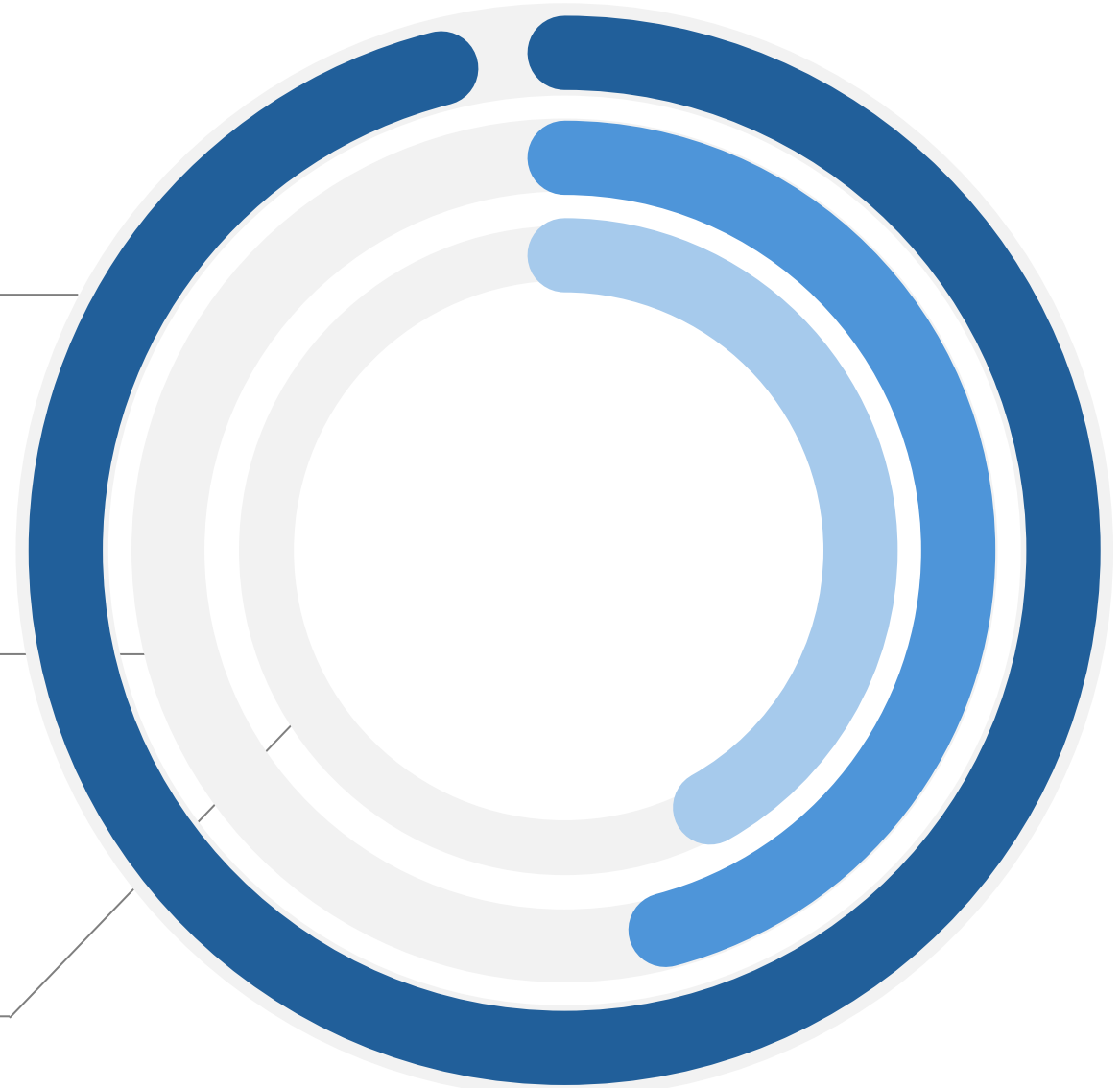
GDP Contribution

(in 2024)

\$ 12.7 trillion

43.5%

of total GDP



Note: About 82% of small businesses have no employees and are not part of the employer-based market.

1. <https://advocacy.sba.gov/2024/07/23/frequently-asked-questions-about-small-business-2024/>
2. <https://www.statista.com/statistics/188105/annual-gdp-of-the-united-states-since-1990/>

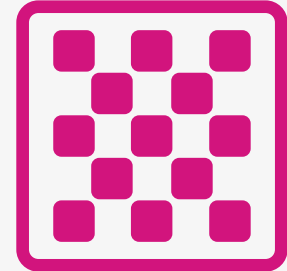
Today's Healthcare Market Challenges for Small Business are Trends for Innovation



LIMITED ACCESS



**COMPLEX
PROCESS**



**LACK OF
TRANSPARENCY**

Making Smarter Healthcare Accessible to All Business



Self-Funded Health Plans + Stop-Loss Coverage

Affordable options tailored to the unique needs of small and mid-sized employers.

Low cost +Great Value

Empowering brokers and clients to access high-value solutions without compromise.

Transforming Complexity into Simplicity



Fast and user-friendly quoting platform.

About 2 mins bindable proposal presented that has 12 plans with 4 tier rates.

Design your own health plans and use them in seconds.

Full Visibility Total Control



Always on with 24/7 transparency.

Access to extensive data.

Seamless transaction and update from all participants.

Our AI Powered Platform: Faster, Smarter, Simpler



Plan Design & Customization

01

Underwriting & Risk Assessment

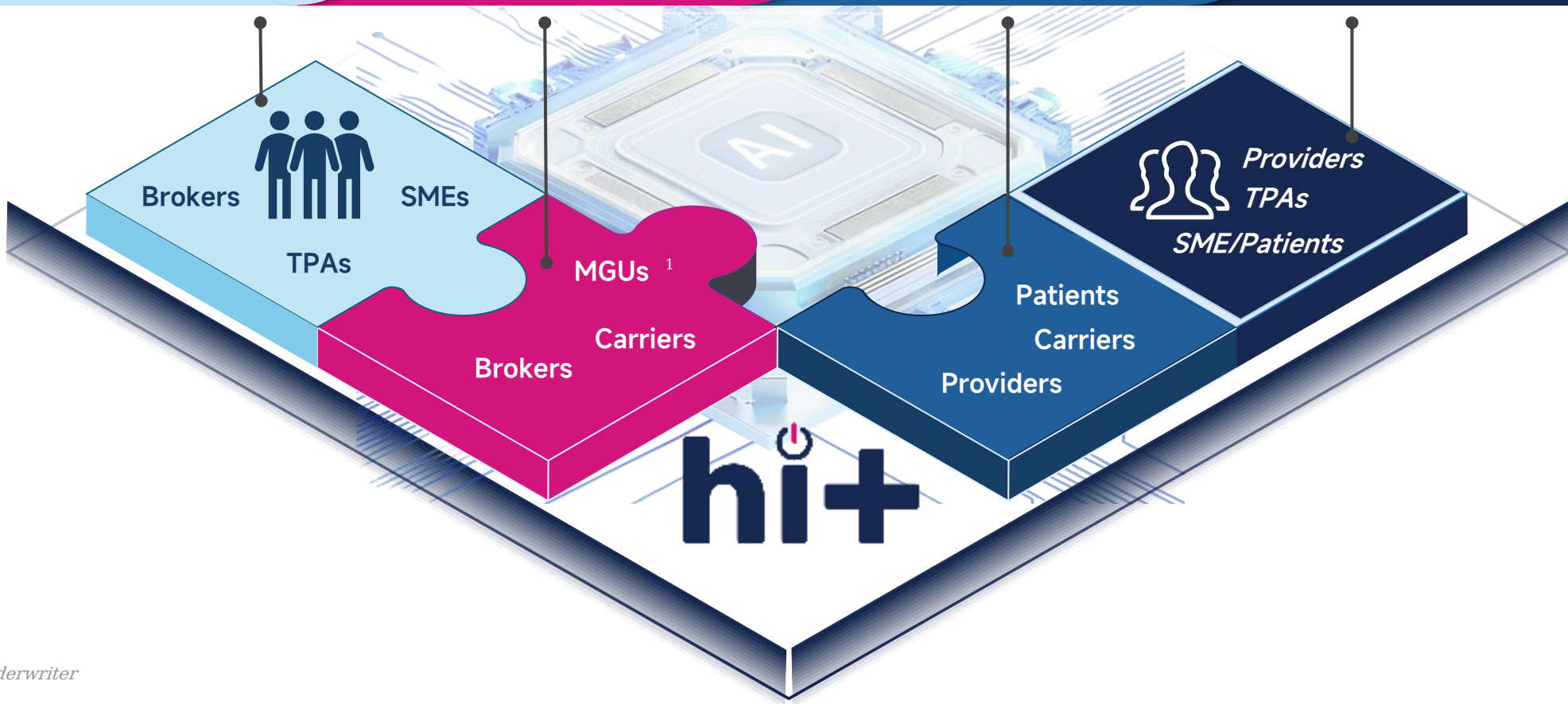
02

Claims & Payment Management

03

Provider Network Integration

04



1. Managing general underwriter

AI-Powered Transformation In Healthcare

Artificial Intelligence is reshaping healthcare by improving access, lowering costs, streamlining operations, and enabling more personalized, patient-centric care. It also helps address workforce shortages through intelligent automation.

At HIT, we leverage AI across our platform to:

- Accelerate processes and reduce administrative burdens
- Enhance transparency and real-time reporting
- Support smarter decision-making for providers and payers
- Deliver measurable savings and cost efficiency
- Empower more personalized and scalable care models

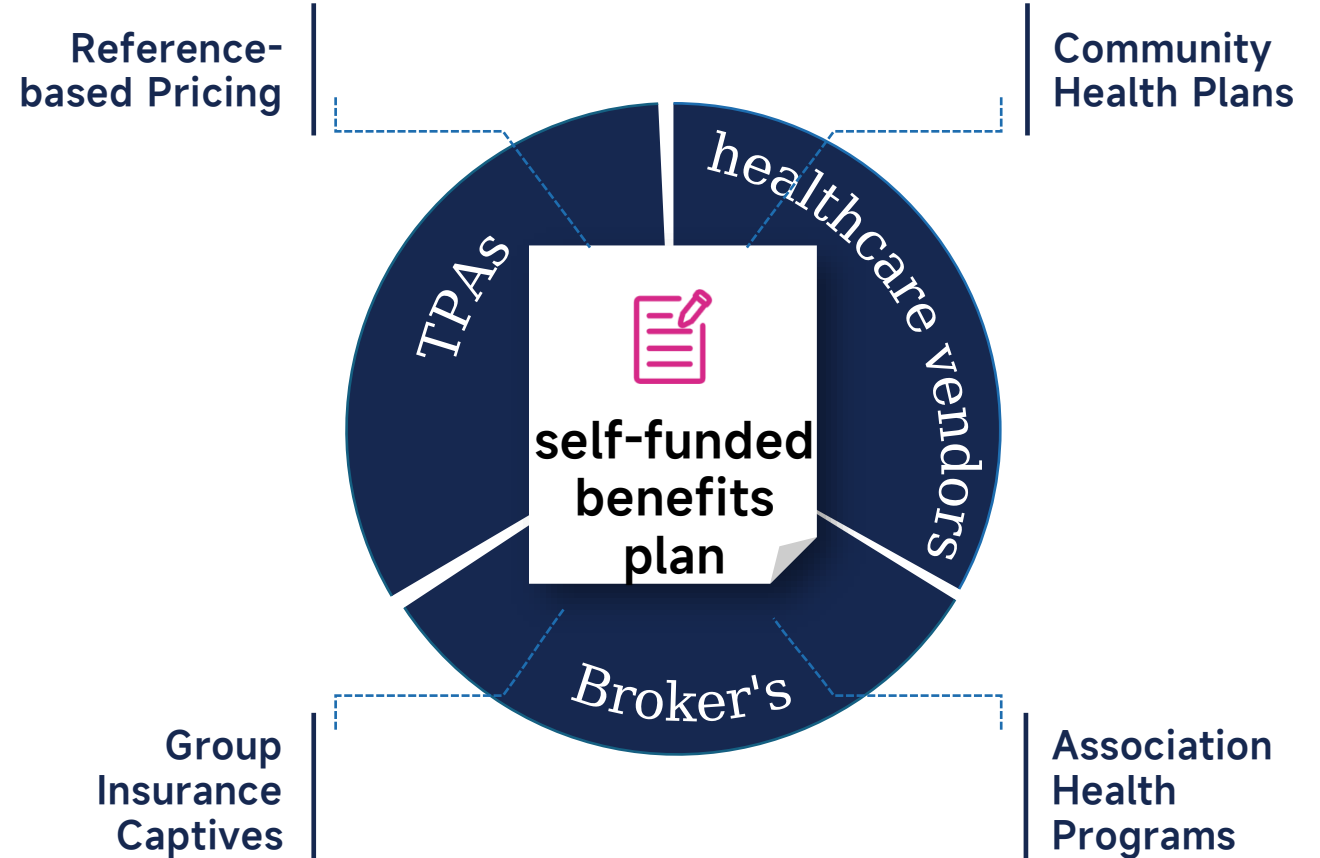


Tailored Coverage Starts with SMR: Intelligent Plan Design for Small Employers



SMR

works with brokers, third-party administrators (TPAs), and healthcare vendors to create customized health plans tailored to each small employer's needs. These plans may include community health plans, reference-based pricing models, group insurance captives, and other cost-containment strategies. This is the foundation of the coverage.



Proprietary eDIYBS: Power on Efficiency



12 days

1. Brokers gather health application

2. Brokers create insurance package

3. Underwriters produce manual quotes

4. Nurse reviews health applications

5. Underwriters finalize quote proposal

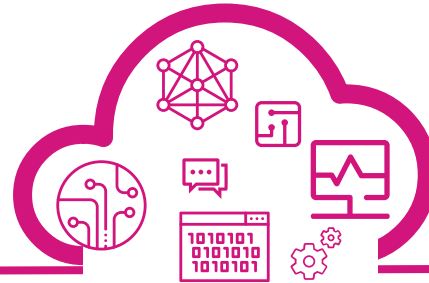
6. Brokers present bindable proposal



~2 Minutes

12 Plans

4 Tiers



Bindable Proposal Presented



AI Backed Technology and Process Simplification

HI Performance National Network Powers Affordable, Comprehensive Coverage



HI Performance NETWORK

HI Performance Network offers Medicare-based reimbursement pricing, with direct Medicare contracts across:



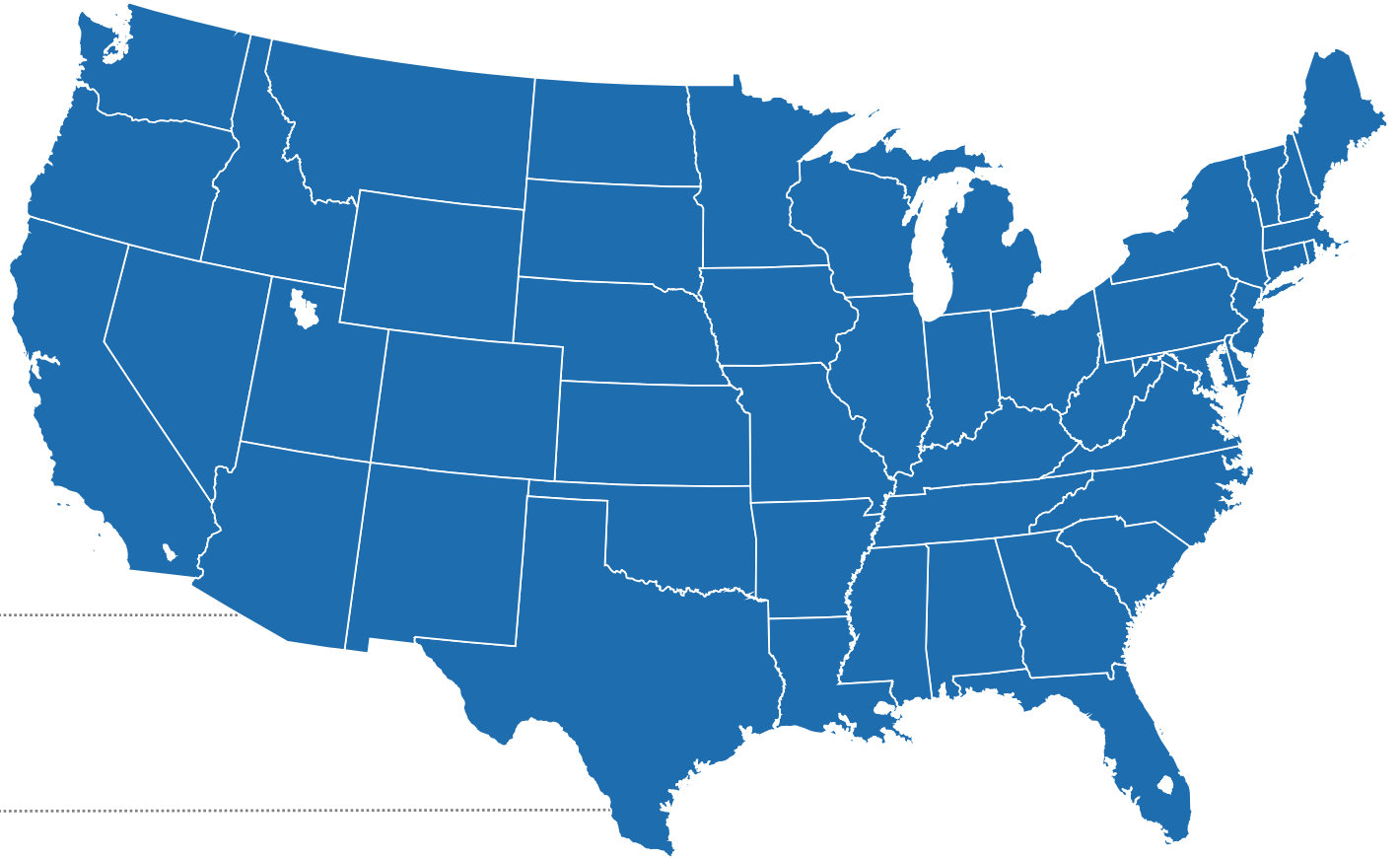
50 States



8,887 Hospitals*



1,420,595 Provider Locations



All numbers above are valued as of June 30, 2025. Hospital number includes multiple locations

Revenue Composition and Key Growth Driver



Revenue Composition

Revenues from underwriting modelling



Fee as % of premiums received as the carrier

Revenues from Program



A flat fee per employee per month (PEPM)

Key Growth Driver



The number of enrolled employees from employers purchased healthcare plan with stoploss medical insurance

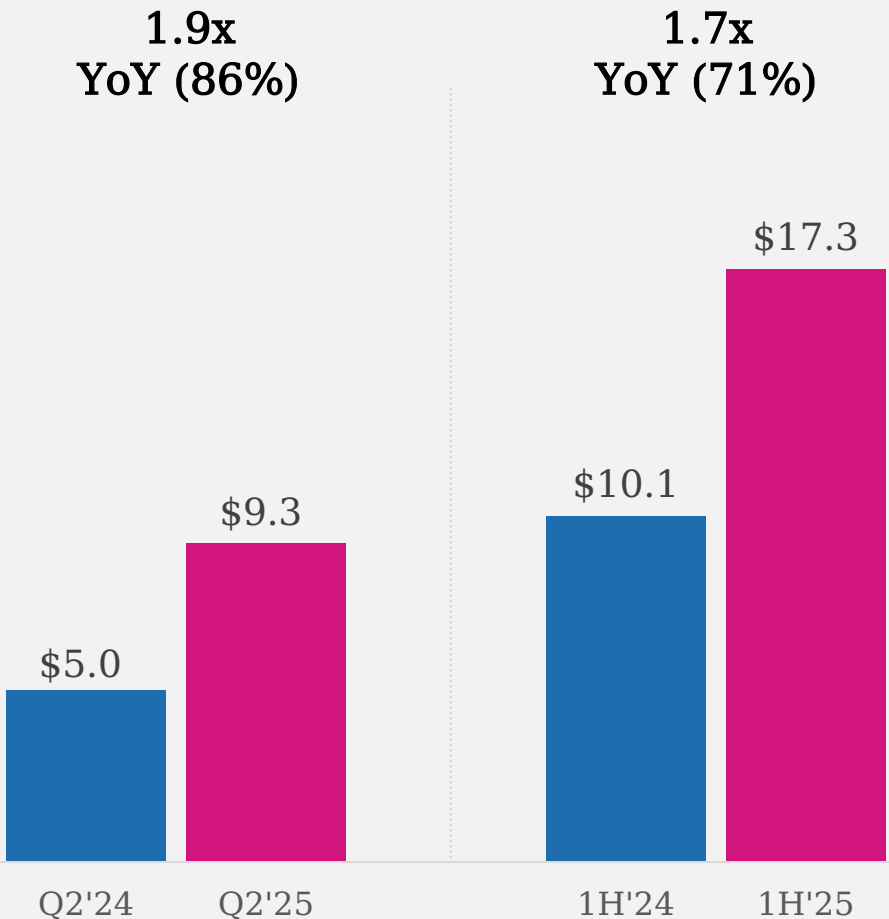


Financial Overview

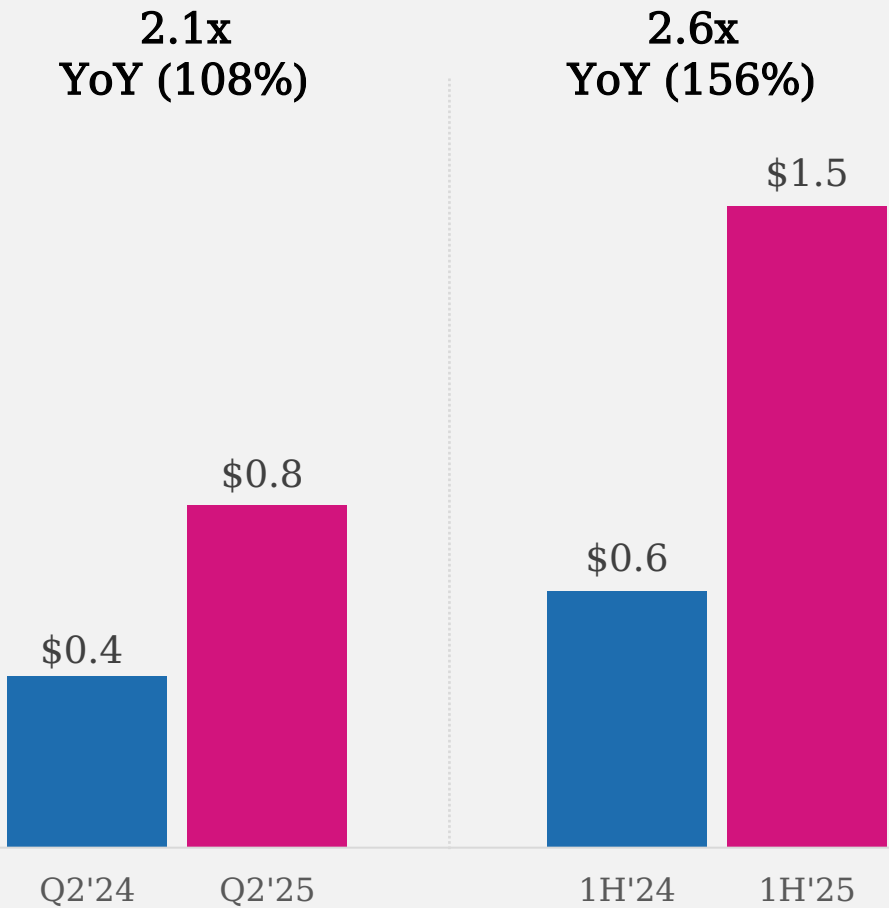
Financial Highlights: Q2 2025 & 1H 2025



Total Revenues (\$ in millions)

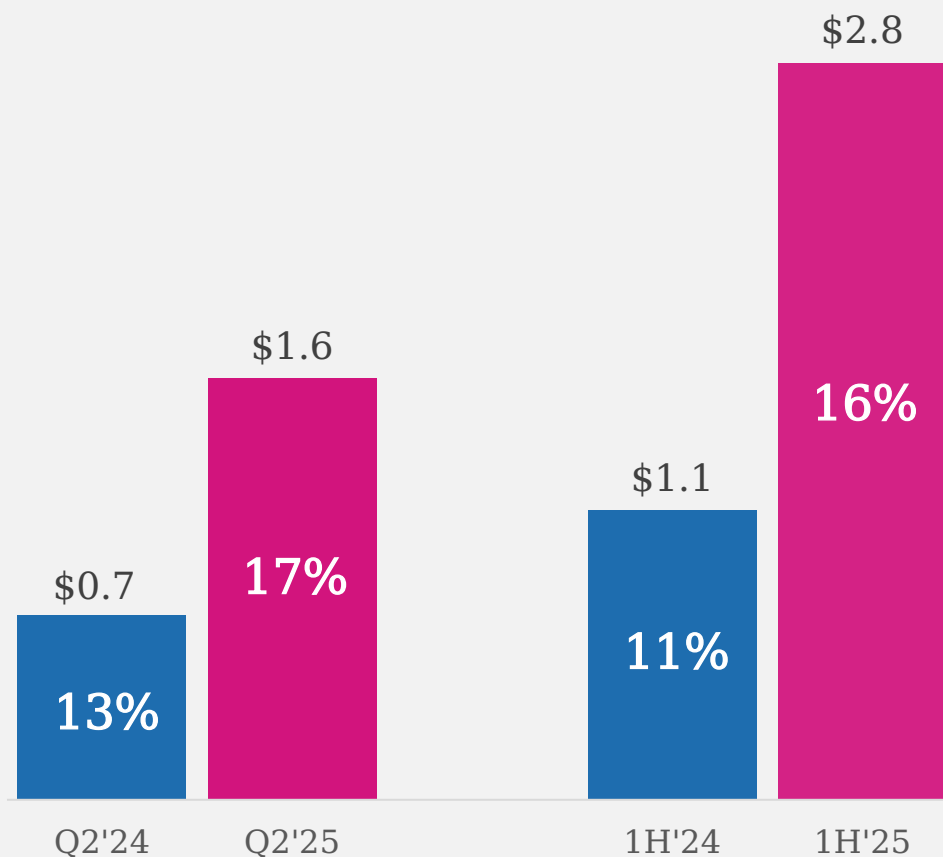


Income before Income Tax (\$ in millions)



Adjusted EBITDA: Q2 2025 & 1H 2025

Adjusted EBITDA (\$ in millions)
% of Revenue

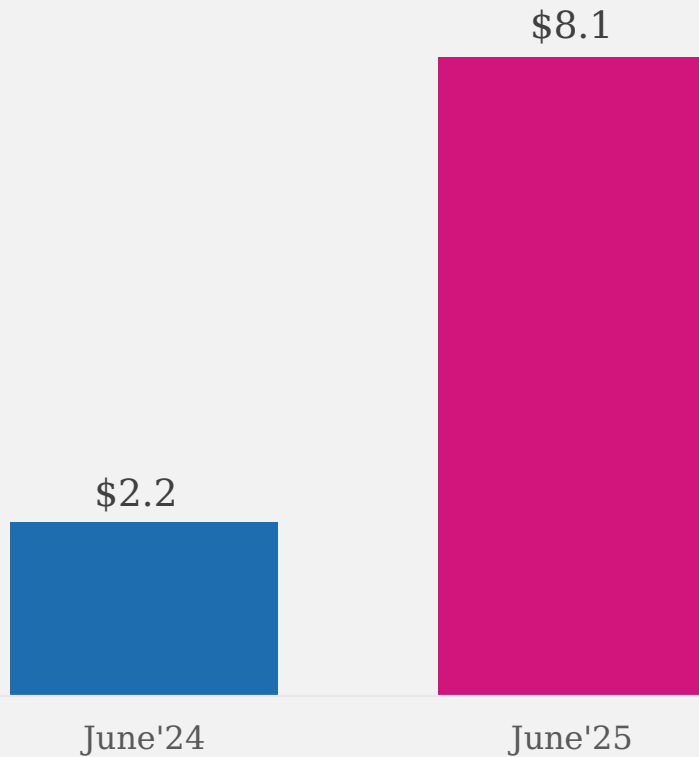


	For Three Months Ended June 30,		For Six Months Ended June 30,	
	2024	2025	2024	2025
Net income	\$ 338,007	\$ 630,631	\$438,543	\$1,129,223
Interest (income) expenses	133,661	(108,198)	274,349	(193,564)
Depreciation and amortization	134,787	135,983	269,574	271,966
Income tax expense	63,268	202,637	154,466	388,468
Stock-based compensation expense	-	707,963	-	1,201,134
Total net adjustments	331,716	938,385	698,389	1,668,004
Adjusted EBITDA	\$ 669,723	\$1,569,016	\$1,136,932	\$2,797,227

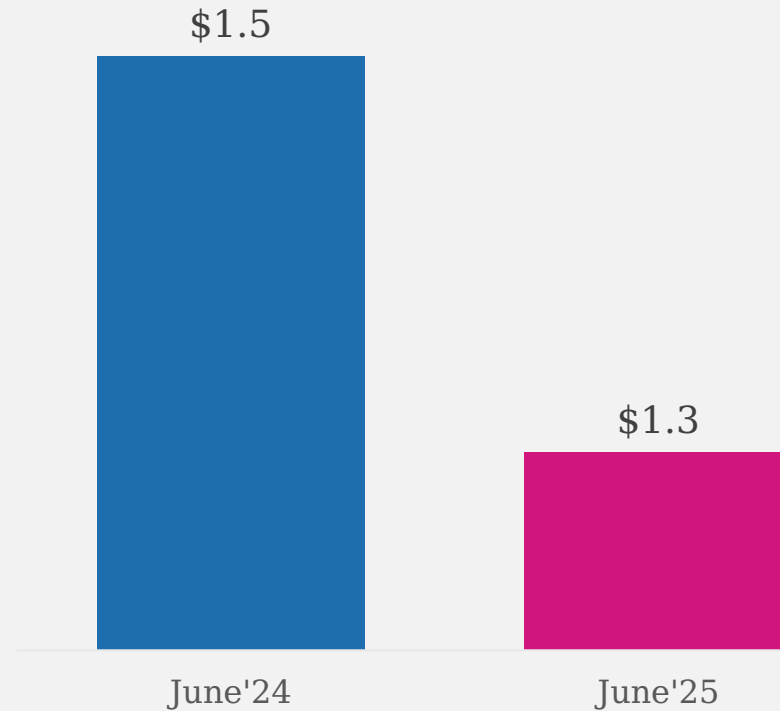
Cash & Accounts Receivable: June 2025

Sufficient cash reserves

Cash And Cash Equivalents
(\$ in millions)



Accounts Receivable, net
(\$ in millions)



Certain Terms and Definitions



- **“Broker” or “insurance broker”** is an intermediary who sells, solicits or negotiates insurance policies on behalf of a client for compensation. A broker typically acts on behalf of a client by negotiating with multiple insurers
- **“Carrier”** refers to an insurance company or insurer that provides stop loss insurance.
- **“eDIYBS”** refers to our Enhanced Do It Yourself Benefits System. Licensed brokers log in to this online platform to select vendors, networks, and stop loss insurance programs. The broker can design and sell the self-funded benefits plan to small employers
- **“MGU”** refers to Managing General Underwriter and is an entity that performs underwriting and administrative functions on behalf of an insurance company. International Captive Exchange, LLC, a wholly-owned subsidiary of the Company (“ICE”) is an MGU. ICE is granted the authority by insurance carriers to underwrite policies, meaning ICE can assess risks, set premiums, and determine coverage terms within the guidelines provided by the carrier.
- **“Self-funded benefits plan” or “self-insured group health plan”** is an insurance plan in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, self-insured employers pay for each out-of-pocket claim as they are incurred instead of paying a fixed premium to an insurance carrier, which is known as a fully-insured plan. Typically, a self-insured employer will set up a special trust fund to earmark money (corporate and employee contributions) to pay incurred claims.
- **“Stop-loss insurance”** (also known as excess insurance) is a product that provides protection for self-funded employers by serving as a reimbursement mechanism for catastrophic claims exceeding pre-determined levels.
- **“Third-party administrator (TPA)”** is a company that manages claims and administrative tasks for an employer’s self-funded employee benefits plan. TPAs are often the primary point of contact for employees.



health in tech

POWER ON YOUR HEALTH PLAN

THANK YOU